



Kingsway After School & Vacation Care Enrolment Form



Requested start date: ____/____/____

Office use only

Items sighted or copied

Drivers licence

Immunisation

Birth certificate

Date returned _____

Childs Information

Childs First Name: _____ Child's Surname: _____ Male / Female

Address: _____ Post Code: _____

Date of Birth: ____/____/____ Child's Customer Registration Number: _____

Parent 1/Guardians Information

First Name: _____ Surname: _____ Male / Female

Address: _____ Date of Birth: ____/____/____

Contact No: mobile _____ Home _____ Work _____

Customer Registration Number: _____ Email address _____

Parent 2/Guardians Information

First Name: _____ Surname: _____ Male / Female

Address: _____ Post Code: _____

Date of Birth: ____/____/____ Customer Registration Number: _____

Contact No: mobile _____ Home _____ Work _____

Custody of Child

Have there been any orders made by any court regarding your child? Yes / No

If yes please provide details (Also attach any photocopies of relevant documents) _____

Persons to be contacted in an emergency (other than parent or guardian)

1st Contact Name: _____ Male / Female

Address: _____ Contact No: _____

2nd Contact Name: _____ Male / Female

Address: _____ Contact No: _____

Authorised Persons to collect child from service (other than parent or guardian)

Please select trusted people to collect your child on your behalf. Please be aware that we may check ID to ensure their identity.

1st Contact Name: _____ Contact No: _____

2nd Contact Name: _____ Contact No: _____

Medical Information

Medical Centre name: _____ Doctors Name: _____

Address: _____ Contact No: _____

Medicare Number: _____ Expiry Date: _____ Number on card: _____

Please circle if any of the following relate to your child then give details.

- Asthma developmentally challenged Sight Impaired Hearing Impaired
Hay fever Autism Asperger's Down Syndrome Global developmental delay

Other _____

A copy of the medical conditions policy document is to be provided to the parent of a child enrolled if the child has a specific health care need, allergy or other relevant medical condition.

Anaphylactic/Allergies or Food Requirements

IS YOUR CHILD ANAPHYLACTIC? YES / NO

If yes please give details _____

Does your child have allergies or intolerances? Yes / No

If yes please give details _____

Is your child Vegetarian? Yes/No

Is your child Halal Yes/No

If yes can they have **EGG** Yes/No **CHEESE** Yes/No **COWS MILK** Yes/No

Any other requirements _____

Medical Treatment Authority

I hereby give permission to Kingsway After School & Vacation Care to seek medical attention in the case of an emergency and agree to pay any expenses incurred for medical treatment and transportation.

Signed: _____ Date: _____

Cultural Information (these questions are optional)

Are you Aboriginal or Torres Straight Islander Descent? Yes / No

Childs country of birth _____ Mothers country of birth _____

Fathers country of birth _____

Does your family speaks another language? Yes / No If yes which language? _____

Days of Care Required

Please tick days required

	Mon	Tues	Wed	Thurs	Fri
Before School Care					
After School Care					

Collection of Children Notice

In the case of failure to pick up your child by centre closing time parents/guardians and emergency contacts will be contacted.

Failure to make contact with either parents/guardians or emergency contacts the centre educators will contact the relevant authorities.

Child Sickness

Excluding a child due to illness is sometimes difficult as it can put pressure on parents if they have other commitments, however we have a duty of care to all other children and staff.

Our centre has a policy that when a child has been prescribed antibiotics they MUST be on them for 24 hrs before they can return to care.

Holiday Entitlement

Your child is entitled to 4 weeks holiday at 50% reduction of normal fees. (If you choose to take 1 or 5 days holiday in any week this is counted as 1 week of your entitlement.)

Fees and Conditions

1. My child must be personally handed over to a staff member and signed in on arrival and must be signed out and a staff member notified before my child can leave the centre.
2. My child must be collected from the centre by 6.00pm closing time. A late fee of \$1.00 per minute will be charged every 1 minute after closing if my child has not been collected. I understand that I need to notify the centre if I am going to be late. If you are continually late a higher fee maybe charged.
3. All enrolments for all bookings at the centre are understood to be on a continuous and regular basis unless otherwise stated. Fees are due 1 weeks in ADVAVCE.
4. I agree to abide by the centre policy by paying one week's fees in advance on enrolment. Fees must be kept in advance at all times. Failure to do so may result in my child's placement being cancelled. If I do not meet the requirements and I am overdue, I agree to pay any expenses, cost etc. incurred by recovering or attempting to recover any outstanding monies and fees. If fees are overdue a \$10 account fee will be added for every week it occurs. . If accounts are not paid as required, legal proceedings will begin with any court/legal costs being paid by the account holder.
5. Fees are payable for public holidays. Fees are payable for sickness and non-attendance days to ensure your child's place. Additional excursion costs are to be debited to your account.
6. My child will not be accepted into the centre with any illness which may be transferred to others.
7. I hereby give permission for Kingsway After School & Vacation Care to call for medical advice from the child's doctor or other medical professional in the care of any emergency using my Medicare number. Where my permission to use the Medicare number is not granted, I shall pay any expenses incurred for medical treatment. I also agree to pay any expenses for Emergency transport.
8. I hereby give permission for Kingsway After School & Vacation Care to administer liquid Panadol or a Panadol tablet for the temporary relief of pain or fever. Dosage shall be in accordance with instructions printed on the relevant bottle used. I understand the centre will make every effort to contact parents before administering the medication and I will sign the necessary authority form.
9. Any changes to my child's details that appear on the enrolment for must be made known and recorded with the Director immediately.
10. I understand that my child will not be allowed to leave the centre with a minor or anyone not on the enrolment form unless prior written notice is given.
11. Should my child's behaviour put staff, children or property at risk, we will make other arrangements for the care of our child and remove them from the centre at the request of the Director.
12. These conditions of the enrolment may change but I understand that I will be notified of any changes if my child is enrolled at the centre.
13. I give permission for my child's photo to be taken by Kingsway After School & Vacation Care.
14. I give permission to Kingsway After School & Vacation Care to take observations of my child whilst enrolled at the centre.
15. A \$20 enrolment fee (bond) is charged on enrolment this is non-refundable.
16. I understand that 2 weeks' notice must be given to cease attendance. I understand that I will still be charged attendance fees for the 2 weeks from the date given. If my child doesn't attend I understand that I will not receive Childcare Benefit or Childcare rebate and will have to pay full fees.
17. Holiday entitlement- you are entitled to 4 weeks holiday at 50% reduction of normal fees. (If you choose to take 1 or 5 days holiday in any week this is counted as 1 week of your entitlement)

I have read and fully understand the above conditions.

Name: _____

Signed: _____ Date: _____

Portfolios

By signing this section you consent to allow group photos of your child to be taken and used for the purposes of learning journals/portfolios that are distributed to children at the end of the year.

Signed _____

We have 2 options of payments

Please fill in the option you would like to use.

Before you can start care you must supply 1 payment details.

Credit Card Authority

I _____ give permission to Kingsway After
School & Vacation Care to deduct fees from my credit card
for _____ (child's name)

Mastercard or Visa

Number: _____

Expiry: _____ CCV: _____

(Last 3 digits on reverse side of card)

Signature: _____ Date: _____

We deduct weekly from your bank account

I _____ give permission to Kingsway After
School & Vacation Care to deduct fees from my bank account
for _____ (child's name)

Account Name: _____

BSB: _____ Account Number: _____

Signature: _____ Date: _____