

# Kingsway ASC



## Enrolment Form



Requested start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office use only

Items sighted or copied

Drivers licence copy required

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Post code \_\_\_\_\_ Contact No: mobile \_\_\_\_\_ Home \_\_\_\_\_

Place of work \_\_\_\_\_ Work Phone number \_\_\_\_\_

Email address \_\_\_\_\_ Customer Registration Number: \_\_\_\_\_

### Parent 2/Guardians Information

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Post code \_\_\_\_\_ Contact No: mobile \_\_\_\_\_ Home \_\_\_\_\_

Place of work \_\_\_\_\_ Work Phone number \_\_\_\_\_

Email address \_\_\_\_\_ Customer Registration Number: \_\_\_\_\_

### 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)

1<sup>st</sup> Contact Name: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

2<sup>nd</sup> 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.

1<sup>st</sup> Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

2<sup>nd</sup> 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 \_\_\_\_\_

**Food requirements**

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 \_\_\_\_\_

**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? \_\_\_\_\_

### Medical Treatment Authority

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Days of Care Required**

Please tick days required

	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
Before School Care					
After School Care					

### Security

Please ensure that children are only collected by contacts on your enrolment form.

### 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. I understand that my child will need to have been on anti-biotics for a minimum 24hrs before returning to care.
7. I hereby give permission for Kingsway ASC 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 ASC 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 to participate in our emergency drills, children will be under the supervision of staff and may exit the premises during the drill.
14. I give permission for my child's photo to be taken by Kingsway ASC.
15. I give permission to Kingsway ASC to take observations of my child whilst enrolled at the centre.
16. A \$20 enrolment fee (bond) is charged on enrolment this is non-refundable.
17. 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.
18. 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 ASC  
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 ASC  
to deduct fees from my bank account  
for \_\_\_\_\_ (child's name)

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## My Child

### Information for educators in child's room

Childs name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Has your child attended an education and care service previously? Yes/No

\_\_\_\_\_

2. Does your child have any special needs or disabilities we should be aware of? Yes/No

\_\_\_\_\_

3. Does your child have any allergies or food intolerances? Yes/No

\_\_\_\_\_

4. Does your child speak another language? Yes/No

If yes what language? \_\_\_\_\_

Any words that will be helpful to the educators? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you celebrate any special occasions e.g. religious? Yes/No

\_\_\_\_\_

6. Are there any special skills or talents that a family member has that they could contribute to our centre.

E.g. police officer, dental nurse etc.? Yes/No

\_\_\_\_\_

\_\_\_\_\_

7. What are your child's likes and dislikes?

\_\_\_\_\_

\_\_\_\_\_

Any other input you would like to give

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_