



Enrolment Form

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Child's Details

First Name: _____
Middle Name: _____
Surname: _____
Date of Birth: _____
Place of Birth: _____

Gender: Male Female
Home Address: _____

State: _____ Postcode: _____
Languages spoken at Home: _____

Hours of care required

Please indicate which days your child will be enrolled:

Monday Tuesday Wednesday Thursday Friday

____:____ to ____:____

Parent One Details

First Name: _____
Surname: _____
Home Address: _____

State: _____ Postcode: _____
Home Ph: _____
Mobile Ph: _____
Place of work: _____
Work Address: _____

State: _____ Post Code: _____
Work Ph: _____
Email: _____
Drivers Licence No. _____
Date of Birth: ____/____/____

Parent Two Details

First Name: _____
Surname: _____
Home Address: _____

State: _____ Postcode: _____
Home Ph: _____
Mobile Ph: _____
Place of work: _____
Work Address: _____

State: _____ Post Code: _____
Work Ph: _____
Email: _____
Drivers Licence No. _____
Date of Birth: ____/____/____

Parents CRN..... Start Date:/..../....

Childs CRN.....

Please call: Family Assistance Office 136 150 to register for Child Care Benefit.
Please provide the centre with a copy of the "Assessment Notice of Child Care Benefit for approved care" form. Until you notify us that you have registered you will be charged at the full fee rate.
N.B. If you decide to NOT claim CCB you still MUST contact the Family Assistance Office and advise them your child is attending a Long Day Care Centre.

This is to be done BEFORE starting your child at the centre.

Court Orders

Are there any court orders affecting the custody of your child? Yes No

If Yes a photocopy must be attached and the Director needs to be notified if circumstances change

Other children in the family

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Particular of person, other than parents and Emergency contacts authorised to collect your child

Person One

First Name: _____
Surname: _____
Home Address: _____

State: _____ Postcode: _____
Home Ph: _____
Mobile Ph: _____
Relationship to child: _____
Signature: _____

Person Two

First Name: _____
Surname: _____
Home Address: _____

State: _____ Postcode: _____
Home Ph: _____
Mobile Ph: _____
Relationship to child: _____
Signature: _____

Please Note: Staff will not allow anyone to collect your child unless written notice is given by the parent/Guardian

Emergency Information

In case of an emergency, and we are unable to contact you. Please indicate two people in order of preference who may act on your behalf

Person One

First Name: _____
Surname: _____
Home Address: _____
State: _____ Postcode: _____
Home Ph: _____
Mobile Ph: _____
Work Ph: _____
Place of work: _____
Work Address: _____
State: _____ Postcode: _____
Relationship to child: _____
Signature: _____

Person Two

First Name: _____
Surname: _____
Home Address: _____
State: _____ Postcode: _____
Home Ph: _____
Mobile Ph: _____
Work Ph: _____
Place of work: _____
Work Address: _____
State: _____ Postcode: _____
Relationship to child: _____
Signature: _____

Although every possible care will be taken with your child at the centre, staff can in no way be held responsible for any accident that may occur. In the event of an emergency, illness or accident concerning your child, and the teacher being unable to contact the Parents/Guardians and the other emergency contacts, I consent to the Centre seeking, on my behalf, medical, dental or hospital attention for my child and I accept liability for medical expenses as may be incurred.

I authorise staff to arrange for my child to be transported by ambulance, when they deem it necessary under the above circumstances:

Sign: _____

Health

It is important to keep this information current at all times.

Ambulance Coverage: Yes No

Private Health Fund Name: _____

Medicare No.: _____

Private Health Fund No. _____

Family Doctors

Doctors Name: _____

Address: _____

State: _____ Postcode: _____

Telephone: _____

Family Dentist

Dentist Name: _____

Address: _____

State: _____ Postcode: _____

Telephone: _____

Does your child have a continuing serious illness? Yes No

If YES Details: _____

Does your child have asthma? Yes No

Do you have a management plan? Yes No

If YES Details: _____

Does your child need regular medicine? Yes No

If YES Details: _____

Has your child ever been hospitalised? Yes No

If YES Details: _____

Allergies

Does your child have any allergies? Yes No

If YES Food: _____

Medication: _____

Other: _____

Paracetamol Administering Authorisation:

If a child develops a high temperature staff will contact the parent/guardian and request the child be taken home. Paracetamol will not be automatically given, only if the parent/guardian cannot be contacted.

I hereby give my consent to the staff at the Centre administer Paracetamol to my child would my child suffer from a high temperature, in excess of 38 degrees, and at the time I am unable to be contacted. I understand that the prescribed dose will be given.

Parent/Guardian Signature _____

Sun protection.

The parent/guardian has responsibility for ensuring their child brings a sun hat with them.

I give permission for the staff at the centre to apply water resistant SPF 30+ broad spectrum sunscreen to my child. This sunscreen will be provided by the centre.

Parent/Guardian Signature _____

Immunisation

Has your child been immunised? Yes No

Your child's immunisation records will need to be copied, kept on file and updated. If your child is not immunised please see the Nominated Supervisor as you will be required to provide additional information as set out by the changes in the Public Health Act 2010. If you do not have this documentation we are unable to enrol your child.

Immunisation record on file? Yes No (**child cannot attend centre**)

Staff Verification _____

Date ____/____/____

Routines

Toileting

Is your child in nappies? Yes No

Currently toileting? Yes No

Needs reminding? Yes No

Independent in toileting? Yes No

What word does your child use when going to the toilet? _____

Sleeping

Does your child sleep or rest during the day? Yes No Sometimes

If yes, at what time and or how long? _____

Does your child need a nappy at sleep time? Yes No

Does your child need a dummy at sleep time? Yes No

Does your child need a bottle at sleep time? Yes No

If Yes, what type of milk? Formula Soy Full Cream

Any special toys or blanket, etc? Yes No

If yes, Details? _____

Does your child have any special routine on being put to bed? Yes No

If yes, Details? _____

Diet

Does your child have any particular dietary Requirements or restrictions (vegetarian, religious, medical)? Yes No

If yes, Details? _____

Does your child feed himself or herself? Yes No

General Needs

Does your child have a special toy or object during the day (apart from sleep time)? Yes No

If Yes Details: _____

Does your child have any fears about anything in particular? Yes No

If Yes Details: _____

Are there any words that we need to know that have special meaning for your child? Yes No

If Yes Details: _____

Is there any further information which you feel may assist us in Providing the best service to you and your child this year? Yes No

If Yes Details: _____

Please tell us how we can help your child this year (eg. What do you most want for your child at the centre?)

Is there any particular area that concerns you that we need to know about? Yes No

If Yes Details: _____

Do you have any skills you would like to contribute to the centre's program? Yes No

Celebrations

As part of our commitment of reflecting practices in our local community and larger society the centre will celebrate a variety of cultural celebrations throughout the year (e.g. Easter, Chinese New Year, Ramadan, Christmas, Hanukah, Saints Day etc). Do you give permission for your child to learn about and/or join in with these celebrations.

Please circle

yes

No

Name, Signature and Date: _____

Photographs and Videos

I hereby give consent for the staff at the centre to take photographs and video of my child during normal activities while my child is in the centre. These photographs and video will be used at the discretion of the Authorised Supervisor, throughout the centre and for Advertising purposes.

Parent/Guardian Signature _____

Fees

Fees are payable in advance. Daily fees are: - \$97.00 for 0-3 years and \$92.00 3-6 years. Fees are payable weekly, fortnightly or monthly. Centrelink benefits are available

Enrolment Fee

A one off enrolment fee of \$75.00 will be required to secure a place at Surfside Kidz. Payment is processed through Ezi Debit as we do not accept cash on the premises.

Payment of Fees

Fees are payable only through a direct debit system. (Separate form is attached)

I have read and signed the Ezy Debit form.

Parent/Guardian _____

Notice

A minimum of two weeks written notice is required before your child is withdrawn from the centre. Notice MUST be given in writing (either fax, email, or by filling out the centres form) and signed by the parent and a staff member. Notice for withdrawal cannot be given over the phone. Should notice not be given then the equivalent of two weeks fees will be charged to the parent. N.B. During the months of December and January one months notice is required for withdrawals. If no notice is given then one month's fees will be charged.

You must sign your child in and out on their last day of attendance or the Department of Education will charge full fees.

Parent/Guardian _____

Make up days

Make up days are **only** given for public holidays. Fees must be paid up to date in order to be eligible for a make up day. Make up days must be used within the current year and are not carried forward to the next year.

Parent/Guardian _____

Payment of Fees

Fees are due & payable in advance and if for some reason you have insufficient funds to cover your fees you will be charged the banking fees associated with a failed transaction.

Parent/Guardian _____

