



An application fee of \$150.00 must accompany this form.

**Child's Details**

Surname: \_\_\_\_\_ Given Name/s: \_\_\_\_\_  
 Other names child is known by: \_\_\_\_\_ Former names of child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Sex: M / F DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Cultural Background: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
 Child's CRN: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 (Customer Reference Number)

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START					
FINISH					

Parent /Guardian 1 (The parent claiming benefits)	Parent /Guardian 2
Full Name:	Full Name:
D.O.B:	D.O.B:
Parent (CRN):	Other names by which the parent is known:
Other names by which the parent is known:	
Residential Address:	Residential Address:
Cultural background:	Cultural background:
Language spoken:	Language spoken:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Mobile:	Mobile:
E-mail:	E-mail:
Occupation:	Occupation:
Work Name:	Work Name:
Work Address:	Work Address:

**Are there any court orders, parenting plans which relate to your child: YES / NO**

*If yes, a copy **must** be kept on file.*

Name of parent with whom the child primarily lives: \_\_\_\_\_

Name of parent or guardian responsible for paying the child's fees: \_\_\_\_\_

**Authority to collect and Emergency Contacts: (Do not include parent's names)**

Please list below in order of preference, who you wish us to call if you can't be contacted in an emergency and who you authorise to collect your child in the event that you are unable to do so (18 years and over only). Please ensure that emergency contacts are willing and able to fulfil their responsibility. Educators will not release your child to an unauthorised adult. Photo ID will be required.

You can add or delete names at any time.

	<b>Release</b>	<b>Pick-Up</b>
1) Name: _____	Y / N	Y / N
Phone (home): _____		
Phone (work): _____		
Mobile/s: _____		
Relationship to child: _____		
Address: _____		

	<b>Release</b>	<b>Pick-Up</b>
2) Name: _____	Y / N	Y / N
Phone (home): _____		
Phone (work): _____		
Mobile/s: _____		
Relationship to child: _____		
Address: _____		

	<b>Release</b>	<b>Pick-Up</b>
3) Name: _____	Y / N	Y / N
Phone (home): _____		
Phone (work): _____		
Mobile/s: _____		
Relationship to child: _____		
Address: _____		

	<b>Release</b>	<b>Pick-Up</b>
4) Name: _____	Y / N	Y / N
Phone (home): _____		
Phone (work): _____		
Mobile/s: _____		
Relationship to child: _____		
Address: _____		

## Medical / Health Information

Child's Medicare No: \_\_\_\_\_

Health Fund: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Child's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your child's general health? \_\_\_\_\_

Has your child been immunised? YES / NO

A copy of your child's immunisation record must be kept at the centre, and a copy of your child's Australian Immunisation History Statement from Medicare is required to be attached to this enrolment form. If your child is not immunised, an approved exemption must be provided. Unimmunised children will be required to adhere to exclusion times in the event of an infectious disease existing in the centre as per centre policies.

### Special Considerations:

Dietary Restrictions: \_\_\_\_\_

Does your child have any allergies? Please give details. \_\_\_\_\_

Has there been a diagnosis as 'at risk of anaphylaxis?' Yes / No

Does your child suffer from Asthma? Yes / No

Does your child have any known additional needs? Yes / No

*If yes, please provide details and a copy of a referral or assessment by an appropriate professional.*

Does your child require regular medical attention or medication: Yes / No

Please specify \_\_\_\_\_

Are there any associated side effects? \_\_\_\_\_

Does your child have a written medical management plan such as:

Asthma plan Yes / No

Anaphylaxis Medical Management Plan Yes / No

Epilepsy Management Plan Yes / No

Other: \_\_\_\_\_ Yes / No

Please supply a copy of a written Medical Management Plan in relation to a specific healthcare need, medical condition or allergy for your child, as issued by a health professional. If you do not have a current health plan for your child's need, you will be required to obtain one.

**Has your child had any serious illness in the past?**

Yes / No

If yes, please give details: \_\_\_\_\_

**Has your child ever been hospitalised?**

Yes / No

If yes, please provide details of each stay, including child's age, length of stay and cause of hospitalisation:

\_\_\_\_\_  
\_\_\_\_\_

**Does your child currently have a serious illness?**

Yes / No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

**Has your child ever been seen by a speech Therapist?**

Yes / No

If yes, what were the results?

\_\_\_\_\_  
\_\_\_\_\_

**Has your child had their vision tested?**

Yes / No

If yes, what were the results?

\_\_\_\_\_

### **Family Background**

Has your child been left in care before? Please circle

Long day care

Family day care

Occasional Care

Pre-school

Family/Friends

Babysitting

How did your child respond?

\_\_\_\_\_  
\_\_\_\_\_

Religion: \_\_\_\_\_

Does your family have any religious or cultural practices our Educators should be aware of?

\_\_\_\_\_

Important cultural customs/festivals/celebrations:

\_\_\_\_\_

Are there any key words that would help your child's transition to our centre?

\_\_\_\_\_

Child's Position in the family \_\_\_\_\_

Siblings \_\_\_\_\_ DOB \_\_\_\_\_

Siblings \_\_\_\_\_ DOB \_\_\_\_\_

Siblings \_\_\_\_\_ DOB \_\_\_\_\_

Other family members/ adults living in the home

\_\_\_\_\_

What year will your child attend School? \_\_\_\_\_

### **General Information**

What goals do you hope your child will achieve while attending Kings Kids?

\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will gain from attending Kings Kids?

\_\_\_\_\_  
\_\_\_\_\_

What are your child's interests?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any skills/resources to contribute to the centre and its programs (eg sewing, musical instruments, cooking)?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any particular areas of expertise / interest that may be beneficial to our Centre (eg building, electrical, gardening)?

\_\_\_\_\_  
\_\_\_\_\_

Other:

Is there any other information about your child/family that you would like Kings Kids to know to enable us to meet your child's needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enrolment, Fees Policy & Withdrawal/Cancellation:**

I acknowledge that upon acceptance of this form an enrolment bond is payable to secure this placement. The bond will be refunded when my child leaves Kings Kids, providing there are no outstanding fees or incurred costs. The bond will not be refunded if I decide to cancel my application with in the first 2 months of accepting placement.

I am aware of the Fees policy of the Kings Kids and have read and understood this document and all that is required of me.

I agree to give a minimum of two week’s notice of my intention to reduce or withdraw my child’s attendance at the centre.

I agree to pay for all days that my child is booked into Kings Kids including days that my child is unable to attend due to illness, public holidays or exclusion reasons.

Parent/Carer 1 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer 2 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for staff to act in case of an emergency or accident:**

In the event of an emergency, illness or accident concerning my child, I consent to the authorisation of the Educators of Kings Kids to seek urgent medical, hospital, dental and/or ambulance treatment for my child. I consent to the carrying out of the required medical, dental, hospital or ambulance treatment for my child, whilst in their care. I accept liability for any expenses which may be incurred as a result of this treatment.

Parent/Carer 1 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer 2 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for staff to administer items from the First Aid Kit including:

- Approved 30+ Sunscreen
- Dettol
- Stingose (stings and bites)
- Betadine

Parent/Carer 1 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer 2 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to use all Equipment and Participate:**

Permission is given for my child to use all play equipment and participate in all activities of the preschool. I agree it is my responsibility to familiarise myself with the program and advise in writing if I do not wish my child to participate in a particular activity. I agree that it is my responsibility to find alternate care for my child should I wish to exclude them from a programme, and I agree to pay for all times that my child has been booked in but I have chosen to withdraw them from part of that programme.

Parent/Carer 1 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer 2 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

## Photography, Video and Audio Permission

Permission is given for my child: Name: \_\_\_\_\_ photo to be:

\* Included in daily program books, displays and excursions  Yes  No

\* Included in portfolio's (including other children's portfolio's)  Yes  No

\* Included in other forms of digital media for use at Kings Kids  Yes  No

\* Included in newsletters and notes that may be emailed to other parents  Yes  No

\* Taken by students, visitors, media or Inspire Church and be included in evaluations by such groups which may include electronic newsletters, websites and other forms of digital media, without further consent being granted.

Yes  No

\* Taken by other parents, on personal cameras, visiting Kings Kids for special events such as birthdays, family days, excursions etc.

Yes  No

\* Included in DVD's made for use either at Kings Kids or for fundraising projects using digital video. (Excluding the Annual Christmas Concert as this event is filmed annually and DVD's are made available for purchase.)

Yes  No

Parent/Carer 1 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer 2 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

### **General Consent:**

I give permission for my details and records to be kept by Kings Kids and contact to be made with myself.

I agree to abide by the philosophy and ethos of Kings Kids.

I acknowledge Kings Kids will not be responsible for inadequate or false information given on enrolment.

I agree to abide by the policies and conditions of enrolment at Kings Kids, and have read and understood these.

I understand that the Board of Management reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of Kings Kids. I understand that reasonable notice of its intention to exercise this right will be given and will refund any payments in credit.

Parent/Carer 1 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer 2 (signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Information Required for Child Care Benefit (CCB)**

**Please supply a copy of your assessment letter from the Department Human Services.**

What is your CCB percentage entitlement?

\_\_\_\_\_

How many children, including the child/ren that you have just enrolled in Kings Kids, are you receiving CCB for? (ie children in Before & After school care, vacation care etc.)

\_\_\_\_\_

What is your multiple Child Care Benefit Percentage? (This applies if you have more than one child in care, including child care and before and after school care)

\_\_\_\_\_

Does your child attend another centre Yes / No?

\_\_\_\_\_

If yes, how many hours per week?

\_\_\_\_\_

If you currently use another centre, please nominate how many CCB hours you will be using at our centre. (ie 1 day = 11 hours, 2 days = 22 hours etc.)

\_\_\_\_\_

If your child attends two centres, how many Allowable Absences have you taken this financial year?

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Room:	Additional Health Management Plans provided: Yes / No / NA
Immunisation complete: Yes / No	Any custody orders/Injunctive: Yes / No
Bond Paid: Yes / No Paid by: Cash Eftpos Direct Debit	Original Birth Certificate Sighted: Yes / No
Letter from FAO supplied: Yes / No	
Enrolled By:	Date of Enrolment:
Date of termination of enrolment:	Reason: