



Child's Details

Child's Surname _____ **Christian Name** _____
 D.O.B. _____ Country of Birth: _____
 Culture _____ Language Spoken: _____
 Religion _____ Gender: _____ M / F _____
 CRN. _____ (Customer reference number from Family Assistance Office) _____
 Address (if different to Parents): _____

Enrolment requirements [TIMES ARE NEEDED SO WE CAN ROSTER STAFF] Please tick days required:

Monday	Tuesday	Wednesday	Thursday	Friday
EG: 8.30am -4.30pm				

First attendance date: _____
 Age of child at enrolment: _____

Mother's/Guardian's Surname: _____ **Given Names:** _____
 Address: _____ p/c: _____
 Phone Number: _____ Mobile: _____
 Occupation: _____ Employer: _____
 Employer's Address: _____
 Work Phone Number: _____
 Culture: _____ Language Spoken: _____
 D.O.B. _____ Drivers License No. _____
 CRN. _____ (Customer reference number from Family Assistance Office) _____

Father's/Guardian's Surname: _____ **Given Names:** _____
 Address: _____ p/c: _____
 Phone Number: _____ Mobile: _____
 Occupation: _____ Employer: _____
 Employer's Address: _____
 Work Phone Number: _____
 Culture: _____ Language Spoken: _____
 D.O.B. _____ Drivers License No. _____
 CRN. _____ (Customer reference number from Family Assistance Office) _____

Can you assist the centre in anyway? Things like : *play musical instruments, speak another language, cooking from other cultures, reading to children, fundraising.*

Custody Court Orders?

Yes No

(If yes please provide details and Photocopy)

Are you applying for Child Care Benefit?

Yes No

If Yes, have you lodged your application?

Yes No Date: _____

The Family Assistance Office can provide your information to someone else in special circumstances, where Commonwealth legislation allows or requires, or where you give permission. Kidz Club Child Care Centre may need to request the following information from Family Assistance Office: Details regarding your percentage and its currency; your current residential address and phone number.

I give my permission for this to be given.

Signature: _____

Name: _____

Date: _____

Family Details

Names and Ages of Siblings: _____

Family Doctor: _____

Address: _____

Phone Number: _____

Medicare Number: _____

Immunisations etc...

Has your child been immunised?

Yes No

Is your child up to date with their immunisations?

Yes No

If No, please provide details? _____

Please provide evidence of immunisations eg: your child's health book

Immunisation Schedule

Birth	<input type="checkbox"/> Hep B				
2 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pnuemococcal
4 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pnuemococcal
6 Months	<input type="checkbox"/> Hep B	<input type="checkbox"/> DTPa	<input type="checkbox"/> Hib	<input type="checkbox"/> IPV	<input type="checkbox"/> Pnuemococcal
12 months	<input type="checkbox"/> Hep B	<input type="checkbox"/> Hib	<input type="checkbox"/> MMR	<input type="checkbox"/> Meningococcal	
18 Months	<input type="checkbox"/> VZV				
4 Years	<input type="checkbox"/> DTPa	<input type="checkbox"/> MMR	<input type="checkbox"/> IPV		

Allergies

Does your child have any allergic reactions? Eg; foods, medicine, grass, sunscreen, etc..

Yes No

If Yes, please provide details and action plan for dealing with the allergic reactions: _____

Medical Conditions

Does your child have any medical conditions? Eg; asthma, convulsions, etc..

Yes No

If Yes, please provide details and action plan for dealing with the medical conditions: _____

Does your child take any regular medication? Eg; Ventolin, etc..

Yes No

If Yes, please provide details: _____

Child's present health status: _____

Special Needs

Does your child have any special needs/challenging behaviours?

Yes No

If Yes, please provide details: _____

Does your child regularly visit a specialist? Eg; Speech therapist, etc..

Yes No

If Yes, please provide details: _____

Food/Meals

Does your child have any special dietary needs? Eg; vegetarian, religious beliefs, etc..

Yes No

If Yes, please provide details: _____

Foods they like: _____

Foods they dislike: _____

Other details: _____

EMERGENCY CONTACTS, AUTHORISED TO COLLECT CHILD.

*Could you supply us with the following information of names and telephone numbers of three people who are authorised to pick up your child? Also to be used as an emergency contact
ONLY WHEN YOU ARE NOT AVAILABLE*

	CONTACT 1.	CONTACT 2.	CONTACT 3.
Christian Name:			
Surname:			
Address:			
Home phone:			
Mobile:			
Work phone:			
Relation to child:			

PERMISSION:

I give the management/staff of Kidz Club Child Care Centre the authority:

(Please tick)

- To complete observations for use within the centre or where staff are studying, however, if questioning or testing of the child is undertaken my permission will be sought before hand. Yes No

- For my child to take part in supervised short walking excursions within the local area as part of the centres program. Yes No

- To use the name and/or photo of my child for the centre displays and/or promotional use, including media. Yes No

- To apply foreign substances eg: Sunscreen, nappy change lotion, nappy powder or any other substance required onto my child's skin as the need arises. Yes No

• To administer Panadol (Paracetamol)

I give permission for the staff of Kidz Club Child Care Centre to administer Panadol (Paracetamol) should they have a fever.

Yes No

I understand that every effort will be made to notify me (or another nominated responsible adult) at the time Panadol (Paracetamol) needs to be administered, and that I (or another nominated responsible adult) may be required to collect my child immediately.

If contact is unable to be made, then, in the interests of the health and comfort of my child, the Panadol (Paracetamol) will be administered.

- The Centre in its sole discretion may exclude any child from the Centre either permanently or temporarily. Further details are contained in our Exclusion Policy.

Signature:

Name:

Date:

MEDICAL EMERGENCY

In the case of an accident or emergency, every effort will be made to comfort the child and contact the parents immediately.

In the event that my child requires urgent Medical attention I, _____(Parent/guardian) authorise the staff of Kidz Club Child Care Centre to obtain medical assistance which they deem necessary, and agree to pay any medical and transport costs incurred.

I agree to indemnify Kidz Club Child Care Centre, and its staff, against any liability relating to or incidental to Kidz Club Child Care Centre custody and care of my child, except where such liability is directly caused by any wilful act or omission of Kidz Club Child Care Centre or its servants or agents.

Signature: _____ **Name:** _____ **Date:** _____

FEE AGREEMENT

It is the responsibility of parent/guardians to ensure that the enrolment form is completed **in full** and returned to the centre prior to commencement of care. This form provides the centre's link to you as parents/guardians in case of an emergency.

I undertake to pay the fees weekly in advance.

I understand that the fees must be paid regardless of attendance, eg. Sickness, Public Holidays, or Annual leave and I understand there will be no swapping of day or "making up" of days not attended.

Fees for holidays must be paid in advance prior to your child commencing such leave.

If my fees are in arrears for more than two weeks and no arrangements have been made with the Centre, my child's place will be withdrawn. Should I fail to pay my fees and my place is withdrawn or, when I leave the Centre, I will be liable for all additional costs incurred by the centre in collecting the outstanding fees.

Full fees are payable until my Child Care Benefit Confirmation is received by the centre.

Notice: When my child is leaving Kidz Club Child Care Centre or reducing the number of days of attendance I must give two weeks written notice or pay appropriate fees in lieu of such notice.

Signature: _____ **Name:** _____ **Date:** _____

Comments: _____



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