



Enrolment Form

Our Customer Reference Number (CRN) is **407 217 487K**

Child's Surname:	Christian Name:
D.O.B.	Country of Birth:
Culture:	Language Spoken:
Religion:	Gender: (Please TICK ✓) MALE FEMALE
CRN:	(Customer reference number from Family Assistance Office)
Address (if different to Parents):	

Enrolment requirements [TIMES ARE NEEDED SO WE CAN ROSTER EDUCATORS] (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:	postcode:
Phone Number:	Mobile:
Occupation:	Employer:
Employer's Address:	
Work Phone Number:	Contact Email:
Culture:	Language Spoken:
D.O.B.	CRN. (Customer reference no. from Family Assistance Office)

Father's/Guardian's Surname:	Given Names:
Address:	postcode:
Phone Number:	Mobile:
Occupation:	Employer:
Employer's Address:	
Work Phone Number:	Contact Email:
Culture:	Language Spoken:
D.O.B.	CRN. (Customer reference no. 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? (If yes please provide details and photocopy)	YES	NO
(Please TICK ✓)		

Are you applying for Child Care Subsidy?	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 & Educational Service 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.

Printed name

Signature:	Name:	Date:
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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:	(Please TICK ✓)	

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:	(Please TICK ✓)	

Does your child take any regular medication? eg; Ventolin, etc...	YES	NO
If Yes, please provide details:	(Please TICK ✓)	
Child's present health status:		

SPECIAL NEEDS - Does your child have any special needs/challenging behaviours?	YES	NO
If Yes, please provide details:	(Please TICK ✓)	

Does your child regularly visit a specialist? eg; Speech Therapist, etc..	YES	NO
If Yes, please provide details:	(Please TICK ✓)	

FOOD/MEALS - Does your child have any special dietary needs? eg; vegetarian, religious beliefs, etc..	YES	NO
If Yes, please provide details:	(Please TICK ✓)	

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/Educators of Kidz Club Child Care & Educational Service the authority: (Please TICK ✓)

1. To complete observations for use within the centre or where Educators are studying, however, if questioning or testing of the child is undertaken my permission will be sought before hand.	YES	NO
2. For my child to take part in supervised short walking excursions within the local area as part of the services program.	YES	NO
3. To use the name and/or photo of my child for the centre displays and/or promotional use, including media.	YES	NO
4. 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
5. To administer Panadol (Paracetamol) I give permission for Educators of Kidz Club Child Care & Educational Service to administer Panadol (Paracetamol) should they have a fever. 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.	YES	NO
6. The service 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:
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Printed name

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,

Printed name
(Parent/Guardian)

I agree to indemnify Kidz Club Child Care & Educational Service, and its Educators, against any liability relating to or incidental to Kidz Club Child Care & Educational Service custody and care of my child, except where such liability is directly caused by any wilful act or omission of Kidz Club Child Care & Educational Service or it's servants or agents.

Signature:

Name:

Date:

Printed name

FEE AGREEMENT:

- 1. 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 service's link to you as parents/guardians in case of an emergency.
- 2. I undertake** to pay the fees weekly in advance.
- 3. 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.
- 4. Fees** for holidays must be paid in advance prior to your child commencing such leave.
- 5. If my fees** are in arrears for more than two weeks and no arrangements have been made with the service, my child's place will be withdrawn. Should I fail to pay my fees and my place is withdrawn or, when I leave the service, I will be liable for all additional costs incurred by the service in collecting the outstanding fees.
- 6. Full fees** are payable until my Child Care Subsidy confirmation is received by the centre.
- 7. Notice:** When my child is leaving Kidz Club Child Care & Educational Service 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:

Printed name

Comments



2 Glenere Drive,
Modbury SA 5092
Telephone: 8265 6605
Fax: 8265 6602
www.kidzclub.com.au
kidzccc@bigpond.net.au