



# E N R O L M E N T

Updated  
Nov 2017

DATE OF ENROLMENT: ...../...../.....

BOND \$.....

<p><b><u>CHILD DETAILS 1:</u></b></p> <p>MEALS: YES / NO (Please Circle one)</p> <p>CRN#: .....</p> <p>SURNAME: .....</p> <p>GIVEN NAME (S).....</p> <p>D.O.B ..... M / F</p> <p>ADDRESS: .....</p> <p>.....</p> <p>MEDICARE CARD #: .....</p> <p>POSITION: ..... EXPIRY DATE: .....</p> <p>VACCINATION OBJECTION: YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><b><u>CHILD DETAILS 2:</u></b> (Please supply the following)</p> <p>Copy Birth Certificate ..... YES/NO</p> <p>Copy Health Care Card ..... YES/NO</p> <p>Copy Immunisation Record ..... YES/NO</p> <p>-----</p> <p><b><u>Office Use Only:</u></b></p> <p>Group: .....: Start Date: .....</p> <p><input type="checkbox"/> Formal <input type="checkbox"/> Informal MEALS: Yes / No</p> <p>Completed: Booked <input type="checkbox"/> Tags <input type="checkbox"/> Sign Sheets <input type="checkbox"/></p> <p>Child Detail Forms: ..... YES/NO</p>										
<p><b>TICK TYPE OF CHILD CARE</b></p> <p><input type="checkbox"/> Full Day - (11.5 Hrs)</p> <p><input type="checkbox"/> B/S Before School - (2 Hrs)</p> <p><input type="checkbox"/> A/S After School - (3.5 Hrs) <input type="checkbox"/></p> <p><input type="checkbox"/> V/L Vacation Care - (11.5 Hrs)</p> <p>CCB Hours claimed at this centre: .....</p>	<p><b>TICK PREFERRED DAYS</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 12.5%;">MON</th> <th style="width: 12.5%;">TUE</th> <th style="width: 12.5%;">WED</th> <th style="width: 12.5%;">THU</th> <th style="width: 12.5%;">FRI</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Expected start date: .....</p>	MON	TUE	WED	THU	FRI					
MON	TUE	WED	THU	FRI							
<p><b><u>PARENT DETAILS: (Primary)</u></b></p> <p>CRN: .....</p> <p>Name: .....</p> <p>Date of Birth: .....</p> <p>Address: .....</p> <p>Employer: .....</p> <p>Address: .....</p> <p>..... P/C.....</p> <p>Home: ..... Work: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>Relationship to the Child: .....</p>	<p><b><u>PARENT DETAILS</u></b></p> <p>Name: .....</p> <p>Date of Birth: .....</p> <p>Address: .....</p> <p>Employer: .....</p> <p>Address: .....</p> <p>..... P/C.....</p> <p>Home: ..... Work: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>Relationship to the Child: .....</p>										
<p><b>WHICH OF THE FOLLOWING DO YOU IDENTIFY AS:</b> Aboriginal: <input type="checkbox"/></p> <p>Torres Strait Islander: <input type="checkbox"/> or Other: <input type="checkbox"/> .....</p>											
<p><b>EMERGENCY CONTACTS AUTHORIZED TO PICKUP (Other than Parents and over 18 years)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>1<sup>st</sup> Preference</b></p> <p>Name: .....</p> <p>Relationship to the child: .....</p> <p>Address: .....</p> <p>..... P/C: .....</p> <p>D.O.B: ..... Phone No: .....</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>2<sup>nd</sup> Preference</b></p> <p>Name: .....</p> <p>Relationship to the child: .....</p> <p>Address: .....</p> <p>..... P/C: .....</p> <p>D.O.B: ..... Phone No: .....</p> </td> </tr> </table>		<p><b>1<sup>st</sup> Preference</b></p> <p>Name: .....</p> <p>Relationship to the child: .....</p> <p>Address: .....</p> <p>..... P/C: .....</p> <p>D.O.B: ..... Phone No: .....</p>	<p><b>2<sup>nd</sup> Preference</b></p> <p>Name: .....</p> <p>Relationship to the child: .....</p> <p>Address: .....</p> <p>..... P/C: .....</p> <p>D.O.B: ..... Phone No: .....</p>								
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<p><b>IMMUNISATION DETAILS – Is Immunisation current for:</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">1. Infanrix-IPV (Diphtheria/Tetanus/Pertussis)</td> <td style="width: 33%;">4. Rota Teq (Rotavirus)</td> <td style="width: 33%;">7. Varilrix (Chickenpox)</td> </tr> <tr> <td>2. Comvax (Hep B/Haemophilus B)</td> <td>5. Priorix (Measles)</td> <td></td> </tr> <tr> <td>3. Prevenar - (Infants/Toddlers for Streptococcus)</td> <td>6. Meningitec (Meningococcal)</td> <td></td> </tr> </table> <p>N.B.: Please refer to the "National Immunisation Program Schedule" in our Foyer</p>		1. Infanrix-IPV (Diphtheria/Tetanus/Pertussis)	4. Rota Teq (Rotavirus)	7. Varilrix (Chickenpox)	2. Comvax (Hep B/Haemophilus B)	5. Priorix (Measles)		3. Prevenar - (Infants/Toddlers for Streptococcus)	6. Meningitec (Meningococcal)		
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<p><b>CUSTODY / ACCESS NOTICES</b></p>	<p>Doctor/Surgery: .....</p> <p>Address: .....</p> <p>Phone No: ..... P/C: .....</p>										
<p><b>Does this child, or any sibling/s, attend Before/After School Care, Vacation Care, or another Childcare Centre?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>If YES, a Parent Statement will need to be completed and attached to this Form.</b></p>											

# KURABY GROVE CHILDCARE CENTRE

## ENROLMENT AGREEMENT

I/We the parents, agree to the following conditions regarding attendance of my/our child.....  
at **Kuraby Grove Childcare Centre** ("the Centre"). I/We have visited the Centre and discussed with the Director/Administrator the enrolment of my/our child.

I/We understand and accept that fees must be paid **one week in advance** of attendance and that normal fees are payable **at all times** including any periods of absence by my/our child for illness, holiday, public holiday or **for any reason whatsoever**. I/We agree to pay all amounts due in cleared funds prior to or on the last day of termination or within the agreed timeframe with the Director but no later than 30 days. I/We agree that if I/We fail to pay in accordance with this clause, **Kuraby Grove Childcare Centre** will:

- (a) Recover all monies owed by forwarding my/our details to a nominated debt recovery agency for collection.
- (b) Charge an administrative fee of 5% on all amounts due
- (c) Charge collection fee of 20% once the Centre has placed my/our debt to the Collection Agency for recovery.

In the event where this agreement has been entered into by more than one party each party shall be jointly and severely liable for any amounts overdue.

I/We understand that if fees are not paid, my/our child's continued enrolment at the Centre **cannot be guaranteed**. I/We also understand and accept that should this enrolment be cancelled, the booking fee will be retained as administrative costs.

I/We understand that a **Priority of Access** system stipulated below is applied at the Centre under conditions laid down by the Australian Government's *Priority of Access Guidelines – Page 10 CCMS Instruction Sheet Last Updated September 2008*, whereby the children of working parents must be given priority over those of non-working parents. **Priority of Access** is also in accordance to the following:

- Priority 1** - goes to a child at risk of serious abuse or neglect  
**Priority 2** - goes to a child of a single parent, or both parents, who meet the Work, Training or Study Test under Section 4 of "A New Tax System" (Family Assistance) Act 1999  
**Priority 3** - goes to any other child

**Within these main Priority categories, priority should also be given to children in:** Aboriginal and Torres Strait Islander families / Families which include a disabled person / Families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$42,997 for 2014-2015, or whose partner are on income support / Families from a non-English speaking background / Children in socially isolated families / Children of single parents. (*Australian Government Department of Education Sept. 2014*).

I/We agree to keep the child home while he/she has any infectious or contagious condition or illness, or when he/she is in such poor health as to be unfit for normal day care conditions.

I/We agree that if, in the case of sudden illness or accident, the parents cannot be contacted, and the Director as agent for the parents shall have discretionary power to provide immediate medical attention.

I/We agree to notify the Centre promptly of any absence on the enrolled day. I/We agree to give **two (2) weeks notice** of intention to change booked days or to withdraw the child from the Centre, or pay two weeks fees in lieu of such notice period. I/We agree that if the child is to be withdrawn from the Centre, he/she will **attend** on the **final day of care**.

I/We will ensure that the child is accompanied to and from the Centre by a responsible person, that the child will be signed in and out at the appropriate locations on each day of attendance, and that the staff member in charge is notified of arrivals and departures.

Mother.....Date...../...../..... Witness .....

Father.....Date...../...../..... Witness.....