



ENROLMENT FORM

Are you the *lawful authority** of the child being enrolled?

- Yes.
 No. Please do not proceed with filling out this form.

**Lawful authority* refers to all the powers and responsibilities that a parent has in relation to their child. These powers and responsibilities can only be changed by a court order. It is not affected by the relationship between the parents (ie whether or not they live together etc). A court order may take away authority of a parent to carry out an action, or may give it to another person. A guardian of a child also has lawful authority.

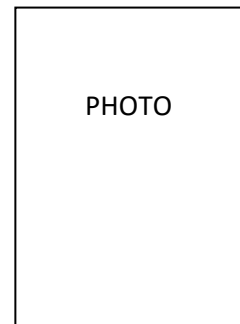
Enrolment Date:

INFORMATION ABOUT THE CHILD

Family Name: _____ Given Name: _____

Date of Birth: ____ / ____ / ____ Centrelink CRN: _____

Address: _____



Is the child of Aboriginal or Torres Strait Islander descent? Yes No

Language/s spoken at home: _____

Cultural background (optional): _____

Religious background (optional): _____

Has the child been in care before? Yes. Please specify where: _____
 No.

BOOKED DAYS Please indicate the days and times when you would like for your child to be booked to attend Kids World.

DAY	Drop-off Time	Pick-up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		



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INFORMATION ABOUT THE PARENT/GUARDIAN

<p>Full Name: _____</p> <p>Date of Birth: ____ / ____ / ____</p> <p>Relationship to Child:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Other (pls specify) _____</p> <p>Address:</p> <p><input type="checkbox"/> Same as child's address. The child lives with me.</p> <p><input type="checkbox"/> Other _____</p>	<p>Full Name: _____</p> <p>Date of Birth: ____ / ____ / ____</p> <p>Relationship to Child:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Other (pls specify) _____</p> <p>Address:</p> <p><input type="checkbox"/> Same as child's address. The child lives with me.</p> <p><input type="checkbox"/> Other _____</p>
Contact Details	Contact Details
<p>Home Phone Number: _____</p> <p>Work Phone Number: _____</p> <p>Mobile Number: _____</p> <p>Email Address: _____</p> <p>Centrelink CRN: _____</p> <p>Centrelink Hours & Percentage: _____</p> <p>Are you the main contact with Centrelink? <input type="checkbox"/> Yes. <input type="checkbox"/> No.</p>	<p>Home Phone Number: _____</p> <p>Work Phone Number: _____</p> <p>Mobile Number: _____</p> <p>Email Address: _____</p> <p>Centrelink CRN: _____</p> <p>Centrelink Hours & Percentage: _____</p> <p>Are you the main contact with Centrelink? <input type="checkbox"/> Yes. <input type="checkbox"/> No.</p>

AUTHORISATION FOR OTHER PERSONS TO COLLECT THE CHILD / EMERGENCY CONTACT PERSONS

Please provide details of persons whom you are authorising to:

- Collect the child at the end of the day if you or any other parent or guardian listed above are unable to do so for any reason and/or
- Be contacted in case of an accident, injury, trauma or illness to the child and yourself or any other parent or guardian listed above cannot be contacted.

<p>Full Name: _____</p> <p>Relationship to Child: _____</p> <p>Address: _____</p>	<p>Full Name: _____</p> <p>Relationship to Child: _____</p> <p>Address: _____</p>
Contact Details	Contact Details
<p>Home Phone Number: _____</p> <p>Work Phone Number: _____</p> <p>Mobile Number: _____</p> <p>Email Address: _____</p>	<p>Home Phone Number: _____</p> <p>Work Phone Number: _____</p> <p>Mobile Number: _____</p> <p>Email Address: _____</p>



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COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? No.

Yes. Please present the original copy of the court order to the enrolment staff.

If these orders change the powers of a parent/guardian to: authorise the taking of the child outside Kids World by a staff member, consent to the medical treatment of the child, request or permit the administration of medication to the child, collect the child and/or give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

Not Applicable

CHILD'S MEDICAL EMERGENCY CONTACTS INFORMATION

Name of Doctor: _____ Telephone No.: _____

Name of Medical Service: _____

Address: _____

Maternal & child health centre: _____

Medicare No.: _____ Health Care Card No.: _____

Do you have ambulance cover? Yes No

Ambulance Provider: _____ Ambulance Membership No.: _____

Do you have private health insurance? Yes No

Insurance Provider: _____ Insurance Membership No.: _____



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CHILD'S IMMUNISATION RECORD

Important: Beginning 1 January 2016, early childhood services are not permitted to enrol a child whose immunisation is not updated.* Please refer to the attached information for more details.

Is your child's immunisation updated?

- Yes. Please present any of the following:

Immunisation History Statement from Australian Childhood Immunisation Register (ACIR)

OR an **Immunisation Status Certificate** from a medical doctor or local council immunisation service that includes:

- child's full name, date of birth & address
- list vaccines the child has received and when the vaccine was given
- show the date of the child's next due vaccine OR include a statement saying the child has completed all their childhood vaccinations
- if relevant, list any vaccines the child cannot receive for medical reasons

- No. Please arrange for your child's immunisation to be updated before proceeding with enrolment

OR provide proof of vulnerability or disadvantage, aboriginal or torres strait island descent or need for child protection to avail of the 16 week 'grace period.'

**A grace period applies in exceptional circumstances. Please refer to the attached information for more details.*

HEALTH INFORMATION

Does your child have any allergy, intolerance or sensitivity?

No.

Yes.

Please provide a full list of all food products or allergens that can trigger the allergy, intolerance or insensitivity.

Please provide Kids World with medication or treatment that you use to manage or treat the allergy, intolerance or insensitivity if it occurs.

Does your child have Anaphylaxis?

No.

Yes.

IMPORTANT:

You must provide an Anaphylaxis Management Plan from your General Practitioner.

You must provide an up-to-date EpiPen at all times that your child is in the centre.



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Does your child have Asthma?

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. IMPORTANT: You must provide an Anaphylaxis Management Plan from your General Practitioner. You must provide an up-to-date asthma medication at all times that your child is in the centre.
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Does your child have any special medical condition or needs which are relevant for educators to know about? (Eg. Diabetes, Epilepsy, Autism, etc)

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. IMPORTANT: You must provide a Medical Management Plan from your General Practitioner. You must provide any relevant medication as identified in your Medical Management Plan at all times that your child is in the centre.
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Does your child have a *diagnosed* behavioural or social condition? (eg. Hyperactivity)

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. Please provide details.
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Does your child have any dietary restrictions for cultural or religious reasons?

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. Please provide a full list of all food products that your child is not allowed to have.
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Does your child have any excessive fears that educators should be aware of?

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. Please provide details.
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Are there any other special circumstances pertaining to your child's physical, emotional, psychological or social health that educators need to be aware of?

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. Please provide details.
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CONFIDENTIALITY STATEMENT

Kids World will ensure that the information given in this enrolment form is not divulged or communicated directly or indirectly to another person other than to the extent necessary for the care or education or medical treatment of the child; or to a parent or guardian of the child or another person who has lawful authority to require the information; to the secretary or an authorised officer; if expressly authorised, permitted or required to be given by or under any act or law; or with the written consent of the person who provided the information.



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AUTHORISATIONS

By ticking 'Yes' to the box/es below and signing your name, you consent to the statement/s listed.

I, (please print your full legal name) _____,
a person with lawful authority of the child referred to in this enrolment form, declare
that:

The information in this enrolment form is true and correct and I undertake to immediately inform Kids World in the event of any change to this information. Yes No

I agree to collect or make arrangements for the collection of the child referred to in this form if he/she becomes unwell at the service. Yes No

I consent to the Kids World staff seeking or where appropriate, administering emergency medical treatment as reasonably necessary (eg. calling for an ambulance) and that I will reimburse any necessary expenses incurred by Kids World. Yes No

I consent to the staff of Kids World taking my child outside the premises incase of emergency. Yes No

I have received a copy of the Kids World Parent Handbook and understand that it is my responsibility to read and understand all that is stated in it. Yes No

I agree to pay my fees one week in advance. I understand that if my fees are two weeks in arrears, my child/ren's position may be cancelled. Yes No

I understand that if I need to change days or cancel care that I need to give Kids World two weeks notice. Yes No

I have read and understood the Priority of Access Guidelines which are in the Parent Handbook. Yes No

I understand that I must make arrangements for my child/ren to be picked up if I am not available to pick them up by 6:30pm, or pay the late fee as stated in the Parent Handbook. Yes No

I give permission for Kids World to take photographs of my child/ren for planning and programming purpose. Yes No

I give permission for Kids World staff to take photographs of my child for any media purposes (eg. newsletter, website, advertising). Yes No

I give permission to the staff of Kids World to apply SPF 30+ Sunscreen on my child/ren. Yes No

I give permission to the staff of Kids World to check my child/ren's hair in case of suspected head lice. Yes No

I give permission to the staff of Kids World to apply a Band Aid on my child/ren when needed. Yes No

I give permission to the staff of Kids World to apply nappy cream on my child/ren when needed. Yes No

I give permission to the staff of Kids World to apply face paint on my child/ren when needed. Yes No

Δ Signature: _____ **Date:** _____