



Address: 793 Oakey Flat Road  
MORAYFIELD, QLD. 4506  
Phone: (07) 5431 1200  
Admin Email: kids@carmichael.qld.edu.au

# APPLICATION FOR ENROLMENT

Date of Application: .....

Preferred Start Date: .....

Actual Start Date: .....

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A non-refundable **\$50 'Enrolment fee'** must be paid prior to your child's commencement, along with **2 weeks fees** which is held as a **'Bond'** and returned to you at the end of your enrolment.

## CHILD DETAILS

Child's CRN:

Date of Birth:

Child's Given Name:

Child's Surname:

Preferred Name:

Gender:

Address:

Postal Address:

Primary Language:

Secondary Language:

Country of Birth:

Nationality and cultural considerations:

Does your child identify as:

- ☐ Aboriginal not Torres Strait Islander  
☐ Torres Strait Islander  
☐ Neither Aboriginal or Torres Strait Islander

Religion and Religious considerations:

Immunisation up to date?

- ☐ Yes (Please provide a copy of immunisation)  
☐ No  
☐ Not immunised (Please speak to Nominated Supervisor)

Additional Needs:

- ☐ No  
☐ Yes (Please provide any related documentation)  
Details:

Please tick box below to agree to your type of CCSS arrangement:



### Complying Written Arrangement (CWA)

- A formal contact between the service and the family regarding the details of the enrolment
- Must meet content requirements under legislation
- Trigger for a child to be taken to be enrolled under FAL
- A requirement for families expecting to receive the Child Care Subsidy
- Providers required by legislation to give Enrolment Notices

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### Relevant Arrangement

- An arrangement made between the service and the family that does not meet the requirements to be a CWA
- No requirements in legislation regarding the contents of the arrangement
- Child not taken to be enrolled under FAL-CCS not payable
- Providers required by legislation to give Enrolment Notices
- Most commonly used for families that do not intend to claim CCS

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### Arrangement with Organisation

- An arrangement between a service and an organisation liable to pay child care fees under the enrolment
- No requirements in legislation regarding the contents of the arrangement
- Child not taken to be enrolled under FAL-CCS not payable
- Providers not required by legislation to give Enrolment Notices
- Most commonly used where an organisation (such as an employer) is paying all of the child care fees

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### ACCS (Child Wellbeing) Provider Eligible

- Service provides care to a child where no eligible individual can be identified
- Issues at risk certificate and makes itself eligible in respect of the child
- 'No arrangement' in place (with another party)
- Child can be taken to be enrolled under legislation
- ACCS child wellbeing can be paid
- Legislation requires providers to give an Enrolment Notice

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### CHILD DETAILS CONTINUED

Does your child use another Child Care Service?

- ☐ Yes  
☐ No

If yes, Service Name: .....

Do you have other Siblings in Care?

- ☐ Carmichael Kids  
☐ Carmichael College OSHC  
☐ Other Services

*Please note that it is important to provide this information to ensure any fee assistance is applied to the correct service.*

### CHILD MEDICAL DETAILS

Doctor's Name:

Phone Number:

Address:

Child's Medicare Number:

Does your child have any medical conditions:

- ☐ YES ☐ NO

*Please list details below:*



*Please attach any health action plans if applicable.*

### CHILD DIETARY RESTRICTIONS

Does your child have any dietary restrictions?

- ☐ YES ☐ NO

Does your child have any food allergies or additional needs?

- ☐ YES ☐ NO



### PERMISSION FOR INITIAL, ONE ONLY PARACETAMOL DOSE

I/we give permission for my/our child to be given an **INITIAL, ONE ONLY** age appropriate dose of Paracetamol if his/her temperature is 38 degrees Celsius or higher and I/we or our **AUTHORISED CONTACTS** are not able to be contacted and/or are unable to collect my/our child within half an hour.

- ☐ YES ☐ NO

I/we will notify the Room Educators if Panadol/Nurofen has been administered to our child in the morning before attending the service and the reason for administering the medication.

- ☐ YES ☐ NO

Parent Name: .....

Parent Signature: .....

**PERMISSION FOR THE SERVICE TO:**

In an emergency situation, if deemed necessary, I/we give permission for the Service to:

- Call an ambulance for my/our child
- Seek emergency medical treatment for my/our child from a registered medical practitioner, hospital or ambulance service.
- Have my/our child transported to hospital in an ambulance.

*I/we understand that Carmichael Kids Educators will make every effort to contact me/us as soon as practicable.*

☐ YES ☐ NO



Parent Name: ..... Parent Signature: .....

**PERMISSION FOR MY CHILD TO:**

I/we give permission for my child/ren to leave the building in the case of an emergency or evacuation drill.

☐ YES ☐ NO



Parent Name: ..... Parent Signature: .....

**PARENT/GUARDIAN 1**

CRN:

Date of Birth:

Given Name:

Surname:

Relationship to Child:

Authorised to Collect: ☐ YES ☐ NO

Address:

Contact Numbers/Email

Home: .....

Mobile: .....

Work: .....

Email: .....

Primary Language:

Secondary Language:

Country of Birth:

Nationality and cultural considerations:

Do you identify as:

- ☐ Aboriginal not Torres Strait Islander  
☐ Torres Strait Islander  
☐ Neither Aboriginal or Torres Strait Islander

*Would you be interested in partnering with Carmichael Kids to assist us in our Quality Improvement Practice to ensure that cultural knowledge shapes the structure of our service?*

☐ Yes ☐ No

Religion and Religious considerations:

Current Occupation:

Talent:

*Would you be interested in partnering with Carmichael Kids, sharing your skills/knowledge with the children in a meaningful learning experience?*

☐ Yes ☐ No

*Would you like to show case this?*

☐ Yes ☐ No

## PARENT/GUARDIAN 2

Date of Birth:

Given Name:

Surname:

Relationship to Child:

Authorised to Collect: ☐ YES ☐ NO

Address:

Contact Numbers/Email

Home: .....

Mobile: .....

Work: .....

Email: .....

Primary Language:

Secondary Language:

Country of Birth:

Nationality and cultural considerations:

Do you identify as:

- ☐ Aboriginal not Torres Strait Islander  
☐ Torres Strait Islander  
☐ Neither Aboriginal or Torres Strait Islander

*Would you be interested in partnering with Carmichael Kids to assist us in our Quality Improvement Practice to ensure that cultural knowledge shapes the structure of our service?*

☐ Yes ☐ No

Religion and Religious considerations:

Current Occupation:

*Would you be interested in partnering with Carmichael Kids, sharing your skills/knowledge with the children in a meaningful learning experience?*

☐ Yes ☐ No

Talent:

*Would you like to show case this?*

☐ Yes ☐ No

### PARENTING AND CHILD LIVING ARRANGEMENTS

Relationship between Parent/Guardians

- ☐ Defacto  
☐ Married  
☐ Separated  
☐ Divorced  
☐ Single Parent

Child's living arrangements

- ☐ Both Parents/Guardians  
☐ Mother or Father only  
☐ Shared Care  
☐ Other: .....

Custody of Child: (Please provide relevant documentation/Court Orders)

- ☐ Family Court Order/Parenting  
☐ Authority to Care (Department of Child Safety)  
☐ Other: .....

**All Emergency Contacts MUST be able to supply photographic identification when collecting your Child from the Centre.**

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Surname:	Surname:
Given Name:	Given Name:
Authorised to Collect: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to Collect: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child:	Relationship to Child:
Address: ..... .....	Address: ..... .....
Suburb: ..... Postal Code: .....	Suburb: ..... Postal Code: .....
Contact Numbers/Email:	Contact Numbers/Email:
Home: .....	Home: .....
Mobile: .....	Mobile: .....
Work: .....	Work: .....
Email: .....	Email: .....
If unable to be contacted:  I .....give permission for <b>Emergency Contact 1</b> , to give consent on my behalf for my child to be given medical treatment or administered medication if needed.	If unable to be contacted:  I .....give permission for <b>Emergency Contact 2</b> , to give consent on my behalf for my child to be given medical treatment or administered medication if needed.
EMERGENCY CONTACT 3	EMERGENCY CONTACT 4
Surname:	Surname:
Given Name:	Given Name:
Authorised to Collect: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to Collect: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child:	Relationship to Child:
Address: ..... .....	Address: ..... .....
Suburb: ..... Postal Code: .....	Suburb: ..... Postal Code: .....
Telephone	Telephone
Home: .....	Home: .....
Mobile: .....	Mobile: .....
Work: .....	Work: .....
Email: .....	Email: .....
If unable to be contacted:  I .....give permission for <b>Emergency Contact 3</b> , to give consent on my behalf for my child to be given medical treatment or administered medication if needed.	If unable to be contacted:  I .....give permission for <b>Emergency Contact 4</b> , to give consent on my behalf for my child to be given medical treatment or administered medication if needed.



## PARENT/GUARDIAN CONSENTS – PLEASE READ BEFORE SIGNING



	Please Initial
I/we agree to abide by the Service policies and procedures (available upon request)	
I/we have read and understood the Centre's Talent Release Form, I have signed and returned this form back to the Centre and have accepted Story Park's Terms and Conditions.	
I/we agree to give the Service two weeks' notice of intention to change booked days or withdraw the child from Carmichael Kids/Carmichael College OSHC. Normal fee will be charged during notice period.	
I/we agree to ensure that the child is brought to and collected from the Service by a responsible adult (parent, guardian, authorized person over <b>18 years of age</b> ) who will sign the child into and out of the Service and ensure that educators are aware of the child's arrival and departure. I/we will sign for any absences, as requested.	
I/we understand that I/we are responsible for keeping our personal details up to date such as address, phone numbers and relationship status. (e.g. Parents/Guardians separating)	
I/we agree to abide by Carmichael Kids/Kindy/Carmichael College OSHC Medication Policy and any medication provided for our child will be labelled by a pharmacist showing the child's name, current date, medication, dosage and administration times of prescription medication. Or alternatively a doctor/naturopath's letter outlining the above. I/we agree that medications will be given to an educator on arrival and the medication request form will be completed daily.	
I/we agree to keep my/our child at home for a minimum of 24 hours if he/she is suffering from any contagious conditions or is generally unwell and therefore unfit to participate in the normal daily activities of the Service. If I have been contacted by the Centre to collect my child due to high temperature or illness a 24 hour exclusion period will also be implemented. A clearance note from the Doctor will need to be presented at front reception upon my child's return to the service. I/we will collect my/our child promptly if the child becomes unwell while at the Service (contagious conditions are listed in the Staying Healthy 5 <sup>th</sup> Edition)	
I/we give permission for my/our child to have Sunscreen applied at Carmichael Kids/Kindy/Carmichael College OSHC – a low allergenic SPF15+ or higher.	
I/we give permission for our child/ren to participate in limited tech time, screen time and G rated movies at Carmichael Kids/Kindy/ and PG rated movies at OSHC.	
I/we understand that from time to time High School and Uni students may be present in the Service. I/we understand that separate permission will be asked for if a student wishes to observe my/our child. No observations by students will occur without my/our consent.	
I/we understand that occasionally an excursion may be organised for the children at Carmichael Kids/Kindy/Carmichael College OSHC. I/we will be presented with all details of the excursion prior to the event and will be asked for specific approval.	
I/we give permission for my child to attend on site excursions. This includes Carmichael College, Carmichael College OSHC, Carmichael Kindy, Creekside Church and Creekside Café.	
Regarding Parental Code of Conduct: <ul style="list-style-type: none"><li>Any aggressive, bullying or intimidating behaviour will not be accepted</li><li>Be respectful of the privacy of children, their families, Carmichael Kids/Kindy/OSHC staff members and volunteers and refrain from taking photographs at Carmichael Kids/Kindy/OSHC services without the prior written consent of Carmichael Kids/Kindy/OSHC</li></ul> Failure to comply with Code of Conduct will result in cancellation of your child's enrolment.	

## FEES PAYABLE

Fees are to be paid at the Centre Reception or via Direct Deposit (please find account details below) by the end of the business week or less often in advance. A weekly statement, in accordance with the Commonwealth Department Guidelines, will be emailed to each nominated customer weekly.

I/we understand and accept that fees are payable for absences such as illness and holidays and that fees must be paid at least one week in advance. I/we understand that failure to pay fees on time could jeopardise my/our child's continuing enrolment at the Service.

Parents/Guardians should contact the Centre to advise of their child's inability to attend as soon as this is known.

It is the parent/guardian's responsibility to complete and lodge their childcare subsidy application through MYGOV/Centre Link. Childcare Subsidy cannot be deducted from the fees until the Centre is able to formalise the enrolment through linking the child directly with Centre Link.

In the event that you are unable to maintain your weekly account it is your responsibility to contact the Centre immediately to discuss any financial hardship.

If you have not contacted the Centre regarding an inability to pay your account and your account has fallen into arrears the following procedure will apply:

- **After 1 week overdue** – An overdue account notice/reminder at the bottom of your weekly statement will be issued to inform you that your fees are not up to date.
- **After 2 weeks overdue** – A continued reminder will be at the bottom of your weekly statement. You will also be encouraged to discuss payment difficulties and make suitable arrangements to pay, this may include contact from our Accounts Team to arrange a payment plan\*.
- **After 3 weeks overdue** – If there has been no written agreement entered in to, or contact made with the Centre, you will receive a letter advising that your Child's booking will be cancelled if the total amount owing is not paid immediately.

\*Payment plan terms and conditions can be discussed with our Accounts Team.

I/we understand that once allowable absences (42) or Childcare Subsidy (CCSS) has been exhausted, my/our Gap fee will increase due to reduction of Government allowances.

It is my responsibility to keep Childcare Government Authorities (Centrelink/MyGOV) updated with any changes to my personal circumstances to ensure my account details are correct and calculating accordingly.

Parent Name: ..... Parent Signature: .....

### Account Details for Carmichael Kids

Interseed LTD Carmichael Kids ELC  
BSB: 034-640  
Account Number: 475 261  
Reference: Child's Surname

### Account Details for Carmichael College OSHC

Interseed LTD Carmichael College OSHC  
BSB: 034-640  
Account Number: 542 065  
Reference: Child's Surname



**BOOKING REQUIREMENTS****Required before Enrolment commences:**

- ☐ Enrolment Fee \$50 per family
- ☐ Bond = 2 weeks fees (Returned at end of enrolment)
- ☐ Fees = 2 weeks fees (First weeks attendance + 1 week in advance)
- ☐ Security Door Tag \$10 Deposit (Returned at end of enrolment)

**ENTITLEMENTS****Subsidy Percentage:****Subsidised hours per fortnight:**

I understand that my quote for childcare fees will be generated on the information that I have given.  
If Centre Link provides the service with new information my fees will be recalculated and I understand that my fees will be calculated on Centre Link's most current information.

Parent Name: Parent Signature:

**Carmichael Kids/Kindergarten**

- ☐ Long Day Care ☐ \*Session care
- ☐ \*Casual Booking ☐ Kindergarten (min 2 days per week)

*\*Session Care: hours 9am -5pm (Will be reviewed, case by case. For Parents on 36 hours per fortnight or less)*

**Carmichael College OSHC**

- ☐ Before School Care ☐ After School Care
- ☐ \*Casual Booking ☐ Vacation Care

*\*Casual Booking: requires at least one permanent booked day*

☐ I understand that I can apply for and use a casual booking if it is available at the requested time. (Extra fee's may apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Reason for requiring care:.....

Preferred commencement date: *(Subject to availability)* .....

Child's age at preferred commencement date:.....

☐ Copy of child's birth certificate provided ☐ Immunisation Record Provided ☐ Hold a current Health Care Card  
(Please provide copy)

**MARKETING INFORMATION – How did you hear about us?**

☐ Yellow Pages ☐ Brochure ☐ Referral ☐ Google Search ☐ Drove Past ☐ Radio ☐ Carmichael College Website

☐ Other.....

**PRIORITY OF ACCESS**

- First Priority: a child at risk of serious abuse or neglect
- Second Priority: a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'
- Third Priority: any other child

*\*Please note: Siblings of children already enrolled within the Centre will be given priority over Third Priority*



## PARENT ORIENTATION CHECKLIST

Welcome to Carmichael Kids/Kindy/Carmichael College OSHC. We understand that the enrolment process can be a confusing time for new parents and children so we have compiled a checklist to assist in the orientation process. We hope this will help you all settle in and enjoy the Carmichael experience.

### Do you know?

- ☐ How to sign in and out of the Kiosk Station
- ☐ The opening and closing time of our Centre?
- ☐ The Centre phone number and/or email address?
- ☐ The procedure when you arrange for someone else to pick up your child?
- ☐ What to do if your child is absent or running late?
- ☐ I am aware that I can request to view a Centre Policy at any time
- ☐ Who to approach to find out details of your child's progress?
- ☐ How to pay your weekly fees and remain 1 week in advance?
- ☐ Where to find and how to fill out medication forms? Where to put medication?
- ☐ I have read the treatment/exclusion period for illness
- ☐ Where the menus are displayed?
- ☐ Where to park and where parking is not permitted?
- ☐ I am aware that there is an allocated parking space
- ☐ What is an accident/incident form?
- ☐ Where to find and participate in our Quality Improvement Plan?

### Centre Specific Information

- Your Nominated Supervisor is: .....
- Your Child's Lead Educator is: .....
- Your Child's Assistant Educator is: .....
- Your Child's room is:..... Age groups within this room are: .....

If you have any further questions or queries, please do not hesitate to ask.

Does your child have a friend or family member currently attending Carmichael Kids/Kindy/Carmichael College/OSHC?

☐ Yes ☐ No

Name of child: ..... Relationship: .....

Room: .....

Parent/Caregiver Sign: ..... Date: .....

### Questionnaire:

- What did we do well?

.....  
.....

Would you recommend us?

☐ Yes ☐ No

### Office use only:

Nominated Supervisor:..... Date: .....