

ENROLMENT FORM

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's Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate		Child CRN	
Immunisation record		Parent CRN	
Child Care Subsidy Confirmation		Medical document	
Arrangement Form completed & signed		Enrol Fee, Bond, 2 weeks fee, Security fob	

<i>Carmichael Kids/Kindy/OSHC</i>	
<i>793 Oakey Flat Road, MORAYFIELD. QLD. 4506</i>	
<i>(07) 5431 1200</i>	<i>For all enrolment enquiries: kids@carmichael.qld.edu.au</i>

Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
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Child's Start Date:	
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OFFICE USE ONLY	
Date Entered:	Entered By:

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Preferred Name:			

Date of Birth:		Gender (Please circle):	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address:	
Child lives with:	

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Primary Language used in the home		Secondary Language	
Does your child identify as: <i>(Please tick)</i>	<input type="checkbox"/>	Aboriginal not Torres Strait Islander	
	<input type="checkbox"/>	Torres Strait Islander	
	<input type="checkbox"/>	Neither Aboriginal or Torres Strait Islander	
Country of Birth			
Nationality and cultural considerations			
Religion and Religious considerations			

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

Child's Registered Medical Practitioner or Service Details:

Name of Medical Practice:	
Practitioner's Name:	
Contact Numbers:	
Address:	

<p>Does the child have any specific health care needs or medical conditions, including allergies or a diagnosis of anaphylaxis?</p> <p><i>(Please Circle)</i></p>	<p>Yes / No _____</p> <p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared. Plan must be given to Centre before commencement date.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed. 	
<p>Does the child have any dietary restrictions?</p> <p><i>(Please Circle)</i></p>	<p>Yes / No</p> <p><i>(If yes, please attach relevant details.)</i></p>	<p>Attached</p>

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

<p>Medication will only be administered if a pharmacy label is attached, it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, only if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> The label must contain the child’s name and Parents must provide any verbal or written instructions provided by the medical practitioner. <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like nappy creams and paracetamol, must have a pharmacist label attached, be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form. <i>Education and Care Services National Regulations Regulation 93</i></p>		Parent 1 Signature:	
		Parent 2 Signature:	
<p>Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?</p>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
<p>I/We give permission for my/our child to be given an INITIAL, ONE ONLY age appropriate dose of paracetamol <i>if his/her temperature is 38 degrees Celsius or higher</i> and I/We or our Authorised Contacts are not able to be contacted and/or are unable to collect my/our child.</p>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
<p>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.</p>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
<p>Do you consent to the Nominated Supervisor or other educators authorising transportation of your child in an ambulance? (Please Circle)</p>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

<p>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.</p> <p><i>Education and Care Services National Regulations - Regulation 94.</i></p>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

IMMUNISATION DETAILS

<p>I have chosen not to have my child immunised.</p>	Yes/No Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>	Attached
<p>Are your child's immunisations up to date?</p>	Yes/No Please provide a copy of your child's: Immunisation History Statement provided by Medicare	Attached

The child's health record has been sighted by: _____ Position: _____

DEVELOPMENTAL INFORMATION

<p>Please provide us with any other information we should know about your child</p> <p><i>(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p>	
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ONSITE EXCURSIONS

<p>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.</p>	<p>Yes/No</p>	<p>Parent 1 Signature:</p>	
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TRANSITION TO SCHOOL

<p>Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?</p> <p>Name of School:</p> <hr/> <p>Permission to exchange information: Yes/No</p>	<p>Yes/No</p>	<p>Parent 1 Signature:</p>	
	<p>Yes/No</p>	<p>Parent 2 Signature:</p>	
<p>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them in to your child's program:</p>			

FAMILY INFORMATION

<p>Does the child have any siblings? If so, please provide their names and dates of birth.</p>	
<p>Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names.</p>	

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Given Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Authorised to Collect: (Please circle)	Yes / No
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
Would you be interested in partnering with Carmichael Kids/Kindy/OSHC to assist us in our Quality Improvement Practice to ensure that cultural knowledge shapes the structure of our service?	Yes / No

Does the child live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	
Hours of work:	

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Given Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Authorised to Collect: (Please circle)	Yes / No
Relationship to child:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
Would you be interested in partnering with Carmichael Kids/Kindy/OSHC to assist us in our Quality Improvement Practice to ensure that cultural knowledge shapes the structure of our service?	Yes / No

Does the child live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	
Hours of work:	

COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached

Please note that without this documentation we cannot legally enforce the Order/s.

FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Email Address:			
Is this person authorised to collect your child from our service? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises: For example, on an excursion, or for a medical emergency? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service? (Please Circle)	Yes/No	Parent 1 Signature:	

SECOND EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Is this person authorised to collect your child from our service? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises: For example, on an excursion, or for a medical emergency? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service? (Please Circle)	Yes/No	Parent 1 Signature:	

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to leave the building in the case of an emergency or evacuation drill.	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
Have staff apply Teething Gel (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
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 & Conditions.	YES	NO

BOOKING REQUIREMENTS:

Required before Enrolment commences:

- Enrolment Fee: \$50 per family (non-refundable)
- Bond: 2 weeks fees (Returned at end of enrolment)
- Fees: 2 weeks fees (First week of attendance and 1 week in advance)
- Security Door Fob: \$10 deposit (Returned at end of enrolment)

ENTITLEMENTS:

Subsidy Percentage:	Subsidised hours per fortnight:
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I understand that my quote for childcare fees will be generated on the information that I have given. If Centrelink provides the service with new information my fees will be recalculated and I understand that my fees will be calculated on Centrelink's most current information.	Yes/No	Parent 1 Signature:	
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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

WRITTEN ARRANGEMENTS:

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between [redacted] and Carmichael Kids, Kindy & OSHC is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type:	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	Carmichael Kids Child Care and Early Learning Centre				
Service ID:	PR40002345				
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
Start time for Session: 6:30am End time for Sessions: 6:00pm	11.5 hours	11.5 hours	11.5 hours	11.5 hours	11.5 hours
Care Arrangement:	Routine Care		*Casual/Extra Care		

**OSHC: Casual Booking requires at least one permanent booked day
Please note: Kindergarten booking requires a minimum of 2 days per wee.k*

Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the provider) Parties understand and are aware fees may vary from time to time.

Parent Name: Parent Signature:

FEES PAYABLE

Enrolment Fees MUST be paid at the Centre Reception. This is to be paid upon or prior to child's commencement date.

Fees are then to be paid via Debit Success 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/Centrelink. Childcare Subsidy cannot be deducted from the fees until the Centre is able to formalise the enrolment through linking the child directly with Centrelink.

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 will be issued to inform you that your fees are not up to date.
- **After 2 weeks overdue** – A continued reminder will be issued to inform you that your fees are not up to date. 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:

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the previous information.
- I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of **\$15.00 per 15-minute block** or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name on a pharmacist label).
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing

of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.

- I/we agree to keep my/our child at home for a minimum of 48 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 48-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 5th Edition)
- 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 give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I/we agree to abide by the Service Policies and procedures (available upon request)
- I have provided accurate and up to date information on the Written Arrangement
- I am interested in being a part of a Parent Committee that meets occasionally to update policies, etc.
- I, or someone I know has a skill they could share with the children.
- I/we agree to abide by the Parental Code of Conduct. We understand that any aggressive, bullying or intimidating behaviour will not be accepted. We will 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. We understand that failure to comply with the Code of Conduct will result in cancellation of our child's enrolment

Signed: _____ Name: _____ Date: ___ / ___ / _____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators' /staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.