



Kids Academy OSHC – Enrolment Form

Service: _____



Please attach a passport size photo of your child here.

Child's Name

ATTACHED DOCUMENTS CHECKLIST

| PLEASE TICK TO INDICATE DOCUMENTS ARE ATTACHED | |
|---|--|
| CHILD'S BIRTH CERTIFICATE. | |
| IMMUNISATION RECORDS. | |
| PARENT ONE CRN ELIGIBILITY LETTER. | |
| CHILD CRN ELIGIBILITY LETTER. | |
| PHOTO IDENTIFICATION OF ALL PARENTS AND EMERGENCY CONTACTS. | |
| ALL OTHER RELEVANT DOCUMENTATION. | |

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

OFFICE USE ONLY (this section is for educators to write any notes in regards to this enrolment)

KIDS ACADEMY requires this form to be completed and all documentation attached prior to your child's first day of childcare with us.

This information must be completed by one of the child's parents, who have lawful authority in relation to the child.

Please notify us of any change of details, as soon as they arise.

Office use only

Entered by: _____

Date entered: _____

PLEASE TICK WHAT CARE YOU NEED FOR YOUR CHILD

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------------|--------|---------|-----------|----------|--------|
| Before School Care | | | | | |
| After School Care | | | | | |

PLEASE TICK IF YOU WILL BE REQUIRING VACATION CARE

| | |
|---------------|--|
| Vacation Care | |
|---------------|--|

What date will you be commencing care? _____

SCHOOL INFORMATION

School's Name:

Year:

Room number:

Teacher's name:

School start time:

School finish time:

Does your child's school have an early closure day? *(If yes, please include day and time)*

If your child does not require collection from the classroom, you will be notified of the meeting area where all the children meet in the school grounds.

I give permission for my child to be dropped off and picked up from there school (stated above) by Kids Academy OSHC staff.

Guardian's Name _____

Guardian's Signature _____

CHILD'S DETAILS

Child's CRN number:

Child's full name: *(include middle name)*

Gender:

Date of birth:

Home address: *(include postcode)*

Country of birth:

Language spoken at home:

Is your child Aboriginal or Torres Strait Islander? *(Please state)*

PARENT ONE DETAILS *(parent one is the parent that is claiming the CCS)*

Parent's CRN number:

Parent's full name: *(include title)*

Relationship to child:

Gender:

Date of birth:

Home address: *(include postcode)*

Home number:

Mobile number:

Email address:

Country of birth:

Occupation:

Work name:

Work address: *(include postcode)*

Work number:

What language is spoken at home?

Is your child Aboriginal or Torres Strait Islander? *(please state)*

Does the child live with you? If no, Please include details of the care arrangement.

PARENT TWO DETAILS

Parent's full name: *(include title)*

Relationship to child:

Gender:

Date of birth:

Home address: *(include postcode)*

Home number:

Mobile number:

Email address:

Country of birth:

Occupation:

Work name:

Work address: *(include postcode)*

Work number:

What language is spoken at home?

Is your child Aboriginal or Torres Strait Islander? *(please state)*

Does the child live with you? If no, Please include details of the care arrangement.

EMERGENCY / AUTHORISED PERSON CONTACTS

In case of an emergency, we will contact the parents/guardian initially.

Then the emergency contacts in the order they are listed.

Please attach a copy of legal photo ID of each emergency/authorized person.

EMERGENCY CONTACT ONE

Full Name:

Relationship to child:

Home address: *(include postcode)*

Home number:

Mobile number:

Email address:

Occupation:

Work name:

Work address: *(include postcode)*

Work number:

I _____ authorise *(please tick)* PICK UP DROP OFF EMERGENCY

Parent one Signature _____

Emergency one signature _____

EMERGENCY CONTACT TWO

Full Name:

Relationship to child:

Home address: *(include postcode)*

Home number:

Mobile number:

Email address:

Occupation:

Work name:

Work address: *(include postcode)*

Work number:

I _____ authorise *(please tick)* PICK UP DROP OFF EMERGENCY

Parent one Signature _____

Emergency two signature _____

COURT / CUSTODIAL ORDERS

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? *Please tick.*

YES NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? *Please tick.*

YES NO

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, management and educators cannot enforce parent's requests.

MEDICAL INFORMATION (Doctor)

Name of medical centre:

Name of doctor:

Medical centre's address: *(include postcode)*

Medical centre's contact number:

MEDICAL INFORMATION (Dentist)

Name of dentist centre:

Name of dentist:

Dentist centre address *(include postcode)*

INSURANCE DETAILS

Medicare number:

Health insurance name:

Health insurance fund:

Health insurance number:

Does your child have ambulance cover? *(Please tick)* YES NO If no, please sign below.

I _____ accept to cover the costs of an ambulance in the event of an emergency.

Parent signature _____ Date _____

CHILD HEALTH INFORMATION

Is your child fully immunised? Yes No

A copy of your child's immunisation record will be kept at the service, please ensure you update your child's immunisation records with Kids Academy OSHC Management.

Has your child ever been diagnosed with any of the following?

| | | | | | | | | | |
|------------------------|-----|--|----|--|-------------|-----|--|----|--|
| German measles | Yes | | No | | Seizures | Yes | | No | |
| Mumps | Yes | | No | | Convulsions | Yes | | No | |
| Whooping cough | Yes | | No | | Chicken pox | Yes | | No | |
| Measles | Yes | | No | | | | | | |
| Other (please specify) | | | | | | | | | |

Does your child suffer from any known allergies? (Please tick) Yes No
If yes, please provide relevant details below.

Does your child have a diagnosed disability or special need? (Please tick) Yes No
If yes, please provide relevant details below.

Does your child take prescribed medication or treatment on a regular basis? (Please tick)
Yes No If yes, please provided relevant details below.

Does your child suffer from Anaphylaxis? Yes No
If yes, please provide relevant details below.

PLEASE NOTE

If you child has a known allergy please take the time to speak with management as more documentation needs to be filled out along with action plans in consultation with the doctor.

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food likes or dislikes? (please tick) YES NO If yes, please provided relevant details.

Other details that could help us in providing your child with the most suitable dietary options.

MORE ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings.

| NAME | AGE |
|------|-----|
| | |
| | |
| | |

Please provide the name and ages of any other close relations attending the same centre.

| NAME | AGE | RELATIONSHIP |
|------|-----|--------------|
| | | |
| | | |

Does your child have any fears or phobias? *(Please list)*

What are your child's interests and favourite things to do? *(Please provide some examples)*

AUTHORISATIONS

Please read the following agreement carefully before signing.

I _____ give permission for my child to; *(please circle)*

| | | |
|--|-----|----|
| Have SPF 50+ sunscreen applied prior to sun exposure (if no, please provide a letter releasing the centre of any liability) | Yes | No |
| Have band-aids applied when necessary | Yes | No |
| Sit in the front seat of a vehicle once your child turns 8 years old | Yes | No |
| Have photos and video footage taken for centre use and staff training purposes (footage will not leave centre) | Yes | No |
| Have photos and video footage taken to be used in learning stories, and to be shared with other families that attend the centre | Yes | No |
| Have photos taken to be posted to the kids academy facebook page | Yes | No |
| Have videos taken to be posted to the kids academy facebook page | Yes | No |
| Have photos taken to be used for promotional purposes | Yes | No |
| Have photos and video footage taken for personal viewing and to receive copies? | Yes | No |

Parent Signature _____ Date _____

CHILD CARE SUBSIDY

Have you applied for child care subsidy? *(please tick)*

YES NO

Does your child attend another child care service? *(please tick)*

YES NO

Do you have any other children attending another service? *(please tick)*

YES NO

FEES

To receive your Child Care Subsidy and have the subsidy applied to the fees KIDS ACADEMY charges, you will need to tell us:

- Your child's Customer Reference Number (CRN)
- Your own Customer Reference Number (CRN)

Please contact the Family Assistance Office (FAO) if you are not sure about the CRN details or if you are not eligible please let us know. ***It is essential we have this information prior to your child's first day with us; otherwise, we will have to charge full fees until we receive notification from the Family Assistance Office (FAO).***

1. Kids Academy will charge one week as a BOND on enrollment.
2. Fees at Kids Academy need to be paid in full before the care is used can be paid weekly or fortnightly.
3. Kids Academy accepts bank transfers and eftpos payments.
4. Any unpaid debts will be forwarded to debt collectors and any additional charges will be charged to the family.

Parent One Sign _____

Parent Two Sign _____

PARENT/GUARDIAN'S REGISTRATION AGREEMENT

1. I understand I must pay my part of the fee to be entitled to childcare subsidy.
2. I understand that normal fees are charged for public holidays and when my child is absent through illness, Infectious disease or holiday.
3. I understand I must contact Centrelink to ensure I am registered for Childcare Subsidy.
4. I understand that failure to notify the service with 2 hours' notice that my child will not be attending BSC or ASC will result in a failure to notify fee of \$5.00 will be added to your account.
5. I understand that two weeks written notice must be given at the Centre when cancelling care and fees in lieu of two weeks' notice will be charged.
6. I declare that the information in this enrolment form is true and correct and undertake to immediately inform the Centre in the event of any change to this information.
7. We agree to comply with all Government requirements in relation to the Centre and its service.
8. We agree that in the case of accident or injury, the Centre will attempt to contact us and where we cannot be contacted medical care may be sought and given to the child, and we agree to meet any expenses incurred. (The medical care sought may include the calling of an ambulance and we agree to meet the expense of an Ambulance. In the case of an emergency as determined by the Staff at the Centre, we authorise the centre to contact an ambulance and send my child to hospital.)
9. We are aware that any failure to pay due fees may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to parents.
10. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Subsidy purposes.
11. We understand that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements.
10. We understand that a system of payment for late collection operates at the Centre to cover overtime payments due to staff. Any late collection will result in a fee of \$2 per child per minute will be imposed.
11. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:
 - **First Priority:** Children at risk of serious abuse or neglect.
 - **Second Priority:** Children whose parents satisfy the work/training/ study test under section 14 of the Family Assistance Act.
 - **Third Priority:** Any other child.
12. We are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner.
13. We are aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the Centre if there is an outbreak of measles. We understand that the child will be accepted for further care by the Centre after receipt of medical advice that the infectious period has passed.
14. We are aware that the Centre may require the presentation of a medical certificate in the event of the child developing a long term medical condition.
15. We agree to provide the Centre with all relevant information regarding the health of our child and any other information required by the Centre.
16. We are aware that if we fail to provide information correctly as required by the Centre, the Centre will be able to terminate services forthwith.
17. We are aware that there may occasionally be visitors at the Centre and volunteers that may assist at the Centre. We consent to our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision by qualified/experienced staff.
18. The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
19. We have read this Contract, and received relevant information about the service offered by this Centre for the care of;

(Name's of Children)

(parent one name) and _____
(parent two name)
agree to abide by the conditions of use of the Centre and this registration agreement contract.

Signature of Parent/Guardian (one)

Date

Signature of Witness*

Signature of Parent/Guardian (two)

Date

Signature of Witness*

Signature for or on behalf of the centre

Date

Signature of Witness*

A witness to a signature should be an adult (who is not a signatory) who can verify the identification of the Signatory

JUST A FEW FRIENDLY REMINDERS

STATEMENTS

Please ensure you have entered your email address in parent details section as statements will be emailed every Friday. If you require a printed come please just contact management.

FEES

Please ensure that will be charged 2 weeks in advance to your child/ren's care. Fees are also still payable even when children do not attend the centre due to illness, public or personal holidays or other miscellaneous absences. All unpaid fee's will be forwarded to debt collectors with additional charges being charged to you. A minimum of 2 hours notice will be required if your child is going to be absent for BSC or ASC, simply call 93423529 or email info@kids-academy.com.au to update us of your child's absence. A **failure to notify fee** of \$5.00 will be charged to your account if you fail to inform us of your child's absence as per our policy.

BOOKED DAYS

If your child is not going to be attending on a booked day please call us on 9342 3529 before 8.00am for BSC and before 2pm for ASC. If you wish to reduce your child's booked days or cancel your child from the centre, we require two weeks' written notice which can be given via email info@kids-academy.com.au, alternatively you can give us notice in writing. The centre does not do day swaps. If you require an extra day, you must pay for your current booked days as well as your extra day. We cannot supply day swaps if your child's booked day falls on a public holiday.

HOLIDAYS

If you are going on holidays we require two weeks' written notice which can be given via email info@kids-academy.com.au, alternatively you can give us notice in writing. Holidays that are more than 2 weeks you may be eligible for holiday rate please see management. Holiday leave is granted at the director's discretion.

Kids Academy would like welcome you to our family and we have an open door policy so please do not hesitate to come and see us for anything you may need.

Kind regards;

Kids Academy OSHC, Staff and Management.

**TRANSFER FEES VIA INTERNET
BANKING.**

ACCOUNT NAME: Daisy Chain Early Learning

BSB NUMBER: 066 000

ACCOUNT NUMBER: 11887523