

The Kidz X-Press Childcare Centre Enrolment Form



Office Use Only

Entered By:

Date: _____

<http://thekidzpress.com.au/>

Address: Cnr Queen and
Waterloo Street
Cleveland QLD 4163

Email:

director@thekidzpress.com.au

Phone: 07 3821 3511

The Kidz X-Press Childcare Centre 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 parent/guardian, who have lawful authority in relation to the child.

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

Please circle room your child will be starting in:

Babies (6 weeks to 15 months)	Dumbo Room
Toddlers (15 months to 2.5 years)	Peter Pan Room
Pre-Kindy (2.5 years to 3.5 years)	Mickey Mouse Room
Kindergarten (3.5 years to 5 years)	Donald Duck Room
OSHC (5 years to 12 years)	Daisy Duck Room

Please circle days your child will need care:

Monday Tuesday Wednesday Thursday Friday

Start Date: _____

Child Details

Child CRN Number: _____ *Please note: Parent and Children have their own CRN number*

First Name(s): _____ Middle Name(s): _____

Surname: _____

Date of Birth: _____ Gender: Male Female

Home Address: _____

_____ Post Code: _____

Country of Birth: _____

Language Spoken at Home: _____

Is your child: Aboriginal Torres Strait Islander Neither

Parent/Guardian Details

Primary Parent

CRN: _____ *Please note: Parent 1 is claiming CCB from Centrelink & child will come under parent 1 CRN. Please Note: Parent and child will have their own individual CRN number*

Title: _____ First Name: _____

Surname: _____

Relationship to child: _____

Date of birth: _____ Country of birth: _____

Does the child live with you: Yes No Shared Care

Home Address: _____

_____ Post code: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Organisation: _____

Work phone: _____ Email: _____

Secondary Parent

CRN: _____ *Please note: Parent 1 is claiming CCB from Centrelink & child will come under parent 1 CRN. Please note: Parent and child will have their own individual CRN number*

Title: _____ First Name: _____

Surname: _____

Relationship to child: _____

Date of birth: _____ Country of birth: _____

Does the child live with you: Yes No Shared Care

Home Address: _____

_____ Post code: _____

Home Phone: _____ Mobile Phone: _____

Work phone: _____ Email: _____

Emergency/Authorised Contacts

In case of an emergency The Kidz X-Press Childcare Centre will contact the parents/guardians initially. If contact is unsuccessful we will contact the following person(s) in order that they are listed.

Please attach a copy of photo ID for each emergency contact.

Contact one

Title: _____ First Name(s): _____

Surname: _____

Relationship to child: _____

Home address: _____

_____ Post code: _____

Home phone: _____ Mobile: _____

Please circle to authorise: Pick-up Drop off Emergency

Contact Two

Title: _____ First Name(s): _____

Surname: _____

Relationship to child: _____

Home address: _____

_____ Post code: _____

Home phone: _____ Mobile: _____

Please circle to authorise: Pick-up Drop off Emergency

Priority of Access

The following information is required to fulfil the Government's "Priority of Access"

Single Parent Families:

Single Mother	Single Father
---------------	---------------

Mother:

Working	Studying	Registered with Centrelink
---------	----------	----------------------------

Father:

Working	Studying	Registered with Centrelink
---------	----------	----------------------------

Are you: Aboriginal Torres Strait Islander

Family Details:

Who else lives in the house with the enrolled child (e.g. siblings, grandparents, ect)?

Court/Custodial Orders

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and other responsibilities or authorities of any person in relation to the child or access to the child?

Yes No

Are there any other court orders relating to the child's residence or contact with another parent or another person?

Yes No

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff cannot enforce parents' requests.

People Authorised to collect Child:

Name:

Relationship:

Phone Number:

Medical Information

Family Doctor Title: _____ First Name: _____ Surname: _____

Service Name: _____

Address: _____ Postcode: _____

Contact Phone: _____

Family Dentist Title: _____ First Name: _____ Surname: _____

Service Name: _____

Address: _____ Postcode: _____

Contact Phone: _____

Medicare Number: _____

Do you have a current Health Care Card or Pension Card: Yes No

Health Insurance Fund: Yes No

Insurance Number: _____ Health Insurance Name: _____

Preferred Hospital: _____

Panadol Authorisation

I give permission for my child to receive one dose of Panadol (amount as indicated by manufacturer as suitable for age), should a high temperature occur, higher than 37.5C

Yes

No

Parent/Guardian sign: _____

Child Health Information

Immunisation Record

Please attach a copy of all relevant documentation in regards to the following:

Is your child fully immunised? Yes No

Does your child have any medical conditions or special needs (including medication, hearing aids, glasses etc)? Has your child had any injuries in their medical history?

Yes No

If Yes, please provide more details below and provide the centre with a management plan:

Please sign to give your permission to display your child's Health Plan so all staff are aware of treatment:

Parent/Guardian sign: _____

Does your child suffer from any allergies or has an anaphylactic reaction?

Yes No

If Yes, please provide more details below and provide the centre with a management plan:

Cultural Information

Primary Language spoken at home: _____

Any other Languages spoken at home: _____

Does your child have any special needs relating to their cultural preferences (including food, health etc)?

Yes

No

If Yes, please provide more details below:

Religious Information

Childs Religion: _____

Does your child have any special needs relating to their religious preferences (including food, prayer periods, recognition of holidays, etc)?

Yes

No

If Yes, please provide more details below:

Dietary Requirements

Does your child have any special dietary or cultural requirements or particular food dislikes or likes?

Yes

No

If Yes, please provide relevant details below:

Sleeping Routine

Does your child sleep in a bed or a cot?

Bed

Cot

Please describe your child's sleeping times/habits (including a day/night comforter, fears or phobias)

Family Involvement

Would you like to be involved in activities in your child's room – perhaps you have a skill to share, you play an instrument, enjoy craft, like to read stories or can share another language? Parents are always welcome in the room.

Yes

No

If Yes, please provide more details below:

Are there any goals, achievements or learning targets you would like the Centre to aim for with your child this year?

Yes

No

If Yes, please provide details below:

The Kidz X-Press Childcare Centre Enrolment Agreement

Please read the following agreement before signing. Please ask if there is anything in this document that you are unsure of:

General:

I/We give permission for this child to:

Participate in outings to places of interest. (Permission form will be supplied).	Yes		No	
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the centre of any liability)	Yes		No	
Have band aids or sticky plasters applied when needed	Yes		No	
Have staff apply nappy cream (supplied by parents with chemist label attached)	Yes		No	
Have staff apply teething gel (supplied by parents with chemist label attached)	Yes		No	
Have staff apply insect repellent (supplied by parents with chemist label attached)	Yes		No	

Photos and video footage:

I/We give permission for this child to:

For photos and video footage to be taken of my child for centre use and staff training purposes	Yes		No	
For photos and video footage to be shared in learning stories, and to be shared with other families that attend the centre	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 centre 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 the Kidz X-Press website, social media and other internet purposes, such as advertisement and used in organisation's resources	Yes		No	
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	Yes		No	

Fees

To receive your Child Care Benefit (CCB) and/or Rebate (CCR) and have the subsidy applied to the fees of The Kidz X-Press Childcare Centre charges, you will need to tell us:

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

Please contact the Family Assistance Office if you are not sure about the CRN number or your eligibility for the CCB and CCR.

It is essential you provide 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.

Fee Details

Children – 6 weeks to 2 years	\$89.00
2.5 years to 3.5 years	\$86.00
3.5 years to 5 years	\$84.00
Before/After school	\$29.00
Vacation Care	\$84.00

Bond \$50 upon enrolment

Payment Methods

Cash, Eftpos, Centre Pay and Direct Deposit.

Direct Deposit Details

BSB: 084 435 Account Number: 617 797 734

Account Name: The Kidz X-Press Childcare Centre

Reference: Child's Name

I/We

1. Have viewed The Kidz X-Press Childcare Centre (hereafter called the Centre) and consent to the enrolment of the admitting child (hereafter called the child)
2. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
3. Received and read the Centre's parent handbook and understand any changes to such will be displayed on the Centre's noticeboard located in the entrance of the centre
4. Agree to comply with all Government requirements in relation to the centre and it's services
5. Agree that in the case of an accident or injury, the Centre will try and contact me/us and where I/We cannot be contacted medical care and/or ambulance services may be sought and given to the child. Should my child at any time require emergency medical attention, I authorise such attendance by the doctor/hospital/paramedics and acknowledge that I will be liable for any medical expenses that may arise from such an incident during the treatment of my child.
6. Are aware that the child/children will be excluded from care at the Centre if she/he has contracted a serious disease or condition.
7. Understand that the child will be accepted back into the Centre upon provision of a "clearance certificate" from a medical practitioner
8. Are aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
9. Agree to provide the Centre with all information regarding the health of my child/children
10. Understand that the Centre may be used as a training and observation centre by students aiming to work with young children
11. Are aware that the Centre may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of visitors or volunteers, with the Centre's supervision

12. I Understand and agree to the centres fee schedule and agree to pay, in advance, the required fees for my child.
13. Are aware to cancel childcare we are required to give notice of no less than 2 weeks' notice in writing prior to withdrawal. Otherwise fees will continue to be charged. During this period we are aware that if our child does not attend we are liable to pay full fees.
14. Are aware that fees for public holidays are payable if the day is usual attendance. Centrelink allow 42 days per year off that they will pay for, after that you incur the full fees unless there are extenuating circumstances.
15. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays
16. Are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes
17. Are aware that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements
18. Understand that a system of payment for late collection operates at the Centre, to cover overtime payments to staff, and that I/We are obliged to drop/off pick up the child(ren) as negotiated with the Centre. Any late collection will result in fees of \$2 per minute being charged.

I/We have read, understood and agree to abide by the conditions of this contract.

Primary Parent/Guardian

The Kidz X-Press Nominated Supervisor

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____