

Enrolment Form 2024: Wanneroo

Child Details

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Child's Home Address			
Is your child of Aboriginal or Torres Strait Islander descent?			Yes/No
Is your child attending another childcare centre service?			Yes/No
What Year will your Child commence Full Time Schooling (Pre –Primary)			

Attendance Days and Times Required Intended Start Date:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Parent Details (First Parent noted is the person registered with Family Assistance for CCS purposes)

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Your Drivers Licence Number			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation			
Place of Work			
Work Address			
Work Starts		Work Finishes	
Country of Birth		Language Spoken at Home	
Preferred method of contact (please circle)	Home Phone / Work Phone / Mobile / Email		
Are you of Aboriginal or Torres Strait Islander descent?			Yes/No
Do you have a disability?			Yes/No

Are you the Primary Care Giver?	Yes/No
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Second Parent Yes No

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Your Drivers Licence Number			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation			
Place of Work			
Work Address			
Work Starts		Work Finishes	
Country of Birth		Language Spoken at Home	
Preferred method of contact (please circle)	Home Phone / Work Phone / Mobile / Email		
Are you of Aboriginal or Torres Strait Islander descent?			Yes/No
Do you have a disability?			Yes/No
Are you the Primary Care Giver?			Yes/No

Family Status

Please circle the options that best describes your situation?			
Both parents at home	Sole parent	Shared custody	Other

Custody Arrangements

If you are separated or divorced, who has legal custody of the child?			
Parent 1	Parent 2	Both	Other

Family Status

Parent 1 Access Arrangements?	Full	Limited
Parent 2 Access Arrangements?	Full	Limited
Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Please provide documentation to the centre.	Yes/No	
Are there any other court orders relating to the child's residence or child's contact with a parent or other person? Please provide documentation to the Centre.	Yes/No	

Emergency Contacts & Authorisations: Minimum of 2 Contacts (Contacts to be minimum of 18yrs)

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

Emergency Contacts & Authorisations

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

Emergency Contacts & Authorisations

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

Health & Medical Information

Medicare Number			
Medical Centre Name			
Name of Doctor		Phone	
Address			
Private Health Insurer			
Do you have private Ambulance Cover?			Yes/No

Does Your Child Have:	
Any allergies: eg. food, medication, animals, insects, plants?	Yes/No
Any special dietary requirements?	Yes/No
Any problems with hearing, sight, speech?	Yes/No
Any health problems, operations, illnesses, disabilities?	Yes/No
Does your child take any regular medication?	Yes/No
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes/No
Are there any behaviour issues that we should be aware of?	Yes/No
Does your child socialise well with other children?	Yes/No

Routines

Has your child begun toilet training?	Yes/No
Is your child used to group care?	Yes/No
Is your child used to being with other adults?	Yes/No
Is this the first time your child has been cared for by someone other than a family member?	Yes/No
Are there any aspects of your cultural, ethnic, and/or religious background that you would like us to be aware of?	Yes/No
Are there any religious activities the staff should be aware of?	Yes/No

How did you hear about us?	
Word of Mouth, Recommended, Website, Newspaper, Face Book Other	If other, please state:

Payment Information

- Kidz Biz require all payments for childcare fees, to be made through our Debit Success service. Debit Success Forms to be returned with Enrolment Form. Fees are to be paid on a weekly basis
- Direct Debit Surcharges apply to your nominated payment method:
Direct Debit (Bank Account) \$0.88, Amex: 4.40%, Visa / Master Card: 2.35%, Admin Set Up Fee: \$2.20
- Debit Success will charge a Default Charge of \$19.95 where fees are rejected. Please ensure you have sufficient funds in your nominated account at least 1 day prior to processing of fees.
- Fees are to be paid 1 week in advance upon commencement at Kidz Biz.
- Two weeks written notice must be given if your child will be ceasing attendance. If this is not done then two weeks will be added to your final account to compensate this period. Please note that FULL FEES will apply where no notice is given.
- Casual days off, sick days and public holidays are still payable, for all permanent positions.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.
- Families' non-compliance with any part of our fee & centre's policy may result in immediate cancellation of the child's position.

How would you like to receive your invoice?	Emailed	Hard copy
Please complete the attached Debit Success form and return to the centre office before commencing care		
I have handed the Debit Success Form in		YES / NO

Authorisations

<p>I consent to Kidz Biz Early Learning Centre staff seeking medical attention for my child in an emergency situation.</p> <p>In the event of requiring transportation by ambulance, a staff member will accompany the child in the ambulance to the hospital.</p> <p>I agree to pay all costs incurred in ambulance call out and medical costs.</p> <p>I understand that Kidz Biz Early Learning Centre will attempt to contact the parent / emergency contact prior to obtaining medical assistance.</p> <p>I do / do not have ambulance cover</p>	
Signed:	Date:
I consent to Kidz Biz staff applying a minimum of SPF 30+ sunscreen on my child each day.	
Signed:	Date:
I give permission for my child to have photos taken at the Centre. I understand that photos may be displayed within the centre.	
Signed:	Date:
I give permission for my child to have photos taken that may be used on the Kidz Biz website on the Internet or by the local newspaper.	
Signed:	Date:
I give permission for the staff and training childcare students to take observations of my child for use in the development of centre programs and learning experiences for the children at the centre. These observations may include photographs.	
Signed:	Date:
I understand that Kidz Biz Early Learning Centre requires written authorisation from a parent/guardian before any child is transported in any vehicle, with the exception of an emergency situation.	

Signed:	Date:
I understand that my child will not leave the Centre unless collected by a parent, or a person authorised by the parent/s, to do so. In the case of an emergency, the Nominated Supervisor can authorise a person to take my child from the Centre, if all authorised contacts are uncontactable, and the Nominated Supervisor believes this person has due regard to the well being of my child.	
Signed:	Date:
<p>Kidz Biz Early Learning Centre retains the right to refuse entry to any child or parent, who display aggressive behaviour that poses a threat to children, educators or other centre visitors, that attend this service.</p> <p>Payment of Fees: Where childcare fees are in arrears by 3 weeks, your child's care position will be cancelled in that week. Upon full payment of the debt, including 1 week in advance, the child may recommence care, if a position is available. Any debt collection service fees incurred will be passed onto the debtor.</p> <p>I / We _____ / _____ Have read and understand all information provided in this enrolment form and agree to the terms and policies of Kidz Biz Early Learning Centre.</p>	
Signed:	Date:

Immunisation Records and Birth Certificate Sighted: YES / NO

Nominated Supervisor: _____ Signature: _____

Certified Supervisor: _____ Signature: _____

Upon completion of this form either one of the following must be provided prior to commencement of care –

- An **Australian Immunisation Register (AIR) Immunisation History Statement** no more than 2 months old showing all vaccinations are up to date. Note if your child cannot receive a vaccine for medical reasons, or has a natural immunity, a doctor will advise the AIR and the child's immunisation status on their AIR Immunisation History Statement will be recorded as up to date.
- A **copy of an AIR Immunisation History Form** no more than six months old showing the child is on an approved catch-up schedule.
- A valid immunisation certificate issued or declared by the Chief Health Officer (CHO) in cases where the CHO considers there is a special circumstance why your child's immunisation status is not up to date and otherwise they would not be vaccinated.

For further information please refer to the attached 'Immunisation and Disease Prevention' Policy.

Reviewed: August 2023

Aboriginal and Torres Strait Islander Peoples as the Traditional Custodians of this land and pay respect to Elders past and present in the spirit of reconciliation.

Information for My Educators

Date Completed: __/__/__

Child's Name: _____

Child D.O.B: __/__/__

For Children 0-2 Years

Parents/Guardians Names and your Contact Numbers:

Does your child drink (please circle):

Formula / Cow's Milk

Breast milk

Describe your child's current feeding schedule & measurements:

Does your child drink from a cup?

Yes/No

Is there a history of colic/reflux? If so please discuss this with Room Qualified.

Yes/No

Does your child suffer from nappy rash?

Yes/No

Treatment used:

If any, what solid food has your child had before? Please list below.

Please note: The Centre cannot give any solid foods until they have been tried 3 times at home. This reduces the chances of an allergic reaction to foods occurring at the at the Centre. This is the responsibility of the child's parents.

Does your child have any special dietary requirements? Please outline:

Yes/No

Does your child have any allergies: e.g. food, medication, sunscreen, animals, insects? And/or Asthma? Please outline below including treatment used: (Please note that you will need to complete an additional Asthma and/or Health Management Plan that can be obtained from the Centre, or for severe allergies submit an Anaphylaxis Action Plan given to you by your Doctor).

Please give a brief description of routine requirements, i.e. Sleep/nap times:

How can we help your child settle at sleep times, i.e. Comforters?

Does your child have any fears or anxieties? If Yes please outline:

Yes/No

What things is your child particularly interested in?

Is your child toilet trained?

Yes/No

Does your child prefer to use the toilet or potty?

Toilet / Potty

What word does your child use for urination?

What word does your child use for bowel movements?

Any comments about your child that you feel might help us to understand them better? Special Requirements:

Viewed by Room Qualified: Signed _____ Date __/__/__

Information for My Educators**Date Completed:**

__/__/__

Child's Name:**Child D.O.B:** __/__/__**For Children 2-5 Years**

Parents/Guardians Names and your Contact Numbers:

Does your child have any siblings? If so, what are their names and ages:

Nationality and home language (please include some significant words or phrases if applicable):

Are there any significant cultural beliefs to be aware of?

Does your child have any special dietary requirements? Please outline:

Yes/No

Does your child have any allergies: e.g. food, medication, sunscreen, animals, insects? And/or Asthma? Please outline below including treatment used: (Please note that you will need to complete an additional Asthma and/or Health Management Plan that can be obtained from the Centre, or for severe allergies submit an Anaphylaxis Action Plan given to you by your Doctor).

Sleep requirements (if needed):

Does your child drink from a cup?

Yes/No

Does your child require a cup/bottle of milk before sleep/nap time?

Yes/No

Does your child have any fears or anxieties? If Yes please outline:

Yes/No

What things is your child particularly interested in?

Is your child toilet trained?

Yes/No

Does your child prefer to use the toilet or potty?

Toilet / Potty

What word does your child use for urination?

What word does your child use for bowel movements?

Does your child attend Pre-Kindy / Kindy?

Do you have any special interests, skills or talents that you would be happy to share within the program?

Any comments about your child that you feel might help us to understand them better? Special Requirements:

Viewed by Room Qualified: Signed _____ Date __/__/__