

Kirrawee Child Care Centre Pty. Ltd.  
A.C.N. 097 080 352 ABN 19 097 080 352  
473 Princes Highway Kirrawee NSW 2232.  
PO Box 301 Gymea NSW 2227.  
Tele: 02 9545 4556 Fax: 02 9545 1818

[www.kirraweechildcare.com.au](http://www.kirraweechildcare.com.au) email [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)



# Enrolment Form

Child Photo  
Optional

**It is Mandatory to supply the Centre with the Child Date and Place of Birth, both parents Date of Birth regardless whether the Family is paying full or reduced fee, ever Family must supply the Centre with Family ID number and Child Reference number, this information is obtainable only by Families from either Family Assistance Office or Centrelink. FAO telephone is 13 61 50 it operates from 8.00 am to 8.00 pm five days per week**

**No enrolment is complete without paying the enrolment fee and the two weeks bond.**

Kirrawee Child Care Centre

**Confidentiality:** The information disclosed on this form is the use of the Centre for the development, care and well being of the child, it can be requested by the Dept. of Family and Community services, FAO, and or other Government, and law Authority.

Bank Account BSB 082 367 Acc. No, 61795 9553

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# Enrolment Form

**Family Reference (ID)** \_\_\_\_\_

**Child RN** \_\_\_\_\_

Child's Given Name(s) \_\_\_\_\_ Child's Family Name \_\_\_\_\_

D:O:B: \_\_\_\_\_ Child's Sex M  F

Address: \_\_\_\_\_ Sub. \_\_\_\_\_ PC \_\_\_\_\_

Home Telephone \_\_\_\_\_ Bill Fees To: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Cultural Identity: \_\_\_\_\_

**Days required: Mon Tues Wed Thurs Frid**

Are you eligible for CCB? Yes  No  Child Care benefit %

Please specify how long you will require this service. \_\_\_\_\_

Parent Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ Sub: \_\_\_\_\_ PC: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

**Parent Work Details:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_ Full / Part time

Parent Primary Language: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ Sub: \_\_\_\_\_ PC: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

**Parent Work Details:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_ Full / Part time

Parent Primary Language: \_\_\_\_\_

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Is there anyone who is legally prohibited from having contact with or collecting the child? Yes  No

If yes legal documentation must be submitted to the centre. \_\_\_\_\_

### Immunisation:

Please supply a copy of either your child's immunisation schedule (back of blue book) or immunisation statement for our records. If an outbreak of an immunisable disease occurs at the Centre, your child will be asked to stay away if not immunised and full fees will still apply.

### Medical Details:

a) Is your child on regular medication or has any disabilities, food difficulties or allergies Yes  No  If yes please give details: \_\_\_\_\_

b) Relevant Medical History. \_\_\_\_\_

c) Any particular cultural background or tradition to observe. \_\_\_\_\_

### Doctor / Dentist Details:

Child's Doctor Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Release child to Doctor Yes  No   
Address: \_\_\_\_\_ Sub \_\_\_\_\_ P.C \_\_\_\_\_

Child's Dentist's Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Release child to Doctor Yes  No   
Address: \_\_\_\_\_ Sub \_\_\_\_\_ P.C \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Private Health Particulars: \_\_\_\_\_

### FIRST AID MATERIALS:

When the centre staff administers first aid do you want them to use these products on your child?

Persona SPF 30+ sunscreen lotion Yes  No  Band-aid plastic yes  No   
Elastoplast band - aid Yes  No  Elastic adhesive plaster yes  No

**If your child uses different brands, it must be provided by parents and kept at the Centre and clearly labelled with your child's name. Please name brand if any.**

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## Person Authorised to collect the child instead of Parents.

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address. \_\_\_\_\_ Sub: \_\_\_\_\_ P.C \_\_\_\_\_

Mobile: \_\_\_\_\_ Pickup Yes  No

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address. \_\_\_\_\_ Sub: \_\_\_\_\_ P.C \_\_\_\_\_

Mobile: \_\_\_\_\_ Pickup Yes  No

## Emergency Details

I authorise the following people to have access or collect my child or to be contacted in case of emergency:

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address. \_\_\_\_\_ Sub: \_\_\_\_\_ P.C \_\_\_\_\_

Mobile: \_\_\_\_\_ Pickup Yes  No

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address. \_\_\_\_\_ Sub: \_\_\_\_\_ P.C \_\_\_\_\_

Mobile: \_\_\_\_\_ Pickup Yes  No

The Centre will not allow children to go with adults unless names are written on this list. You can add or delete names at any time.

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Please provide any other information about your child e.g.: toilet training, comforters etc.

In the event of an emergency I authorise the centre to seek and carry out urgent medical, dental, hospital treatment or ambulance before contacting me if the person in charge decides it is necessary to do so. I indemnify the centre and the staff against any legal action and any financial cost as I know they are acting according to regulation and for my child's safety and best interest.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I have read the Centre's Media policy and have no objection to my child's activities group photos to be published on the Centres web site. Yes  No

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Excursion and Walk note: Due to changes in regulation and insurance policy, the centre does not provide out of centre excursions as from 2003.**

**Please note:** filling this form does not guarantee a place for the child until

1. Parents read our handbook and policies,
2. Parents sign and return with the enrolment form, the page titled Mutual Obligation (page 5) of the Handbook.
3. Enrolment fees, two weeks bond **plus** one week fee in advance are paid.

**Enrolment fee paid** Yes  No

**Bond paid** Yes  No

**One-week fees in advance paid** Yes  No

Please fill out the electronic payment form before your child/ren commence at KCCC. This set up will allow your fees to be deducted from your account on a weekly, fortnightly or monthly basis. Please indicate your preference on the Ezydebit form attached.

To keep your child's place secure, fees must always be paid at least 1 week in advance. Failure to do this will cause you to lose your child's place at the Centre.

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<u>Have you filled out the appropriate forms?</u>	
1. Enrolment form.	
2. Ezidebit form.	
3. Mutual obligation form.	
4. Copy of your child's up to date immunisation schedule (back of blue book) or immunisation statement.	
5. Food allergy/tolerance form (if needed).	

### Declaration

I/We the undersigned \_\_\_\_\_ of \_\_\_\_\_  
NAME ADDRESS

Declare that the **information** given on this form at the time of enrolment is accurate to the best of my/our knowledge. I/we are aware also that:

1. I/We required to pay my/our child weekly fees regularly one week in advance.
  2. I understand and agree the only method of fee payment is through Ezidebit direct debit from my bank account or credit card.
  3. Two weeks of full rate fees are held at all times. Please read bond conditions and the Centre's handbook.
  4. Fees are payable for holidays, public holidays, sick absence or any kind of absence.
  5. Full fees are payable once the child's Commonwealth allowable absence is consumed.
  6. **Not paying fees for one week results in withdrawal of the service without notice.**
  7. To withdraw a child from the service, minimum of two weeks written notice (using the Centre's Form) is required. If notice is given and the two weeks not used, full fee will be changed.
6. I/We received the Centre handbook, and understand enrolment is not complete without completing an enrolment form, signing the mutual obligation form included in the handbook and returning them with payment to the Centre.

**Parent Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** / /

**Office use only:**

Commencement Date: / / Child's Room or Group: ..... Commonwealth CCB yes  No   
Priority No. ....

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