



Immunisation Attached: Yes No

Date Entered: / /

Child Enrolment

Billy Lids Kindy

Child Details

Given Names

Last Name

Child Centrelink Customer Reference Number

Gender

 Male Female

Date of Birth

Country of Birth

Preparatory School Start Date

Name of Preparatory/Primary School Attending (future or present)

Indigenous Status

 Aboriginal Torres Strait Islander N/A

First Language

Second Language

Special Considerations

 Child at Risk Interpersonal Needs Learning Needs Communication Needs Mobility Needs Disabled Parent Other Needs:

Do you permit the centre to take photographs of your child for special events, photo albums and observations?

 Yes No

Child Booking

Child's Room (by age group)

 6W-15M 15M-2Y 2Y-3Y 3Y-4Y 4Y-12Y

Have you confirmed your booking with the centre?

 Confirmed/Accepted Waiting List Only

Frequency

 Permanent Casual

Start Date/First Day

End Date (if applicable)

Attendance / Days Booked Per Week

Monday

Start
 : AMPM

Finish
 : AMPM

Tuesday

Start
 : AMPM

Finish
 : AMPM

Wednesday

Start
 : AMPM

Finish
 : AMPM

Thursday

Start
 : AMPM

Finish
 : AMPM

Friday

Start
 : AMPM

Finish
 : AMPM

Child Medical Details

Doctor Name

Medical Centre Name

Medicare Number

Private Health Insurer

Private Health Member Number

Medical Conditions



Billy Lids Kindy

Child Enrolment

Work / Educational Institution Phone Number

Occupation

Work / Educational Institution Address

Suburb

State

Post Code

Employer / Company Name

Country of Birth

Allowed to Collect Child?

First Language

Second Language

 Yes No

Driver Licence Number

Other Contacts

Title

Given Names

Surname

Relation to Child

Mobile

Gender

 Male Female

Home Phone Number

Work Number

Allowed to Collect Child?

 Yes No

Home Address

Suburb

State

Post Code

Title

Given Names

Surname

Relation to Child

Mobile

Gender

 Male Female

Home Phone Number

Work Number

Allowed to Collect Child?

 Yes No

Home Address

Suburb

State

Post Code



Billy Lids Kindy

Child Enrolment

Agreement

1. I agree that my child may not leave the centre with anyone other than the authorised parent, guardian, or contact person (if authorised to collect) unless there is a prior arrangement with administration.
2. I agree to provide all the information that is relevant to my current formal enrolment with Centrelink. This includes advising the centre of how many children I have in care, either at Billy Lids Kindy or any other child care services, so that Billy Lids Kindy can apply the correct Child Care Benefit (CCB) percentage to my account. I will also notify Billy Lids Kindy, and provide them with a copy of my documentation, if I am claiming the government's Child Care Benefit (CCB), Special Child Care Benefit (SCCB), Jobs, Education and Training Child Care Fee Assistance (JETCCFA), or the Child Care Tax Rebate (CCTR).
3. I agree that Billy Lids Kindy can report my child's usage information, on a weekly basis, over the internet, on an encrypted secure socket layer (SSL), to the Department of Education, Employment and Workplace Relations (DEEWR) via the Child Care Management System (CCMS). I am aware that Billy Lids Kindy uses a licensed copy of QikKids. I am aware that Billy Lids Kindy uses a secured internal network and all data is scanned using Symantec Norton Internet Security.
4. I agree to pay the designated fees for the time I have booked my child at the centre. I understand that all fees **must** be paid on a weekly basis, unless other arrangements are made with the Director; however Billy Lids Kindy **prefers** if all fees are paid two weeks in advance.
5. I agree for my weekly fee to be charged automatically to my bank account or credit card if I have filled out the direct debit request form. All fees will be charged to your account on Tuesday for the previous week of care. Billy Lids Kindy will notify the card holder by phone or email if the agreed upon weekly fee changes in any given week. All bank account and credit card information is encrypted and only accessible by the system.
6. I agree that this application form can be archived in a locked filing cabinet which is only accessible by the Director.
7. I agree to sign my child in when they arrive at the centre and out when they leave the centre. I agree for the group leader to keep an accurate roll of attendance for my child on every day of the week.
8. I understand that all the nominated weekly booked hours must be paid regardless of child **absence** or **public holiday**; however this can be negotiated with the director for extreme circumstances.
9. I understand that nominated child **holidays** are charged at 50% of your fee so that we can hold your child's position open for when they return. A minimum of two weeks' notice is required for a child's holidays to be charged at 50% otherwise full fees apply.
10. I understand that Centrelink will pay for their portion of my fees for up to **42 allowable absences** per year; this includes public holidays, absent days and holidays. If I produce a **medical certificate** for 32 out of the 42 allowable absences then I am entitled to claim additional absent days. Once I have used my 42 allowable absences for the year then I must pay the full fee for the days my child is absent thereafter.
11. I agree to call the centre if my child will be sick or absent.
12. I agree to give a minimum of two weeks' notice if my child is going to be leaving the centre.
13. I agree to finalise my account before my child leaves the centre otherwise my account will be passed onto a debt collector (the debt collector permits a maximum of 1 month to pay off an outstanding debt otherwise they will take the dispute to the small claims court).
14. I understand that if my child is not taken from the centre by the scheduled closing time then I am liable to pay late fees of \$1 per minute.
15. I understand that Billy Lids Kindy has the right to exclude children on the basis of non-payment, behavioural or health issues, and any other reasons within the scope of the law. Billy Lids Kindy does not discriminate on the basis of race, colour, religion, background, sex, marital or family status, or for any other reasons.
16. I agree to be notified if my child falls ill during their time at the centre and I agree to collect my child to prevent the spread of infection.
17. I understand that I must provide appropriate and adequate information to Billy Lids Kindy about medical conditions, medication, allergies, or any other medical related problems. I understand that in the event of an emergency my child will be transported to hospital by an ambulance.
18. I agree to abide by Billy Lids Kindy's policies which are available for viewing from the centre.
19. I agree to abide by all applicable government laws and regulations relating to child care.
20. I agree to notify administration of any changes to my child's enrolment or any personal contact information.

By signing this form I concede that all information provided is true and accurate and I agree to all points listed above.

Parent / Guardian 1 Name

Signature

Date

 / /

Parent / Guardian 2 Name

Signature

Date

 / /

Director Name

Signature

Date

 / /