## **Child Enrolment**

Child De	tails					
Given Names						
Last Name						
		L				
<u>Child</u> Centrelink Cust	omer Reference Nui	mber	Gender	Dat	te of Birth	
			Male F	emale		M/Y/Y/Y/Y
Country of Birth						
Preparatory School S	Jart Date	Name of Prepara	atory/Primary Scl	ool Attending (	future or pres	ent)
	W W W					
			_			
Indigenous Status		First	Language		Second Lan	guage
	Forres Strait Islander	N/A				
Special Consideration Child at Risk	Interpersonal Nee	eds Loarnin	ng Needs C	ommunication N	loods \_\	Nobility Needs
Disabled Parent		Learini	ig iveeusC	Jiiiiidiiication N	leeusi	Nobility Needs
			Id for our and all acce			
Do you permit the ce	ntre to take pnotog	rapns of your chi	id for special eve	its, pnoto albun	ns and observ	ations?
Yes No						
Child Bo	oking					
Child's Room (by age	group)		Have you	confirmed your	booking with	the centre?
	VI-2Y 2Y-3Y	3Y-4Y 4Y-12	Conf	rmed/Accepted	Waiting	List Only
	VI 2121 31	Start Date/		-		·
Frequency		Start Date/	riist Day		nd Date (if ap	plicable)
	Casual		<u>                                     </u>		D D / M	
Attendance /	Days Booke	a Per Wee	K			
Monday	Tuesday	Wed	nesday	Thursday	F	riday
Start	Start	Start		Start	S	tart
al Al	MPM :	АМРМ	: AMF	м :	АМРМ	: AMPM
Finish	Finish	Finish		Finish	F	inish
: AI	MPM :	АМРМ	: AMF	м 🗌 : 🗌	АМРМ	: AMPM
Child M	edical De	tails				
Doctor Name						
Medical Centre Name	2					
Medicare Number		Private	Health Insurer	P	rivate Health	Member Number
Medical Conditions						

Allergies
Dietary Information
Vou must attach a conv of your child's immunisation record!
You must attach a copy of your child's immunisation record!  If you have chosen not to immunise your child please attach a letter stating your choice. If there is a case of an infectious disease in
the centre, that is preventable by vaccination, then your child will be sent home until clearance is given by Queensland Health.
Child Care Benefit
The Australian Government offers assistance with the cost of child care through Centrelink. By providing us your child's Centrelink
Customer Reference Number (page 1) and your child's date of birth will allow us to formally enrol your child with Centrelink to claim
the child care benefit as a weekly deduction off your child care fees. To apply please visit www.centrelink.gov.au/internet/internet.nsf/payments/childcare_benefit.htm or visit your nearest Centrelink
office. If your child care benefit is already approved then please provide us with the additional information below:
Are you eligible for the Jobs Education and Training Fee Assistance?  Do you have children attending other services?
No Yes (please provide us with your letter of eligibility)  No Yes, I have children at other services.
Payment Paymen
Would you like to pay via direct debit (we can automatically charge your weekly fee to your bank account or credit card)?
No Yes (please fill out the direct debit request form from our website or at reception)
Other Payment Options
Cash Cheque Direct Deposit
How would you like your monthly statement sent out?  Email (see parent section for email address)  Print (see your group leader at the end of each month)
Parent / Guardian 1
Parenting Information
Both Parents/Guardians Married/De Facto Single Parent Shared Custody Grandparents  Title Given Names
Title Given Names
Surname
Parent Centrelink Customer Reference Number Relation to Child
Mobile Number Email Address
Gender Date of Birth Home Phone Number Silent #?
Male Female DD / W / W / W / W / W / W / W / W / W



## **Child Enrolment**

Add	ress							,						,	_,	_,	_,	_,		_,		_,	_,		_,		
Sub	urh								]								_			_	 State			∟ Do	_∟ ost Co	_l∟_ nde	
Jub																			7	Ī							
																				L							
EIIIk	1	ent S		Г					٦.		,				]		<i>,</i> .		Γ		<u> </u>		_	. ,			
	_	Applio		L			king 					Work			Stuc	iying	/ i rai	ning			Disab	ollity	Pens	sion/i	Jisab	led C	arer
Woi	K/E	ducat	iona	I Ins	titut	ıon I ∐	Phor	ne Nu	ımbe	er 		cupa	tion													———	
Woı	k/E	ducat	iona	l Ins	titut	ion /	Addr	ess	1			1		1											_		
Sub	urb																				State			Po	st Co	ode	
Emp	loye	r / Co	mpa	ny N	lame														_	L							
Cou	ntry (	of Bir	⊔ th				IL	JL	J	<u> </u>			IL				_										
Allo	wed :	to Co	 llect	Chile	∣	F	irst	Lang	uage									Se	cond	_∟ I Lan	∟ Iguag	∟ :e					
	Yes		lo			Ī																,-					
Driv	_	ence		nher		L									]	JL				_		_	_	_			
	Pa	re	nt		Gı	ua	rc	lia	n	2																	
Title					ven l																						
Surr	name																										
Juii																											
Dar	net Ca	entrel	السا	Cucto		r Doi	-	aco N				Pola	<u> </u>	] } <b>+</b> 0	 Chilo	_	_										
Fure	<u>:///</u>			Lusti			erer	TCE IN		ei		Neic				<u>.</u>											
	.:I.a. N		L								F	ـــا															
IVIOI	nie N	lumbe	er 				1		7	٦	Erna	il Ad	ures	)   	7	7			1						7	1	
														<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	4	4	4	4	<u> </u>	<u> </u>	
Gen	der				D	ate (	of Bi	rth						_	Ho	me l	Phon	e Nu	mbe	r					_	Sile	nt #
	Male	ا و	Fem	ale		D		M	M	/ <u>Y</u>																	
Add	ress																										
Sub	urb	الــــا					IL		JL	IL			IL								 State	_	_	∟ Pa	_ ost Co	_∟ ode	
																			7	Ī				Ė			
Emr	love	nent S	tatu	 c			IL	JL	][				IĹ							L							
	1	Applio		Γ		M^~	king			akina	for	Work			Stur	lvina	/Trai	ning	Γ		Dicah	vili+v	Dono	ion/	Nicah	led C	aror
	INUL	~hhii(	auit			vvUí	KIIIB			אווואכ	, 101	VVUI	`		عدماد	ynig	ııdl	ıııııg	L		יוסענים	inty	r ells	51U11/1	ואספוע	ieu C	aiCl



## Child Enrolment

Wo	r <b>k /</b> I	Educ	atior	al In	stitut	tion	Pho	ne Ni	umbe	er	Oc	cupa	ation	1													
Wo	r <b>k /</b> I	Educ	atior	al In	stitu	tion	Add	ress		_																	
		T	╦					ī	ī					╦	╗	ī		i									
Sub	urb	_	_		]							]		_	_					Sta				Pos	t Cod	le.	
																			7								
Emr	olove	_  er / (	Comp	any I	Name	 P	<u> </u>					]	JI	_	_	_										<u> </u>	
Cou	ntry	of B	_∟ irth			]									_										ıLI		
Allo	wed	□ l to 0	ollec	t Chi	ld?	 	□ First	Lang	guage	□ 2					_			Sec	ond	Lang	uage	L			ıLI		
	Yes		No																								
Driv	_		_	mbe	r																				الـ	JL	
	O <sub>1</sub>	th	er	Co	n'	ta	Ct	S																			
Title	9			G	iven	Nam	ies																				
Suri	nam	e																									
Rela	tion	to (	Child									M	lobil	e									Ge	ende	r		
																								М	ale	F	emale
Hon	ne P	hone	Nur	nber						_	Wor	k Nu	ımbe	er								Allo	wed t	to Co	llect	Chil	d?
																							Yes		No		
Hon	ne A	ddre	ess				,						,														
Sub	urb				-		-					-								Sta	ate			Pos	t Cod	le	
	-				-							-							_				_				
Title	•			G	iven	Nam	nes																			——	
Suri	nam	e			1	11	1			1	1	1	1				1	1	1						ı ————————————————————————————————————		1
Rela	tion	to (	Child			1				1	1	M	lobil	e									Ge	ende	r _	_	
																									ale		emale
Hon	ne P	hone	Nur	nber						_	Wor	k Nu	ımbe	er			- I				٠	Allo	wed t	to Co	llect	Chil	d?
																							Yes		No		
Hon	ne A	ddre	ess		1	11	1	1	1	1	1	1	1			1	1	1	1			1	1	1			
Sub	urb																			Sta	ate			Pos	t Cod	le	

## Agreement

- 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 <u>must</u> be paid on a weekly basis, unless other arrangements are made with the Director; however Billy Lids Kindy <u>prefers</u> 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.
- I understand that all the nominated weekly booked hours must be paid regardless of child <u>absence</u> or <u>public holiday</u>; however this can be negotiated with the director for extreme circumstances.
- I understand that nominated child <u>holidays</u> 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, martial 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.

e	Date
e	Date
	DD/MM/YYY
e	Date
	DD/MM/YYY
	re re