Child Details Date entered ....../....../...... IMMUNISATION RECORD RECEIVED YES/NO PAGE 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name |  | | | | | | | | | | | |
| Given Names |  | | | | | | | | | | | |
| Gender | Male / Female | | | Date of Birth | | | Birth Certificate: Yes / No | | | | | |
| Country of Birth / Religion | | | | Language Spoken: | | | | | | | | |
| **Child** Centrelink Customer Reference Number | | | | | |  | | | | | | | |
| Preparatory School Start Date | | | | |  | | | | | | | |
| Name of Preparatory/Primary School Attending | | | | |  | | | | | | | |
| (future or present) | | | | |  | | | | | | | |
| Indigenous Status | |  | Aboriginal | | | | |  | Torres Strait Islander |  | N/A |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Special Considerations | | | |  | Child at Risk | |  | Interpersonal Needs |  | Learning Needs |
|  | | | |  | Communication Needs | |  | Mobility Needs |  | Disabled |
| Other Needs/Cultural needs | | | |  | | | | | | |
| Cultural Background | | | |  | | | | | | |
| Do you permit the centre to take photographs of your child for special events, photo albums and observations? | | | | | | | | | | |
|  | Yes |  | No | | |
| I hereby grant permission for Billy Lids Kindy to use my or my dependants, name, physical likeness in print, photographs, film, video, internet and multimedia without restriction, in present or future use | | | | | | | | | | |
|  | Yes |  | No | | |

Details of any Court Orders/Parenting Plans Attached Yes/No

Child Booking

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Room | |  | 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** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Start | Start | Start | Start | Start |
| am | am | am | am | am |
| Finish |  |  |  |  |
| pm | pm | pm | pm | pm |

Child Medical Details page 2

|  |  |
| --- | --- |
| Doctor’s Name |  |
| Practice Name |  |
| Address |  |
| Phone Number |  |
| Medicare Number |  |
| Private Health Insurer |  |
| Private Health Member Number |  |

|  |  |
| --- | --- |
| Medical Conditions |  |
|  |  |
|  |  |
| Allergies/Anaphylaxis |  |
|  |  |
| Any Medical Management Plans  Or risk minimisation plans to be  Followed Yes / No |  |
| Dietary Information |
|  |  |
|  |  |

|  |
| --- |
|  |
|  |

|  |
| --- |
|  |
|  |

**Is Your Child Immunised? Yes No**

**Notation child’s health record has been**

**Sighted**

**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 page 3

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](http://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? | | | |
|  | No |  | Yes (Please provide us with your letter of eligibility) |
| Do you have children attending other services? | | | |
|  | No |  | Yes (If yes, how many?) \_\_\_\_\_\_\_\_ |

Payment

Payment Options

**C:\Users\Scott Lewthwaite\Downloads\Bpay_Col_logo Landscape.wmf** [File:MasterCard Logo.svg](http://upload.wikimedia.org/wikipedia/en/b/b7/MasterCard_Logo.svg)

Cash

Cheque

Direct Debit

Ezi-Debit

How would you like your monthly statement to be sent out?

Email (See parent section)

Print (See your group leader)

How did you find out about our centre?

Friend

Yellow pages/Local Search Directory

Facebook

Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian 1 page 4

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parenting Information** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Both Parents/Guardians Married/De Facto | | | | | | | | | |  | | Single Parent | | | |  | | Shared Custody | |  | Grandparents | | |
| Title | | | | | |  | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | |  | | | | | | | | | | | | | | | | | | |
| Given Names | | | | | |  | | | | | | | | | | | | | | | | | | |
| Gender | | | | | | Male / Female | | | | Date of Birth | | | | |  | | | | | | | | | |
| **Parent** Centrelink Customer Reference Number | | | | | | | | | | | | | | |  | | | | | | | | | |
| Relationship to Child | | | | | | | | |  | | | | | | | | | | | | | | | |
| Mobile Number | | | | | | | | |  | | | | | | | | | | | | | | | |
| Home Phone | | | | | | | | |  | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | |  | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | |  | | | | | | | | | | | | | | | |
| State | | | | | | | | |  | | | | | | | | | | | | | | | |
| Post Code | | | | | | | | |  | | | | | | | | | | | | | | | |
| Country of Birth / Religion | | | | | | | | |  | | | | | | | | | | | | | | | |
| Cultural background | | | | | | | | |  | | | | | | | | | | | | | | | |
| First Language | | | | | | | | | Second Language: | | | | | | | | | | | | | | | |
| Driver Licence Number | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Employment Status** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Not Applicable | | | |  | Disability Pension | | | |  | | Working | | | |  | | Looking for work | | |  | Studying | |
| Work/Educational Institution Phone Number | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Work/Educational Institution Address | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Employer/Company Name | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Allowed to collect child? Does the child live with parent Yes / No | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes | |  | No | | | | | | | | | | |

Parent/Guardian 2 page 5

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parenting Information** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Both Parents/Guardians Married/De Facto | | | | | | | | | |  | | Single Parent | | | |  | | Shared Custody | |  | Grandparents | | |
| Title | | | | | |  | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | |  | | | | | | | | | | | | | | | | | | |
| Given Names | | | | | |  | | | | | | | | | | | | | | | | | | |
| Gender | | | | | | Male / Female | | | | Date of Birth | | | | |  | | | | | | | | | |
| **Parent** Centrelink Customer Reference Number | | | | | | | | | | | | | | |  | | | | | | | | | |
| Relationship to Child | | | | | | | | |  | | | | | | | | | | | | | | | |
| Mobile Number | | | | | | | | |  | | | | | | | | | | | | | | | |
| Home Phone | | | | | | | | |  | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | |  | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | |  | | | | | | | | | | | | | | | |
| State | | | | | | | | |  | | | | | | | | | | | | | | | |
| Post Code | | | | | | | | |  | | | | | | | | | | | | | | | |
| Country of Birth / Religion | | | | | | | | |  | | | | | | | | | | | | | | | |
| Cultural Background | | | | | | | | |  | | | | | | | | | | | | | | | |
| First Language | | | | | | | | | Second Language: | | | | | | | | | | | | | | | |
| Driver Licence Number | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Employment Status** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Not Applicable | | | |  | Disability Pension | | | |  | | Working | | | |  | | Looking for work | | |  | Studying | |
| Work/Educational Institution Phone Number | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Work/Educational Institution Address | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Employer/Company Name | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Allowed to collect child? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes | |  | No | | | | | | | | | | |

Other Contacts page 6

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | | | | | | |  | | | | |
| Last Name | | | | | | |  | | | | |
| Given Names | | | | | | |  | | | | |
| Gender | | | | | | | Male / Female | | Date of Birth |  | |
| Relation to child | | | | | | |  | | | | |
| Mobile Number | | | | | | Home Phone: | | | | | |
| Email Address | | | | | |  | | | | | |
| Street Address | | | | | |  | | | | | |
| Suburb | | | | | | State: Post Code: | | | | | |
|  | | | | | | Allowed to consent to Medical treatment: Yes / No | | | | | |
|  | | | | | | Authorised to take a child outside premise: Yes / No | | | | | |
|  | | | | | | Authorised to authorise an educator to take the child outside the service: Yes / No | | | | | |
| Allowed to collect child? | | | | | | | | | | |
|  | Yes |  | No | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | | | | | | |  | | | | |
| Last Name | | | | | | |  | | | | |
| Given Names | | | | | | |  | | | | |
| Gender | | | | | | | Male / Female | | Date of Birth |  | |
| Relation to child | | | | | | |  | | | | |
| Mobile Number | | | | | | Home Phone: | | | | | |
| Email Address | | | | | |  | | | | | |
| Street Address | | | | | |  | | | | | |
| Suburb | | | | | | State: Post Code: | | | | | |
|  | | | | | | Allowed to consent to Medical treatment: Yes / No | | | | | |
|  | | | | | | Authorised to take a child outside premise: Yes / No | | | | | |
|  | | | | | | Authorised to authorise an educator to take the child outside the service: Yes / No | | | | | |
| Allowed to collect child? | | | | | | | | | | |
|  | Yes |  | No | | | | |

Agreement page 7

|  |
| --- |
| **Statement**   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 Lead Educator 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, or changing my child’s booking hours. 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). If your account is sent to the debt collector, you will also be responsible for their fee on top of what is outstanding. 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 give consent for medical treatment for my child or to seek medical treatment from a registered medical practitioner, hospital or ambulance and to be transported in 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 |
| Terry Lewthwaite |  |  |  |  |