

EARLY CHILDHOOD ENROLMENT FORM

Child/ren's Name/s:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate		Child CRN eligibility letter	
Immunisation record		Medical documents (if applicable)	
Parent CRN eligibility letter		Child Care Subsidy Confirmation	
Arrangement Form completed & signed			

Service name: Billy lids Kindy

Address: 123 Nathan St, Aitkenvale QLD 4814

Phone number: (07) 47751103

Email: admin@billylidskindy.com.au

OFFICE USE ONLY

Date Entered:

Entered By:

CHILD 1 DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			

Date of Birth:		Sex (Please circle):	Male / Female
Country of Birth:			

Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address:	
Child lives with:	

Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied	Yes / No
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Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Booked Session (Please tick):	<input type="checkbox"/> 8 Hour	<input type="checkbox"/> 10 Hour	<input type="checkbox"/> 11 Hour		
Session Start Time:					
Session End Time:					

Child's Start Date:	
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CHILD 2 DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			

Date of Birth:		Sex (Please circle):	Male / Female
Country of Birth:			

Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address:	
Child lives with:	

Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied	Yes / No
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Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Booked Session (Please tick):	<input type="checkbox"/> 8 Hour	<input type="checkbox"/> 10 Hour	<input type="checkbox"/> 11 Hour		
Session Start Time:					
Session End Time:					

Child's Start Date:	
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MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:				
Medicare Expiry Date:		Reference number:	Child 1:	Child 2:
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):	Child 1: Child 2:			

Child/ren's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Child/ren's Registered Dental Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

	Child 1	Child 2
Healthcare Card Holder?:	Yes/No	Yes/No
Healthcare Card Number:		
Healthcare Card Expiry:		
Private Health Cover (Please Circle):	Yes/No	Yes/No
Private Health Fund Name:		
Private Health Care Membership Number:		
Ambulance Cover:	Yes/No	Yes/No

Does/do the child/ren have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)	Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed.		
Does/do the child/ren have any dietary restrictions? (Please Circle)	Yes / No (If yes, please attach relevant details.)	Attached <input type="checkbox"/>	
Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner: <ul style="list-style-type: none"> The label must contain the child's name and Parents must provide any verbal or written instructions provided by the medical practitioner. Education and Care Services National Regulations Regulation 95 Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. Education and Care Services National Regulations Regulation 93	Parent 1 Signature:		
	Parent 2 Signature:		
Do you authorise the Nominated Supervisor or another educator at Billy Lids Kindy to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
Do you authorise the Nominated Supervisor or other educator at Billy Lids Kindy to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

IMMUNISATION DETAILS

I have chosen not to have my child/ren immunised.	Yes/No		Attached
	Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>		
Are your child/ren's immunisations up to date?	Yes/No		Attached
	Please provide a copy of your child's: Immunisation History Statement provided by Medicare		
Do you authorise the Nominated Supervisor or other educator to transport the child/ren in an ambulance in the event of an emergency? (Please Circle)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Please be advised that if the Child/ren is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

The child's health record has been sighted by: _____ Position: _____

DEVELOPMENTAL INFORMATION

<p>Please provide us with any other information we should know about your child/ren</p> <p><i>(For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p>	
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CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Language spoken at home:	
Ethnicity:	
Religion:	
Is/are the Child/ren of Aboriginal or Torres Strait Islander Descent? <i>(Please circle)</i>	Yes / No - Details:
Please outline any cultural practices you would like followed:	
Please outline the Child/ren's religious background and if relevant any religious practices you would like followed:	
Religious celebrations:	

PRIMARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child/ren:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
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Does/do the child/ren live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	
Hours of work:	

SECONDARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child/ren:	
Country of Birth:	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details:	
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Does/do the child/ren live with you? (Please circle):	Yes / No
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Occupation:	
Place of employment:	
Hours of work:	

COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached

Please note that without this documentation we cannot legally enforce the Order/s.

FAMILY INFORMATION

Does/do the child/ren have any siblings? If so, please provide their names and ages.	
Does/do the child/ren have any other close relations attending Billy Lids Kindy? E.g. cousins. If so, please provide their names and ages.	

FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency Billy Lids Kindy will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from Billy Lids Kindy and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child/ren:			
Date of birth:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside Billy Lids Kindy's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for Billy Lids Kindy to take the child on regular outings?	Yes/No	Parent 1 Signature:	

SECOND EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

Full Name:			
Relationship to child/ren:			
Date of birth:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside Billy Lids Kindy's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for Billy Lids Kindy to take the child on regular outings?	Yes/No	Parent 1 Signature:	

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to Billy Lids Kindy to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

1. You and/or your partner must care for your child/ren at least 2 nights per fortnight or have 14% care?

YES NO

2. Are you liable for fees for care provided at an approved child care service?

YES NO

3. Do you meet residency requirements?

YES NO

4. Does your child/ren meet immunisation requirements?

YES NO

5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?

YES NO

6. Have you received confirmation about your Child Care Subsidy?

YES NO

Please Note:

If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify Billy Lids Kindy immediately.

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave Billy Lids Kindy)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing Billy Lids Kindy of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
Have staff apply Teething Gel (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave Billy Lids Kindy)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend Billy Lids Kindy	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave Billy Lids Kindy for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO

Please tick box to confirm you have read each point:

- I agree to inform Billy Lids Kindy in writing immediately of any changes to the above information.
- I agree to keep my fees paid up to date and understand that my child's position at Billy Lids Kindy will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$2.00 per minute or part thereof after closing time. In the event that a child is left at Billy Lids Kindy for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days or having holidays.
- I agree to bring my child to Billy Lids Kindy with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at Billy Lids Kindy - clearly labelled with your child's first and last name).
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at Billy Lids Kindy, they still need to be collected.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on Billy Lids Kindy's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of Billy Lids Kindy's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter

stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.

- I give permission for my child to be observed by the Educators of Billy Lids Kindy and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with Billy Lids Kindy’s Policy Manual located in the office. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
- I have provided accurate and up to date information on the Written Arrangement.
- I, or someone I know has a skill they could share with the children.

Signed: _____ Name: _____ Date: ___ / ___ / ____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

DIRECT DEBIT REQUEST/ AUTHORISATION FORM

CUSTOMER DETAILS

First Name:			
Surname:			
Address:			
Phone Number/s:	(H)		(M)
Date of Birth:			
Email address:			
<input type="checkbox"/> New Account	<input type="checkbox"/> Change Debit Limit	<input type="checkbox"/> Change Account Details	

PAYMENT DETAILS

Payment Limit Amount:				
Surcharge:	Visa/MasterCard: 2.35%	AMEX: 4.40%	Bank Account: \$0.88	Admin Fee: \$2.20
Payment Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 4-Weekly	<input type="checkbox"/> Monthly
Day of the Week:				
Day of the Month:				
First Payment Date:				

DIRECT DEBIT FROM BANK ACCOUNT, BUILDING SOCIETY OR CREDITY UNION

Details of the Account to be debited (All Details must be supplied)		
Account Name:		I/We authorise Debitsuccess Pty Ltd, ABN 095551581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).
BSB Number:		
Account Number:		

OR CREDIT CARD

Please charge my payments to my:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Card Number:			
Expiry Date:			
Name on Card:			

SIGNATURE

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.	
Authorising Signature (s)	
Date:	