



ENROLMENT FORM

Are you the *lawful authority** of the child being enrolled?

- Yes.
- No. Please do not proceed with filling out this form.

**Lawful authority* refers to all the powers and responsibilities that a parent has in relation to their child. These powers and responsibilities can only be changed by a court order. It is not affected by the relationship between the parents (ie whether or not they live together etc). A court order may take away authority of a parent to carry out an action, or may give it to another person. A guardian of a child also has lawful authority.

Enrolment Date:

INFORMATION ABOUT THE CHILD

Family Name: _____ Given Name: _____

Date of Birth: ____ / ____ / ____ Centrelink CRN: _____

Address: _____

Is the child of Aboriginal or Torres Strait Islander descent? Yes No

Language/s spoken at home: _____

Cultural background: _____

Religious background (optional): _____

Has the child been in care before? Yes. Please specify where: _____
 No.

Gender Male Prefer not to say
 Female

BOOKED DAYS Please indicate the days and times when you would like for your child to be booked to attend Kids World.

DAY	Drop-off Time	Pick-up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

INFORMATION ABOUT THE PARENT/GUARDIAN



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Primary contact Full Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (pls specify) _____ Address: <input type="checkbox"/> Same as child's address. The child lives with me. <input type="checkbox"/> Other _____	Secondary contact Full Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (pls specify) _____ Address: <input type="checkbox"/> Same as child's address. The child lives with me. <input type="checkbox"/> Other _____
Contact Details	Contact Details
Home Phone Number: _____ Work Phone Number: _____ Mobile Number: _____ Email Address: _____ Centrelink CRN: _____ Centrelink Hours & Percentage: _____ Are you the main contact with Centrelink? <input type="checkbox"/> Yes. <input type="checkbox"/> No. This person has authority to authorise the removal of our child from the premises: <input type="checkbox"/> Yes. <input type="checkbox"/> No.	Home Phone Number: _____ Work Phone Number: _____ Mobile Number: _____ Email Address: _____ Centrelink CRN: _____ Centrelink Hours & Percentage: _____ Are you the main contact with Centrelink? <input type="checkbox"/> Yes. <input type="checkbox"/> No. This person has authority to authorise the removal of our child from the premises: <input type="checkbox"/> Yes. <input type="checkbox"/> No.

AUTHORISATION FOR OTHER PERSONS TO COLLECT THE CHILD / EMERGENCY CONTACT PERSONS

Please provide details of persons whom you are authorising to:

- Collect the child at the end of the day if you or any other parent or guardian listed above are unable to do so for any reason and/or
- Be contacted in case of an accident, injury, trauma, illness or for permission to give medication to the child if yourself or any other parent or guardian listed above cannot be contacted.

Full Name: _____ Relationship to Child: _____ Address: _____	Full Name: _____ Relationship to Child: _____ Address: _____
Contact Details	Contact Details
Home Phone Number: _____ Work Phone Number: _____ Mobile Number: _____ Email Address: _____ This person has authority to authorise the removal of our child from the premises: <input type="checkbox"/> Yes. <input type="checkbox"/> No.	Home Phone Number: _____ Work Phone Number: _____ Mobile Number: _____ Email Address: _____ This person has authority to authorise the removal of our child from the premises: <input type="checkbox"/> Yes. <input type="checkbox"/> No.



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COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? No.

Yes. Please present the original copy of the court order to the enrolment staff.

If these orders change the powers of a parent/guardian to: authorise the taking of the child outside Kids World by a staff member, consent to the medical treatment of the child, request or permit the administration of medication to the child, collect the child and/or give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

Not Applicable

CHILD'S IMMUNISATION RECORD

Is your child's immunisation updated?

Yes. Please present any of the following:

Immunisation History Statement from **Australian Childhood Immunisation Register (ACIR)**
OR an **Immunisation Status Certificate** from a medical doctor or local council immunisation service that includes:

- child's full name, date of birth & address
- list vaccines the child has received and when the vaccine was given
- show the date of the child's next due vaccine OR include a statement saying the child has completed all their childhood vaccinations
- if relevant, list any vaccines the child cannot receive for medical reasons

No. Please arrange for your child's immunisation to be updated before proceeding with enrolment

OR provide proof of vulnerability or disadvantage, aboriginal or Torres Strait Island descent or need for child protection to avail of the 16 week 'grace period.'

**A grace period applies in exceptional circumstances. Please refer to the attached information for more details.*

CHILD'S MEDICAL EMERGENCY CONTACTS INFORMATION

Name of Doctor: _____ **Telephone number:** _____

Name of medical service: _____ **Address:** _____

Maternal and child health nurse centre: _____

Medicare number: _____ **Health care card number:** _____



ENROLMENT FORM

HEALTH INFORMATION

Does your child have any allergy, intolerance or sensitivity?

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. Please provide a full list of all food products or allergens that can trigger the allergy, intolerance or insensitivity. Please provide Kids World with medication or treatment that you use to manage or treat the allergy, intolerance or insensitivity if it occurs.
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Does your child have Anaphylaxis?

<input type="checkbox"/> No.	<input type="checkbox"/> Yes What is the main allergen? IMPORTANT: You must provide an Anaphylaxis Management Plan from your General Practitioner. You must provide an up to date Epipen at all times that your child is in the centre.
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Does your child have Asthma?

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. IMPORTANT: You must provide an Asthma Management Plan from your General Practitioner. You must provide an up-to-date asthma medication at all times that your child is in the centre.
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Does your child have any special medical condition or needs which are relevant for Educators to know about? (Eg. Diabetes, Epilepsy, Autism, etc)

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. IMPORTANT: You must provide a Medical Management Plan from your General Practitioner. You must provide any relevant medication as identified in your Medical Management Plan.
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Does your child have a *diagnosed* behavioural or social condition? (eg. Hyperactivity)

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. Please provide details.
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Does your child have any dietary restrictions for cultural or religious reasons?

<input type="checkbox"/> No.	<input type="checkbox"/> Yes. Please provide a full list of all food products that your child is not allowed to have.
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CONFIDENTIALITY STATEMENT

Kids World will ensure that the information given in this enrolment form is not divulged or communicated directly or indirectly to another person other than to the extent necessary for the care or education or medical treatment of the child; or to a parent or guardian of the child or another person who has lawful authority to require the information; to the secretary or an authorised officer; if expressly authorised, permitted or required to be given by or under any act or law; or with the written consent of the person who provided the information.



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AUTHORISATIONS

By ticking 'Yes' to the box/es below and signing your name, you consent to the statement/s listed.

I, (please print your full legal name) _____,
a person with lawful authority of the child referred to in this enrolment form, declare
that:

The information in this enrolment form is true and correct and I undertake to immediately inform Kids World in the event of any change to this information. Yes No

I agree to collect or make arrangements for the collection of the child referred to in this form if he/she becomes unwell at the service. Yes No

I consent to the Kids World staff seeking or where appropriate, administering emergency medical treatment as reasonably necessary (eg. calling for an ambulance) and that I will reimburse any necessary expenses incurred by Kids World. Yes No

I consent to the staff of Kids World taking my child outside the premises incase of emergency. Yes No

I have received a copy of the Kids World Parent Handbook and understand that it is my responsibility to read and understand all that is stated in it. Yes No

I agree to pay my fees. I understand that if my fees are more than two weeks in arrears, my child/ren's position may be cancelled. Yes No

I understand that if I change days or cancel care, I must give Kids World two weeks' notice. Yes No

I have read and understood the Priority of Access Guidelines which are in the Parent Handbook. Yes No

I understand that I must make arrangements for my child/ren to be picked up if I am not available to pick them up by 6pm, or pay the late fee as stated in the Parent Handbook. Yes No

I give permission for Kids World to take photographs of my child/ren for planning and programming purpose. Yes No

I give permission for Kids World staff to take photographs of my child for any media purposes (eg. newsletter, website, advertising). Yes No

I give permission to the staff of Kids World to apply SPF 30+ Sunscreen on my child/ren. Yes No

I give permission to the staff of Kids World to apply nappy cream on my child/ren when needed. Yes No

I give permission to the staff of Kids World to take my child off premise on small community walks/excursions. Yes No

I give permission for my child to go on Storypark (online communication and planning system) Yes No

Δ Signature: _____ **Date:** _____