

REDLYNCH KINDERGARTEN ENROLMENT FORM



Child Details:

Child's First Name: _____ Surname: _____

Gender: M / F Date of Birth: _____

Child's Customer Reference Number (CRN): _____

Medicare Number: _____ Number of Child: _____

Child's Address: _____

Culture:

Country of Birth: _____

Language spoken in Child's home: _____

Religion: _____

Cultural Background: _____

Getting to know your child.

* Family (Who lives with your child? Names and ages of siblings, pets etc.)

- Favourite activities and interests?

- Relevant cultural and /or religious information?

Funding.

Do any of your child's siblings attend another approved care service?

Yes / No If so which ones? _____

QKFS (Queensland Kindergarten Funding Scheme)

Queensland Kindergarten Funding Scheme (QKFS) is only applicable to families enrolling their child in a kindergarten program (in a long day care or kindergarten service).

If your child is of eligible age, our service may be entitled to claim the QKFS on behalf of your child. If your child is attending another kindergarten program (in a long day care or kindergarten service) and that kindergarten program is claiming the funding for your child, our service will not be able to claim the funding. It is your responsibility to advise our service if your child is attending another kindergarten program.

Is your child attending another Kindergarten program that is already claiming QKFS for your child?
(If you are unsure you will need to speak to the service that your child is already attending)

Yes/ No

QKFS Plus Kindy Support.

Do you or your child hold an approved concession card?

Yes (please provide a copy/photo of this) No

Other:

Does your child identify as:

- Not Indigenous
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- South sea Islander
- Decline to answer.
- Does your child have two siblings or more who are of the same age, enrolling in the same kindergarten program in this service this year?

Yes / No

Parent/ Guardian One

First name: _____ Last name: _____

Gender: Male/ Female Date of Birth: _____

Relationship to the child: _____

CRN: _____

Address: _____

Contact Information:

Home Phone: _____ Mobile: _____

Email: _____

Cultural Background: _____ Occupation: _____

Work Details:

Name of Workplace: _____

Work Phone: _____

Workplace Address: _____

Photo ID:

Drivers Licence

Passport

18+ card

Photo ID Number: _____

Parent/ Guardian Two

First name: _____ Last name: _____

Gender: Male/ Female Date of Birth: _____

Relationship to the child: _____

CRN: _____

Address: _____

Contact Information:

Home Phone: _____ Mobile: _____

Email: _____

Cultural Background: _____ Occupation: _____

Work Details:

Name of Workplace: _____

Work Phone: _____

Workplace Address: _____

Photo ID:

Drivers Licence

Passport

18+ card

Photo ID Number: _____

Emergency Contacts.

Please provide details for a minimum of two (2) emergency contacts (other than those listed as the parents/guardians). These emergency contacts are authorised to :

- Collect your child from this service.
- Be notified of any emergency involving our child if you can not be immediately contacted.
- Consent to medical treatment including the administration of medication to your child if you can not be immediately contacted.
- Consent to authorise an educator to take your child outside this service (eg. An excursion).

When collecting your child, emergency contacts will need to present appropriate photo ID to prove their identity.

Emergency Contact One:

First name: _____ Last name: _____

Gender: Male / Female. Date of Birth: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Photo ID Type:

Licence

Passport

18+ Card

Photo ID Number: _____

Emergency Contact Two:

First name: _____ Last name: _____

Gender: Male / Female. Date of Birth: _____

Relationship to Child: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Photo ID Type:

Licence

Passport

18+ Card

Photo ID Number: _____

It is vital for your child's health, safety and wellbeing that our service has information relating to the health status and medical needs of your child.

Please provide details of your child's registered medical practitioner or service.

Doctor

Name: _____ Phone: _____

Address: _____

Dentist:

Name: _____ Phone: _____

Address: _____

Medical Conditions:

Has your child been diagnosed with:

- Anaphylaxis or with being at risk of anaphylaxis?
 Yes No
- Asthma?
 Yes No
- Diabetes?
 Yes No
- Epilepsy?
 yes No
- An allergy or intolerance?
 Yes No
- A special health care need/ medical condition?
 Yes No

Dietary requirements or restrictions.

Does your child have any specific dietary requirements or restrictions?

Yes / No

Immunisation.

Has your child received all of the recommended immunisations for their age?

Yes / No

Please supply a copy of your child's immunisation register.

We are committed to providing all children with access to a quality education and care program and we will reduce, and remove barriers, where possible, to ensure we can achieve this goal. If your child has additional needs, we strongly encourage you to complete the following section to enable us to assist and support you child and family.

Additional Needs.

Has your child been assessed, identified and/ or diagnosed with:

- A disability or impairment?
Yes/ No
- A special Gift or Talent?
Yes / No
- A learning or developmental difficulty or disorder?
Yes / No
- A complex condition, illness, disease or disorder?
Yes/ No
- A behavioural and / or emotional difficulty or disorder?
Yes/ No

Undergoing Assessment.

Is your child currently undergoing assessment for a suspected disability or impairment?

Yes/ No

Please Note: If you answered yes to any of the above, please discuss your responses with a staff member, ensuring you bring and relevant paperwork, information or plans with you. Please also note that your service may discuss the need to develop, with your input and approval, an individual

education plan (IEP), Additional Needs Care Plan, and / or Behaviour Plan, to best support your child.

In order for our service to be able to provide your child with high quality education, care and protection, and to ensure compliance with National legislation, please provide us with information about parenting and family arrangements for your child.

Living and Care Arrangements.

Are you the parents of the child you are enrolling?

Yes / No

Are there any applications before any court that are ongoing and relate to parenting issues regarding your child?

Yes / No

Are there any court orders or other directives in place that name your child?

Yes / No

Are your child's parents/ guardians separated?

Yes / No

Are there any court orders, parenting orders and / or parenting plans relating to any person's care of, responsibility for and / or contact with your child?

Yes / No

Does anyone else have parental responsibility for your child either day to day or in relation to long term issues, whether they live with or have contact with your child or not?

Yes / No

Please provide information below to ensure we can best support your child and family.

Medical Declaration and Consent.

I / We authorise and consent to:

1. Staff applying and / or administering the following to my/ our child:
 - a) Broad spectrum water resistant sunscreen.
Yes / No
 - b) Insect repellent (supplied by families)
Yes / No
2. Trained service staff providing appropriate first aid to my / our child where required.
Yes/ No
3. Service staff seeking, in the event of an emergency involving my/ our child:
 - c) Medical treatment from a registered medical practitioner, hospital and / or ambulance service.
Yes / No
 - d) Transportation of my/ our child by an ambulance service.
Yes / No

Communication, photograph and marketing declarations and consent.

I / we give permission for this service :

To communicate with me/us using a variety of methods including SMS, email and online via iParentPortal.

Yes / No

To send me/ us surveys related to the services/ products that this service provides

Yes/ No

To photograph and/ or video my/ our child at the service for the purposes of documenting my/ our child's learning.

Yes/ No

To use and share my/ our child's image and sound recording via:

- a. My/ our child's portfolio: digital or hardcopy.
Yes/ No
- b. Visual displays/ documentation within our service.
Yes/ No
- c. Service newsletters (printed and emailed)
Yes/ No
- d. Informative emails to families.
Yes/ No
- e. CD/DVD given to families.
Yes/ No
- f. Social Media
Yes/ No

Childcare benefit and child care rebate declaration.

I/We have applied for child care benefit (CCB) for approved care

Yes/ No

I/ We have applied for Child Care Rebate (CCR)

Yes/ No.

Thank you for completing this enrolment form please provide a copy of the following documents to the service, prior to your child starting, to ensure that your child's enrolment meets all legislative requirements:

Proof of Date of Birth.

Immunisation Record.

I understand it is my responsibility to provide copies of the documents listed above to the service, prior to my child starting.

Signature _____ **Date:** _____

Policies and Procedures:

1. We will abide by any rules, regulations, policies and procedures of the service, knowing that copies are available to us at any time at the service.

Fees:

2. I/We are responsible and liable to pay all fees and charges:
 - a) whilst my/our child is attending the service.
 - b) By the due date and in accordance with the service's fee schedule.
 - c) Where child care benefit (CCB) or child care rebate (CCR) is not paid.
 - d) Where my/ our child is not collected by the service's closing time and I /we incur a late fee.
 - e) When my/ our child is absent from the service for whatever reason, including (but not limited to) public holidays, pupil free days, holidays, illness or exclusion due to infection and/ or vaccine preventable disease or illness.
 - f) If my/our child receives medical treatment from a registered medical practitioner, hospital and/ or ambulance service and /or transportation by ambulance, in the event of an emergency.
 - g) For the whole part of the minimum notice period, where I/ we cancel my/our child's enrolment without giving the service the minimum period of time required as notice.
3. If I/we do not pay the fees and charges by the due date I /we will speak to the director as soon as possible.
4. If we are concerned that I/ we will not be able to pay the fees owing by the due date I / we will speak to the Director as soon as possible.
5. I/ we understand that state and /or commonwealth funding arrangements may change which may result in fee/ subsidies no longer being available. I /we understand that where Government fee subsidies are no longer available I/we will be required to pay the full fees.

Queensland Kindergarten Funding Scheme.

If my/our child is enrolled in a Kindergarten program at the service and is of the eligible age (turning four by 31st July in the year they attend the kindergarten group) I/ we will:

- a) inform the service if I/ we have a valid concession card.

- b) Present and provide the details of the concession card to enable the service to claim any subsidy. I /we may be entitled to. If my/ our card is not presented before commencing at the service, I/ We am / are aware that full fees will be charged.
 - c) Notify the service if the status of my/ our concession card changes or expires. I/ we am/are aware we will be charged full fees if this occurs.
 - d) Provide a copy of my/our concession card if I/ we are issued with a new card whilst my/our child is enrolled.
6. The service will claim funding (QKFS) from the Queensland Government for my/our child where my/our child is of the target age group and is enrolled in a Kindergarten program at this service.

Attendance.

I/ We will promptly notify the service if my/ our child will be absent and the reason for this absence. I/we will ensure that my/our child is delivered to and collected from the service by an authorised, responsible person and my/ our child is:

- a) handed over to a member of staff, and
- b) signed in on delivery and signed out from the service.

Sun care and Health.

I/ we have read a copy of and understand the service's sun care and protection policy and an exclusion due to illness procedure, and will comply with it.

I/ we will notify the service in the event of my/ our child having an infectious illness.

Child Protection.

I/ we understand that all the service staff and personal will make a report to the appropriate authorities, if they suspect that any child has experienced or is experiencing any physical, sexual or emotional harm or is at significant risk of experiencing physical, sexual or emotional harm or neglect as a result of a parent or guardian action or inaction.

Correct and Up to Date Information.

I/ we confirm that the information provided in this enrolment form is true and correct. I/ we will immediately inform the service, in writing if there is any change to the information I/ we have provided including the emergency contacts listed.

I agree to all of the terms and conditions.

Signed: _____ **Name:** _____ **Date:** _____