

# Kradle to Krayons Vocational Care Enrolment Form



Child's Full Name:	Please attach coloured photo of child here.
Commencement Date:	
Child's CRN Number:	
Nicknames:	
Gender: <i>(Please circle)</i> Male         Female	
Date of Birth: <i>(DD/MM/YYYY)</i> ___/___/___ <i>**Copy of Birth Certificate to be attached**</i>	
Address:  _____	
Postcode:	
Cultural background of child and language spoken in child's home: _____ _____ _____	

Are there any court/parenting orders affecting custody of your child? Yes  No  N/A  If Yes please provide further details below. (A photocopy must be attached and the Director needs to be notified if circumstances change.)

\_\_\_\_\_

\_\_\_\_\_

***\*\*The centre is unable to enforce custody issues without a copy of relevant Court Orders at the centre. Please discuss any custody issues with the Centre Director. \*\****

### Vocational Care Hours of Operation and Fees.

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day during holidays	7am – 6pm	7am – 6pm	7am – 6pm	7am – 6pm	7am – 6pm
\$85.00					

- **Breakfast will be provided daily and is available from 7am-8am.**
- **All meals will be provided on any in centre days however, please check Vacation Care information forms for excursion days as these will advise what meals are required on all excursion days.**

<p><b>Parent/Guardian 1:</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Mobile number: _____</p> <p>Work number: _____</p> <p>Email: _____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p> <p>_____</p> <p>CRN Number: _____</p> <p>License Number: _____</p> <p>Date of Birth: _____</p> <p>Marital status: _____</p> <p>Occupation: _____</p> <p>Place of work: _____</p> <p>_____</p> <p>Do you or your child identify as Aboriginal Or Torres Straight Islander?      <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	<p><b>Parent/Guardian 2:</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Mobile number: _____</p> <p>Work number: _____</p> <p>Email: _____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p> <p>_____</p> <p>CRN Number: _____</p> <p>License Number: _____</p> <p>Date of Birth: _____</p> <p>Marital status: _____</p> <p>Occupation: _____</p> <p>Place of work: _____</p> <p>_____</p> <p>Do you or your child identify as Aboriginal Or Torres Straight Islander?      <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
<p><b>Emergency Contact 1:</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Contact Number: _____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p> <p>_____</p> <p>License Number: _____</p> <p>Date of Birth: _____</p> <p>_____</p> <p><b>Authority to Collect:</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p><b>Authority to make medical decisions In the event you can't be contacted:</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p><b>Authority to authorise Panadol administration:</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	<p><b>Emergency Contact 2:</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Contact Number: _____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p> <p>_____</p> <p>License Number: _____</p> <p>Date of Birth: _____</p> <p>_____</p> <p><b>Authority to Collect:</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p><b>Authority to make medical decisions In the event you can't be contacted:</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p><b>Authority to authorise Panadol administration:</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>

**Authority to authorise a service educator to take the child outside of the care premise in the case of an emergency.**    **Yes**     **No**

**Authority to authorise a service educator to take the child outside of the care premise in the case of an emergency.**    **Yes**     **No**

**Health**

It is important to keep this information current at all times. Special medical needs or disabilities WILL NOT affect your child's acceptance into the centre.

Medicare number (emergency use only)    \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_    \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_    Position    \_\_\_\_

Family Doctor/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Postcode: \_\_\_\_\_

**Does your child have any allergies?**    **Yes**     **No**     **N/A**

*If yes, please list details below including reaction and attach copy of the medical management plan.*

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any continuing serious medical conditions or require any regular medication (including Diabetes, Anaphylaxis, Asthma etc.)?**    **Yes**     **No**     **N/A**     *If yes, please list further details below.*

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any dietary requirements?**    **Yes**     **No**     **N/A**     *If yes, please list further details below.*

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any fears or phobias?**    **Yes**     **No**     **N/A**     *If yes, please list further details below.*

\_\_\_\_\_  
\_\_\_\_\_

**Immunisation Status**

Has your child been immunised? **Yes**  **No**

Is your child's immunisations up to date? **Yes**  **No**

The Centre needs to maintain an up to date record of all child/ren's immunisations. A copy of your child's immunisation record will need to be sighted and copied for the Centre. Please provide a copy of your child's "Immunisation History Statement", you will be required to provide up to date copies of the immunisation record each time your child has a new immunisation.

**Permission to seek medical assistance in an emergency**

In the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby authorise the staff of Kradle 2 Krayons to seek the appropriate emergency medical treatment for my child \_\_\_\_\_ should this be necessary, including transport via ambulance service.

Signed Parent/Guardian 1 \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signed Parent/Guardian 2 \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**I give the staff of Kradle 2 Krayons permission to administer Panadol as prescribed on the bottle at the discretion of a staff member that holds a current first aid certificate for the relief of pain or fever.**

In the occasion where medicine is administered I will collect my child ASAP from the centre and will sign the medication form provided to me by the staff.

Signed Parent/Guardian 1 \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signed Parent/Guardian 2 \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Is your child toilet trained or do they need assistance?**

Toilet trained, no assistance needed. / Needs assistance with toileting. / Still in nappies

**Yes**  **No**  **Yes**  **No**  **N/A**

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**At Kradle 2 Krayons, we are actively supporting the inclusion of all cultures, are there any cultural or religious celebrations that your child celebrates?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any interests your child may have so Kradle 2 Krayon may incorporate them into our program.

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Is there any other information we should know about your child or any additional needs?

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**Excursions**

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_

Understand that on selected days there will be pre-determined excursions for my child to attend. I understand that I will be required to sign a permission form for each excursion before Vocational Care commences each holiday's, in order to secure my child's position on excursions. I understand that my child will travel via Kradle 2 Krayons vehicles to and from excursions which include the Kradle 2 Krayons 12 seated bus AND/OR a staff member's vehicle as and when needed. I understand that there will always be a minimum of two (2) children travelling in any vehicle at one given time.

Parent 1 Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

**Medical Action Plan attached?** Yes  No  N/A

**Birth Certificate attached?** Yes  No

**Medication form filled in for any regular medication to be administered at centre?** Yes  No  N/A

**Medical, Allergy, Phobia Alert completed?** Yes  No  N/A

**Is a copy of any court orders attached?** Yes  No  N/A

**Has a photo of child been attached?** Yes  No  N/A

**Has a current immunisation statement been sighted and attached to file?** Yes  No

Sighted by \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(print name) (signature)

**Staff member Enrolment Form collected and checked by:**

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(print name) (signature)

**Have all Enrolment Details been entered into Qikkids?** Yes  No

**Staff member who entered Enrolment Details into Qikkids:**

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(print name) (signature)

## ***Kradle 2 Krayons***

### ***CONDITIONS OF ENROLMENT***

1. I declare that all information given is true and correct, and if not the Centre may review any placement offered, and withdraw placement of the child.
2. You must advise the Centre if any information on this form should change.
3. You need to notify the Centre in writing should you wish your child to be collected by any other person than those stated on this enrolment form. Upon entering the Centre photo ID will be required and photocopied.
4. **We require you to pay a Refundable Bond of \$150.00**
5. **FEES NEED TO BE PAID 2 WEEKS IN ADVANCE AT ALL TIMES!**

6. If fees are in arrears, you will be asked to see the office where Management will advise you of your current debt and any action that will occur if your account is not paid up to date and one (1) week in advance.
7. If you do not give two weeks written notice you will be liable for two (2) weeks.
8. If your child's care is terminated and there are outstanding fees, this account will be referred to the centre's debt collection agency if arrears is not paid in full.
9. Should you be entitled to and wish to claim Child Care Benefit for your child's placement it is your responsibility to lodge the claim with Centre link and follow up on this assessment process.
10. The Child Care Benefits you are entitled to, can only be backdated 28 days so all attempts need to be made to receive your assessment ASAP.
11. You must notify the Centre of any absence. If your child is absent for more than 42 days out of the financial year you will be charge full fee if a medical certificate is not received upon returning. This is a requirement to receive Child Care Benefits set out by Centre Link and NSW Governing Body.
12. Your child may not be brought to the centre while they have an infectious disease. A doctor's certificate is required upon returning to verify the child is no longer contagious.
13. Fees are required when your child is absent due to sickness or holidays.
14. **Your child/children must be collected before closing time of 6:00pm or you will be charged a late fee of \$2.00 per child, for every minute up until the 10<sup>th</sup> minute, after the 10<sup>th</sup> minute the charges will be \$5.00 per minute, which is required on your arrival or you will be charged double the late fee and added to your fees.**
15. It is a condition of enrolment that this application or any placement that is offered and accepted may be cancelled or not processed if the centre sees fit. Prior to cancelling an enrolment, the Centre will give the applicant two (2) days notice of its intention.
16. Your child immunization must be kept up to date according to the standard outlined by the Commonwealth Department of Health and Age Care.
17. **If your fees exceed \$300.00 your children's days will be reduced. If your child only comes once a week your child will not be able to attend the centre until the fees are sorted.**

## Acknowledgement

*If I/We fail to make payment of an outstanding account, Kradle 2 Krayons will send accounts details to a collection agency. Any agency fees incurred in recovering the outstanding debt will be incurred by me/us, the under signed. Under provisions of the Privacy Act 1988 (amended 2001) Kradle 2 Krayons may give information about me/us to a credit reporting agency to allow such agency to maintain a credit information file containing information about my/our credit worthiness.*

### Publicity

I consent to my child's photograph being used for publicity for the centre, should this be required.

### Sunscreen

I give permission for staff to apply sunscreen to my child

### Evacuation Drills

I give permission for my child to take part in evacuation procedures which will involve my child meeting at the assembly area which is located in the car park outside the dentist.

**Observations**

I give permission for my child to be observed through photographs and other means by University or TAFE students as well as by the staff at the centre. I understand that at times my child maybe seen in other children’s photos as they interact with each other and these are used in the centre for observations in the children’s portfolios.

**Emergency Action**

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents.

**Education and Care Services National Regulations 2011 states:**

*161 Authorisations to be kept in enrolment record*

*(1) The authorisations to be kept in the enrolment record for each child enrolled at an education and care service are—*

*(a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, nominated supervisor or an educator to seek—*

*(i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and*

*(ii) transportation of the child by an ambulance service;*

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ verify that I have read, understand and agree to the above Kradle 2 Krayons Condition of Enrolment and Agreement. I understand that this agreement is a legally binding document.

Parent 1 Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date: \_\_\_\_\_