



ENROLMENT FORM

DATE OF ENROLMENT: / /

BOND \$.....

CHILD DETAILS:			MEALS: Yes / No			
Name of Child		DOB	Gender: (M/F)		CRN:	
Home Address:						
Medicare Card No: & Position		Expiry date		Vaccination Objection Y/N		
TICK TYPE OF CHILD CARE		TICK PREFERRED DAYS				
	Full Day	MON	TUE	WED	THU	FRI
	B/S Before School					
	A/S After School					
	Vacation Care	Expected Start Date:				
NAME OF PARENT / GUARDIAN						
D.O.B.	Relationship to Child	CRN number	Phone (Mob)		Phone (Work)	
Home Address:						
Workplace & Address:						
Email Address:						
NAME OF PARENT / GUARDIAN						
D.O.B.	Relationship to Child	CRN Number	Phone (Mob)		Phone (Work)	
Home Address:						
Workplace & Address:						
Email Address:						
WHICH OF THE FOLLOWING DO YOU IDENTIFY AS:						
Aboriginal		Torres Strait Islander			Other:	

Documentation: Provide all relevant documentation Page 2.
Consent : Provide all consent on Page 4.

EMERGENCY CONTACT # 1: (Other than parent)

Person's Name	D.O.B.	Relationship to Child	Phone (Mobile)	Phone (Work)
Home Address:				
Does this person (other than a parent) have consent for the following? Please indicate YES or NO				
To be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	Authorised to consent to medical treatment of the child.	Authorise administration of medication to the child	Authorise to authorise an educator to take the child outside the education and care service premises.	Authorised the Service to transport the child or arrange transportation of the child.

EMERGENCY CONTACT # 2: (Other than parent)

Person's Name	D.O.B.	Relationship to Child	Phone (Mobile)	Phone (Work)
Home Address:				

Does this person (other than a parent) have consent for the following? Please indicate YES or NO

To be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	Authorised to consent to medical treatment of the child.	Authorise administration of medication to the child	Authorise to authorise an educator to take the child outside the education and care service premises.	Authorised the Service to transport the child or arrange transportation of the child.

IMMUNISATION DETAILS

Is your child's immunisation up to date? YES / NO

- **YES:** - Immunisation History Statement is required from Medicare.
- **NO:** - Childcare Subsidy until your child's immunisation is up to date.

Vaccination Objection? YES / NO

- A Conscientious Objection Form (or certified ACIR letter) if your child is unable to be immunised due to religious or philosophical reasons,

Other immunisation records are not acceptable.

CUSTODY / ACCESS NOTICES:

Yes/No: If YES, information is required.

DOCTOR'S INFORMATION:

	Name of doctor	
	Address	
	Phone No.	

DOCUMENTATION

Please attach the following documentations by ticking the boxes below.

Child Birth Certificate	Copy of Medicare Card	Immunisation Certificate	Copy of Healthcare Card (if applicable)	Custody Order or other

ENROLMENT AGREEMENT

I/We the parents, agree to the following conditions regarding attendance of my/our child.....
at **Koala Calamvale Childcare Centre** ("the Centre"). I/We have visited the Centre and discussed with the Director/Administrator the enrolment of my/our child.

Payment of Fees: I/We understand and accept that fees must be paid **one week in advance** of attendance and that normal fees are payable **at all times** including any periods of absence by my/our child for illness, holiday,

public holiday or **for any reason whatsoever**. I/We agree to pay all amounts due in cleared funds prior to or on the last day of termination or within the agreed timeframe with the Director but no later than 30 days. I/We agree that if I/We fail to pay in accordance with this clause, **Koala Calamvale Childcare Centre** will:

- (a) Recover all monies owed by forwarding my/our details to a nominated debt recovery agency for collection.
- (b) Charge collection fee once the Centre has placed my/our debt to the Collection Agency for recovery

Liability of Fees: In the event where this agreement has been entered into by more than one party each party shall be jointly and severally liable for any amounts overdue. The centre will make contact with families to recover monies using all methods of contact details recorded on this form.

Unpaid Fees: I/We understand that if fees are not paid, my/our child's continued enrolment at the Centre **cannot be guaranteed**. I/We also understand and accept that should this enrolment be cancelled; the booking fee will be retained as administrative costs.

Sickness: I/We agree to keep the child home while he/she has any infectious or contagious condition or illness, or when he/she is in such poor health as to be unfit for normal day care conditions. I/We agree that if, in the case of sudden illness or accident, the parents cannot be contacted, and the Director as agent for the parents shall have discretionary power to provide immediate medical attention.

Absence: I/We agree to notify the Centre promptly of any absence on the enrolled day. If a child is absent on their enrolled days, fees are still chargeable. I/We agree to give **two (2) weeks notice** of intention to change booked days or to withdraw the child from the Centre, or pay two weeks fees in lieu of such notice period. I/We agree that if the child is to be withdrawn from the Centre, he/she will **attend** on the **final day of care**. If the child does not attend the last day of care, Centrelink will not pay the subsidy and the Centre will charge full fees accordingly.

I/We will ensure that the child is accompanied to and from the Centre by a responsible person, that the child will be signed in and out at the appropriate locations on each day of attendance, and that the staff member in charge is notified of arrivals and departures.

Mother.....Date...../...../..... Witness

Father.....Date...../...../..... Witness.....

Koala Calamvale Childcare Centre - UPDATED March 2024
56 Kameruka Street, Calamvale, QLD 4116, 07 3711-5155 – Email: info@koalacalamvale.com.au

PARENT / GUARDIAN CONSENT

PARACETAMOL / NUROFEN CONSENT

Ihereby authorise the Centre to administer an initial dose only of Paracetamol to my childWhen his/her temperature exceeds 38C.

Parent/Guardian Signature:**Date:**/...../.....

PHOTOGRAPH CONSENT :

Centre Photos / Observations / Journals / Facebook Page / Storypark

I.....hereby give permission for the Centre to photograph my child.....I understand that on **occasions my child may appear on other children's photographs taken at the Centre**. These photos will **ONLY** be used to record Centre activities, displays, child and group

portfolios, group sessions, Centre photo albums, and from time to time emailed to parents/guardians Facebook Page, Instagram and Storypark where photos can be uploaded on site.

Parent/Guardian Signature: **Date:**/...../.....

AMBULANCE CONSENT & ADMINISTRATION OF LIFE SAVING MEDICATION

In the case of an emergency, I..... authorise for my child to be transported to a hospital in an Ambulance and or the Administration of life saving medication (e.g. EpiPen, Ventolin).

Parent/Guardian Signature: **Date:**/...../.....

MEDICAL TREATMENT FOR A CHILD FROM A REGISTERED MEDICAL PRACTITIONER, HOSPITAL OR AMBULANCE SERVICE Reg 161 (1) (a) (i)

In the case of an emergency, I....., grant permission for my child to seek medication treatment for the child from a registered medical practitioner, hospital or ambulance service;

Parent/Guardian Signature: **Date:**/...../.....

EDUCATOR TO TAKE THE CHILD OUTSIDE THE EDUCATION AND CARE SERVICE PREMISES FOR THE PURPOSES OF CONDUCTING EMERGENCY REHEARSALS

I, authorise for an Educator to take my child outside the education and care service premises.

Parent/Guardian Signature: **Date:**/...../.....