



E N R O L M E N T

DATE OF ENROLMENT:/...../.....

BOND \$.....

CHILD DETAILS 1:

MEALS: YES / NO (Please Circle one)

CRN#:

SURNAME:

GIVEN NAME (S).....

D.O.B M / F

ADDRESS:

.....

.....

MEDICARE CARD #:

POSITION: EXPIRY DATE:

VACCINATION OBJECTION: YES ☐ NO ☐

CHILD DETAILS 2: (Please supply the following)

CCS Transitioned..... YES/NO

CCS : Hours %

Copy Birth CertificateYES/NO

Copy Health Care CardYES/NO

Copy Immunisation RecordYES/NO

Office Use Only:

Group: Start Date:

CCS: Confirmed ☐ Pending Confirmation ☐

Completed: Booked ☐ Tags ☐

Child Detail Forms:YES/NO

CCS Enrolment Status:

☐ Pending Confirmation ☐ Pending Eligibility

PIN Allocated for Sign In:

TICK TYPE OF CHILD CARE

☐ Full Day (according to hours allocated)

☐ B/S Before School - (2 Hrs)

☐ A/S After School - (3.5 Hrs) ☐

☐ V/L Vacation Care - (11.5 Hrs)

TICK PREFERRED DAYS

MON TUE WED THU FRI

.....

Expected start date:

PARENT DETAILS: (Primary)

CRN:

Name:

Date of Birth:

Address:

Employer:.....

Address:.....

.....P/C.....

Home:..... Work:.....

Mobile:

Email:.....

Relationship to the Child:.....

PARENT DETAILS

Name:

Date of Birth:

Address:

Employer:.....

Address:.....

.....P/C.....

Home:..... Work:.....

Mobile:

Email:.....

Relationship to the Child:.....

WHICH OF THE FOLLOWING DO YOU IDENTIFY AS: Aboriginal: ☐

Torres Strait Islander: ☐ or Other: ☐

EMERGENCY CONTACTS AUTHORIZED TO PICKUP (Other than Parents and over 18 years)

1st Preference

Name:

Relationship to the child:.....

Address:.....

.....P/C:.....

D.O.B:Phone No:

2nd Preference

Name:

Relationship to the child:.....

Address:.....

.....P/C:.....

D.O.B:Phone No:

PERSONS AUTHORIZED TO CONSENT FOR CHILD'S MEDICATION (Other than Parents/Guardians and over 18 years)

1st Preference

Name:

Relationship to the child:.....

Address:.....

.....P/C:.....

D.O.B:Phone No:

2nd Preference

Name:

Relationship to the child:.....

Address:.....

.....P/C:.....

D.O.B:Phone No:

IMMUNISATION DETAILS – Is Immunisation current for:

1. Infanrix-IPV (Diphtheria/Tetanus/Pertussis)

4. Rota Teq (Rotavirus)

7. Varilrix (Chickenpox)

2. Comvax (Hep B/Haemophilus B)

5. Priorix (Measles)

3. Prevenar - (Infants/Toddlers for Streptococcus)

6. Meningitec (Meningococcal)

N.B.: Please refer to the "National Immunisation Program Schedule" in our Foyer

CUSTODY / ACCESS NOTICES

Doctor/Surgery:

Address:

Phone No:..... P/C:.....

KURABY GROVE CHILDCARE CENTRE

ENROLMENT AGREEMENT

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

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, **Kuraby Grove Childcare Centre** will:

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

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.

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.

I/We understand that a **Priority of Access** system stipulated below is applied at the Centre under conditions laid down by the Australian Government's *Priority of Access Guidelines – Page 10 CCMS Instruction Sheet Last Updated September 2008*, whereby the children of working parents must be given priority over those of non-working parents. **Priority of Access** is also in accordance to the following:

- Priority 1** - goes to a child at risk of serious abuse or neglect
- Priority 2** - goes to a child of a single parent, or both parents, who meet the Work, Training or Study Test under Section 4 of "A New Tax System" (Family Assistance) Act 1999
- Priority 3** - goes to any other child

Within these main Priority categories, priority should also be given to children in:

Aboriginal and Torres Strait Islander families / Families which include a disabled person / whose partner are on income support / Families from a non-English speaking background / Children in socially isolated families / Children of single parents. (*Australian Government Department of Education Sept. 2014*).

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.....

Kuraby Grove Childcare Centre, 102 Besline Street, Kuraby, QLD 4112,

Phone: 07 3841-4444 www.kurabygrove.com.au Email: info@kurabygrove.com.au