



Date to commence: _____ SURNAME _____
 (Enrolling Parent/guardian)

_____ SURNAME _____
 (Child)

CHILD'S NAME AND ADDRESS

Surname: _____ First Names: _____

D.O.B.: _____ MALE/FEMALE CRN: _____

Address: _____

_____ Postcode: _____

Contact Telephone No: _____

Is the child of Aboriginal or Torres Strait Islander heritage? YES / NO

Reason for care: _____
 (to confirm priority of access)

CUSTODY OF CHILD:

- a. Have any orders been made by any court regarding your child? YES / NO.
- b. If NO, are there any disputes concerning custody of the child?
 Please provide details: _____

- c. If YES, please provide the following:
 Details of court orders, parenting orders, parenting plans relating to the long term care,
 welfare and development of the child; residence of the child; and contact with the child:

Enrolling Parent's signature: _____

Date information supplied: _____

Please attach copies of relevant Court forms, documentation.

DAYS OF ATTENDANCE

Monday	Tuesday	Wednesday	Thursday	Friday	Casual

OFFICE USE ONLY

Familiarisation visit dates:	Comments:
1 _____	_____
2 _____	_____
Birth Certificated Sighted ? YES / NO	Immunisation Up To Date ? YES / NO

PARENT(S)/GUARDIAN(S) NAMES/ADDRESSES/INFORMATION

Parent/Guardian (1) CRN: _____

Surname: _____ First Names: _____ D.O.B.: _____

Address: _____

_____ Postcode: _____

Phone numbers: (H) _____ (W) _____ Mob _____

Email address: _____ Please email accounts/receipts YES /NO

Place of work or study: _____

Days/hours of work or study: _____

Work or Study Address: _____

_____ Postcode: _____

Information required for Census:

Country of Birth: _____ Languages spoken: _____

Is work/study undertaken by this person paid or voluntary? PAID VOLUNTARY

Parent/Guardian (2)

Surname: _____ First Names: _____ D.O.B.: _____

Address: _____

_____ Postcode: _____

Phone numbers: (H) _____ (W) _____ Mob _____

Email address: _____ CRN: _____

Place of work or study: _____

Days/hours of work or study: _____

Work or Study Address: _____

_____ Postcode: _____

Information required for Census:

Country of Birth: _____ Languages spoken: _____

Is work/study undertaken by this person paid or voluntary? PAID VOLUNTARY

Do either (or both) parents/guardians have a disability? YES NO

If YES what type of disability? _____

If YES which Agency (if any) is the parent/guardian involved with? _____

I/we are aware that the person/s nominated here as parent/guardian are the authorised parties to enroll, cancel enrolment, release and have the service release children to.

Parent/Guardian (1) Signed: _____ Date: _____

Parent/Guardian (2) Signed: _____ Date: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (1):

Surname: _____ First Names: _____

Relationship to Child: _____

Address: _____

_____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (2):

Surname: _____ First Names: _____

Relationship to Child: _____

Address: _____

_____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

**FURTHER PERSONS TO BE CONTACTED IN CASE OF EMERGENCY/ /AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD;
(other than enrolling person e.g. parent/guardian)**

AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE;

PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

EMERGENCY CONTACT PERSON (1)

Surname: _____ First Names: _____

Address: _____

_____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Work or study address: _____

_____ Postcode: _____

Days/hours usually available: _____ Relationship to the child: _____

Signature of emergency contact person _____ Date _____

EMERGENCY CONTACT PERSON (2)

Surname: _____ First Names: _____

Address: _____

_____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Work or study address: _____

_____ Postcode: _____

Days/hours usually available: _____ Relationship to the child: _____

Signature of emergency contact person _____ Date _____

CHILD'S MEDICAL PRACTITIONER NAME: _____

Address: _____

_____ Postcode: _____

Telephone No(s): _____

Medicare Care No: _____ Ambulance No: _____

Please ensure your medical practitioner is advised that he/she may be consulted, and has your permission to treat the child.

ACCIDENTS, ILLNESS & EMERGENCIES:

We regret we are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorised person/s cannot be contacted), I/we consent to medical treatment from a registered medical practitioner, hospital or ambulance service being sought for the child and transportation of the child by ambulance. I/we agree to pay any expenses incurred for medical treatment and transport.

In the case of an emergency when those people authorised to collect the child cannot be contacted, I/we consent to the approved provider/nominated supervisor/coordinator having due regard to the wellbeing of the child, authorising an adult educator who is responsible for the child to take the child from the education and care service.

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

Failure to provide the above information will result in the non-acceptance of the child.

PERMISSIONS:

I give my permission for: (Please circle YES or NO)

1. My child to be transported on the service's bus. (Toyota Hiace) **YES / NO**
2. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child/ren to participate in a particular activity. **YES / NO**
3. For educators at the service to take my child on excursions by foot within the local community. **YES / NO**
4. My child being observed by educators and students for programming purposes. **YES / NO**
 - a) My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service) **YES / NO**
 - b) Publish my child's photograph, name and age in local papers or publicity materials in regard to publicity for the service. **YES / NO**
6. I authorise examinations of my child by community health services who regularly visit the service to carry out health examinations on the children. **YES / NO**

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

PARENT PARTICIPATION:

1. Can you contribute skills or talents to our service, i.e. music, cooking, storytelling, sewing e t c . ?

2. Do you have any suggestions on how parents can be involved in our service?

INFORMATION ABOUT THE CHILD
(Separate form to be completed for each child)

NAME OF CHILD: _____ D.O.B. _____

ROUTINES AT HOME:

Usual getting up time: _____ Usual evening bedtime: _____

Day sleep (approx. time from & length): _____

What does child take to bed? _____

Any special bedtime routines: _____

Please indicate here how child is put to sleep.

Language spoken by the child: _____

Language(s) spoken in the home: _____

Child's cultural background: _____

Does the child need a bi-lingual worker to assist them during the initial settling-in process? YES / NO

If yes. Why? _____

Place of child in the family: _____

No. of brothers: _____ Ages: _____

No. of sisters: _____ Ages: _____

No. of other adults living with the family: _____

Does your child have any special requirements (e.g. religious or cultural customs or requirements etc.)?

YES / NO

If 'YES' please comment: _____

OTHER COMMENTS

Please provide any other relevant information relating to your child's enrolment.

Health of the Child Form

Special Health Support Needs:

Does your child have any special health support needs? (i.e. asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements regular medical attention etc.). **YES / NO**

If your answer is YES please provide details of specific health care needs, allergens, medical management plans, anaphylaxis management or risk minimization plan, etc.: (Dietary restrictions complete a Special Diet Record Form)

You and your Doctor will be required to complete a “**Special Needs Support Plan**” and/or an “**Emergency Action Plan**” and provide copies of any medical/anaphylaxis management/action plans, to ensure the service is fully prepared to manage your child’s special health needs. This will include appropriately training educators to administer medication or other actions required to manage your child’s condition.

Ointments, Creams and Applications:

The service provides the following preparations for First Aid: protection from the sun or biting insects, nappy rash or sore gums during teething. The service will ensure the brand named below is the only product used. Please sign against products you give staff permission to use on your child.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE
Sunscreen	Banana Boat/Coles Brand (some other brands provided by families)	Sun protection	
Band-aides	Coles Brand / St Johns	Minor wounds/abrasions	
Nappy rash cream	Provided by Parents/Guardians	Nappy rash	
Teething Gel	Provided by Parents/Guardians	Teething sore gums	
Insect Repellent	Provided by Parents/Guardians	Mosquito repellent	
Insect sting cream	Sting gose/Provided by Parents /Guardians	Insect bites	

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than three occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

- Λ I understand that for all other medications I must complete and sign an **Authority to Give Medication** form on the day in which medicine is to be administered. (Medication will be administered by Qualified Staff)
- Λ I have read and agree to follow the service policy on administration of Medication.
- Λ I have signed previously granting staff permission to seek medical attention when needed for my child.

Signature of Guardian / Parent (1): _____ Date _____

Signature of Guardian / Parent (2): _____ Date _____



Childhood immunisation schedule

Use the checklist below to tick off your child’s immunisations as you go.

Age	Disease protected against	
Birth	<ul style="list-style-type: none"> Hepatitis B (1 injection) <i>(usually offered in hospital)</i> 	<input type="checkbox"/>
6– 8 weeks	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, poliomyelitis, haemophilus influenzae type b (1 injection) Pneumococcal (1 injection) Rotavirus (drops in mouth) 	<input type="checkbox"/>
4 months	As above	<input type="checkbox"/>
6 months	As above	<input type="checkbox"/>
12 months	<ul style="list-style-type: none"> Haemophilus influenzae type b, meningococcal C (1 injection) Measles, mumps, rubella (1 injection) 	<input type="checkbox"/>
The following groups need an additional vaccine at 12 months:		
Aboriginal children	<ul style="list-style-type: none"> Hepatitis A (1 injection) 	<input type="checkbox"/>
Pre-term or low birth weight	<ul style="list-style-type: none"> Hepatitis B (1 injection) 	<input type="checkbox"/>
Medically at risk	<ul style="list-style-type: none"> Pneumococcal (1 injection) 	<input type="checkbox"/>
18 months	<ul style="list-style-type: none"> Measles, mumps, rubella, varicella (1 injection) only for those who received a MMR vaccine previously 	<input type="checkbox"/>
18 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough) Pneumococcal (if not already given at 12 months) Hepatitis A 	<input type="checkbox"/>
Aboriginal children only		<input type="checkbox"/>
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis (1 injection) 	<input type="checkbox"/>
Medically at risk	<ul style="list-style-type: none"> Pneumococcal (1 injection) 	<input type="checkbox"/>

All children aged from 6 months to less than 5 years should also receive the influenza vaccine each year. WA Health also offers a FREE vaccination program for year 8 students provided across 3 terms.

Parents/Guardian's Registration Agreement

Please read and complete this form and return to the service.

(The use of the word "we" will also include the singular "I" where applicable in this section.)

1. We have viewed the World of Kids education and care service (hereafter called the service) and consent to the enrolment of the admitting child/ren (hereafter referred to as the child).
2. We acknowledge having received and read the service's Parent/Guardian Handbook and we understand any changes to such will be displayed on the service's noticeboard in the foyer of the service or through other notices.
3. We agree to comply with all Government requirements in relation to the service and the services Policies and Procedures
4. We agree that in the case of accident or injury, the service will attempt to contact us and, where we cannot be contacted, medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an ambulance and we agree to meet the expense of an ambulance. In the case of an emergency, as determined by the educators at the service, we authorise the service to contact an ambulance and send the child to hospital.
5. We agree to pay the weekly fee on the due day as determined by the service's payment policy requirement or as agreed to by the service.
6. We are aware that any failure to pay due fees may result in cancellation of care at the service's option. We are aware that fees need to be adjusted from time to time with due notice given to families.
7. We are aware that our fees are deducted through the Ezidebit system from our nominated bank account or credit card on a weekly/fortnightly basis as chosen by the enrolling parent/guardian.
8. We understand that if fees are debited from a credit card Ezidebit will charge an additional fee calculated at 1.87% of the amount per transaction, and AMEX/Diners is 4.4% of the amount per transaction. All other Ezidebit administration fees will be covered by the service.
9. We acknowledge that if a direct debit is returned unpaid, a failed payment fee is payable by the enrolling parent/guardian to Ezidebit for each failed transaction. The usual failed payment fee is \$11.90. In some circumstances, a fee up to \$25.00 may be applied. If funds remain insufficient this may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to parents.
10. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
11. We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
12. We are aware that fourteen (14) days' notice in writing of cancellation of care must be given in advance, otherwise fees will continue to be charged.
 - a. We are aware that fees for public holidays are payable if the day is a usual day of attendance.
 - b. We are aware that fees are payable for days where allowable absences are taken.
 - c. We have read the Parent/Guardian handbook and are aware of any closures to the service during the year.

13. We understand that a system of payment for late collection operates at the service to cover overtime payments due to educators. Any late collection will result in a fee being imposed.
14. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the service in order to provide a place for a higher priority child.
15. We are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the service upon provision of a 'clearance certificate' for the child from a medical practitioner.
16. We are aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the service if there is an outbreak of measles. We understand that the child will be accepted for further care by the service after receipt of medical advice that the infectious period has passed.
17. We are aware that the service may require the presentation of a medical certificate in the event of the child developing a long-term medical disability.
18. We agree to provide the service with all relevant information regarding the health of the child and any other information required by the service.
19. We are aware that if we fail to provide information correctly as required by the service, the service will be able to terminate services forthwith.
20. We understand that to ensure correct educator to child ratios I may be required to collect my child (in accordance with the Priority of Access Guide) in the event of an emergency/staff illness etc. to ensure correct supervision.
21. We are aware that there may occasionally be visitors to the service. We consent to our child being in the presence of visitors or volunteers, with the service's appropriate supervision by qualified/experienced educators.
22. The service reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the service. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
23. We have read this Contract, and received relevant information about the services offered by this service for the care of:

Child's Name: _____

We agree to abide by the conditions of use of the service and this Contract.

_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Witness *
_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Witness *
_____	_____	_____
Signature for and on behalf of the service	Date	Signature of Witness *

* A Witness to a signature should be an adult (who is not a signatory) who can verify the identification of the signatory.



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.6)

DDR Service Agreement (Ver 1.6)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/we will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/we agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- (1) there is a public or bank holiday on the day of the debit, or any day after the debit date;
 - (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
 - (3) a payment request is received after normal Ezidebit cut off times, being 3:00pm Queensland time, Monday to Friday.
- Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We appoint Ezidebit as my/our exclusive agent with regard to the control, management and protection of my/our personal information (relating to the Business and contained in this DDR Service Agreement). I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Agreement or the Ezidebit Privacy Policy, Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. Ezidebit's Privacy Policy can be found at <http://www.ezidebit.com.au/privacy-policy/>

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on my/our written request.

I/We authorise:

- a) Ezidebit to verify and/or correct, if necessary, details of my/our account with my/our financial institution; and
- b) my/our financial institution to release information allowing Ezidebit to verify my/our account details.

Po Box 3327
Newstead, QLD 4006
Ph: (07) 3124 5500 Fax: (07) 3124 5555

Exciting news to parents!

Our Centre is now using KeptMe, a revolutionary online platform that allows educators and parents to jointly view and contribute to their child's educational journey in a private, secure and interactive environment!

As an educator using KeptMe, we can:

- **Capture** each child's daily routines & learning experiences
- **Produce** consistent reports, portfolios and slideshows with ease
- **Notify** parents of their child's development and share their journey
- **Engage** and collaborate with parents, one on one

What is KeptMe?

As a parent using KeptMe, you can:

- **Monitor** your child's learning progress and never miss a moment
- **Track** their habits via the daily tracker
- **Contribute** your own observations and further enrich their learning journey
- **Watch them grow!**

We need your consent!

Please return a signed copy of this form:

I, _____ [print your name]
as the parent or legal guardian of the below named child authorise staff to capture images & information pertaining to

_____ [print child's name]
for the purposes of documenting my child's educational journey using the KeptMe service.

I understand that photos/information/footage captured by educators may include other individuals, for example, other children interacting with my child. In these cases, I agree not share or distribute these photos in the interests of other children's privacy.

Signed by parent / guardian: _____ Date _____

I authorise the following two guardians to gain access to KeptMe for the purposes of accessing the above named child's information [provide email addresses of authorised users]:

1. _____ 2. _____

In the next few days, the above guardians will receive a registration email sent from KeptMe, together with some information explaining how to access the service. It's important that these links are not shared with anyone else as they offer exclusive access to each guardian. For security reasons, these registration links will only remain active for a few days.