

Enrolment Form

Bright Kids Early Learning Centre

81F Nerang Connection Rd, Nerang, Qld, 4207
P | (07) 55964044

E | admin@brightkidselc.com.au

ABN | _____

CHILD'S DETAILS

Child's Surname: _____ Child's Given Names: _____

Preferred Name/Nickname: _____ Date of Birth: _____ Gender: M F

Home Address: _____ State: _____ P/C: _____

BOOKING INFORMATION

To ensure that you are linked to our center through the Child Care Management System and to have Child Care Subsidy ('CCS') applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCS. Please complete the following information accurately to ensure that your CRN is linked to our center and to enable you to receive CCS:

Proposed Start Date: _____ Child's Age on First Day: _____ years _____ months

Days Required: (please tick) Monday Tuesday Wednesday Thursday Friday

Customer Reference Numbers: (NB: The Family CRN should be linked to the parent/guardian who is registered with Family Assistance Office)

Family CRN: _____ Child's CRN: _____

CCS Percentage: _____ CCS Eligible Hours Per Fortnight: _____

Is this child registered for CCS at another service? Yes No If yes, where: _____

For more information - Contact FAO (Family Assistance Office) on 13 61 50 (8am - 8pm Monday to Friday) or www.centrelink.gov.au

Please Note:

It is the parent/guardian's responsibility to register your child with the FAO before enrolment, in order to claim CCS (Child Care Subsidy). It is also the parent/guardian's responsibility to notify the center if there are any changes to your family circumstances as this will affect the amount of CCS applied by the FAO.

CONTACT DETAILS FOR THE PARENT/GUARDIAN

Contact Details - Primary Guardian

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's Licence Number: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Telephone (W): _____

Authorised to Collect the Child? Yes No

Contact Details - Secondary Guardian

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's Licence Number: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Telephone (W): _____

Authorised to Collect the Child? Yes No

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EMERGENCY CONTACT DETAILS

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorized to collect and care for the child. Personal photographic identification will be required from these people in order to collect your child on your behalf.

Emergency Contact Details - Person One

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's Licence Number: _____

Person One Signature: _____

Emergency Contact Details - Person Two

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Email Address: _____

Driver's Licence Number: _____

Person Two Signature: _____

ADDITIONAL AUTHORISED CONTACTS

In accordance with the Queensland Child Care Regulations 2013 we are required to have, on file, the name, address and telephone numbers of the individuals permitted to drop off and collect your child from the Centre. If someone arrives to collect your child and we have not been notified and their name is not on the list below we **cannot** allow your child to leave the center with them. No child will be released into the care of a person under the age of eighteen (18) years, unless authorized by the Centre Director. Any changes to the list below must be done personally by completing an Additional Child Collection Authorization Form. Non-custodial parents will not be given access to children under any circumstances. These nominated contacts may give permission to authorised the consent of medical treatment of, or to authorise administration of medication to, the child; these people may also authorise the child to leave the premises with an educator for educational and/or emergency purposes and give permission for medical treatment for the child from a registered medical practitioner, hospital or Ambulance Service and transportation of the child by an Ambulance Service.

Emergency Contact Details - Person One

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's Licence Number: _____

Person One Signature: _____

Emergency Contact Details - Person Two

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's Licence Number: _____

Person Two Signature: _____

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If you have other children who are registered for CCS here or at another service (including Before and After School Care), please complete the following information.

Name: _____ DOB: _____ CRN: _____
Name: _____ DOB: _____ CRN: _____
Name: _____ DOB: _____ CRN: _____
Name: _____ DOB: _____ CRN: _____

SCHOOL AND CULTURAL INFORMATION

Does this child usually attend school? Yes No

When was, or when will this child be enrolled at school? _____

Child's Nationality: _____ Cultural Background: _____

Does your child identify as: Aboriginal Origin Torres Strait Islander Origin
 Both Aboriginal and Torres Strait Islander Origin
 Neither Aboriginal nor Torres Strait Islander Origin

Languages spoken by the child: _____

Languages spoken at Home: _____ Child's Religion: _____

Does your child have any religious or cultural requirements? (Please include any dietary restrictions) No Yes

Details: _____

CHILD CUSTODY INFORMATION

If parents are separated/divorced, is there a legal document specifying who has custody of or access to the child?

No (*go to the next section*) Yes (*please complete the following*)

Name of the custodial parent: _____

If access of either parent IS NOT restricted in any way, do you expect the non-custodial parent to want to see their child while he/she is in the care of the centre? Yes No

Please provide any additional information about child access arrangements: _____

Please supply the centre with copies of any Custody Orders or Access Arrangements that are in place for your child.

MEDICAL INFORMATION

Child's Medicare Number: _____ Medicare Expiry Date: _____

Do you have private health insurance? No Yes If yes, please specify: _____

Family Doctor's Name: _____ Family Doctor's Telephone: _____

Family Doctor's Address: _____

Preferred Hospital in Emergency: _____

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IMMUNISATION DETAILS

To be eligible for Child Care Benefit, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

- fully immunised or up-to-date according to the Australian Standard Vaccination Schedule; or
- on a catch-up vaccination schedule; or
- you have an approved exemption for your child (see below).

Your child is exempt from the immunisation requirements in the following circumstances:

- you have been told by your doctor about the benefits and risks of immunising your child and you have a conscientious objection to immunising your child - your child's doctor or a recognised immunisation provider will need to complete a 'Medical Contraindication' form; or
- immunising your child with a particular vaccine is medically contraindicated; or
- the child has a natural immunity to a disease or a vaccine is temporarily unavailable; or
- you or your partner are a member of the Church of Christ Scientist and you have a letter from an official of the Church advising that you are a practicing member of the Church.

Please detail your child's immunisations to date in the table below. The Centre will review these details on a regular basis to ensure our records are up to date. Where your child is in the Nursery Room please keep these records updated as your child's immunisations are carried out.

The National Immunisation Program Valid From July 2007

Office Use: Child's Health Book has been sighted by _____ on the ___/___/___.

Age	Disease Immunised Against	Date Immunised	Comments (if necessary)
Birth	Hepatitis B	___/___/___	
2 months	Diphtheria, tetanus and acellular pertussis (DTPa)	___/___/___	
	Hepatitis B	___/___/___	
	Haemophilus influenzae type b (Hib)	___/___/___	
	Inactivated poliomyelitis (IPV)	___/___/___	
	Pneumococcal conjugate (7vPCV)	___/___/___	
	Rotavirus	___/___/___	
4 months	Diphtheria, tetanus and acellular pertussis (DTPa)	___/___/___	
	Hepatitis B	___/___/___	
	Haemophilus influenzae type b (Hib)	___/___/___	
	Inactivated poliomyelitis (IPV)	___/___/___	
	Pneumococcal conjugate (7vPCV)	___/___/___	
	Rotavirus	___/___/___	
6 months	Diphtheria, tetanus and acellular pertussis (DTPa)	___/___/___	
	Hepatitis B - or at 12 months	___/___/___	
	Haemophilus influenzae type b (Hib)	___/___/___	
	Inactivated poliomyelitis (IPV)	___/___/___	
	Pneumococcal conjugate (7vPCV)	___/___/___	
	Rotavirus	___/___/___	
12 months	Measles, mumps and rubella (MMR)	___/___/___	
	Hepatitis B - or at 6 months	___/___/___	
	Haemophilus influenzae type b (Hib)	___/___/___	
	Meningococcal C (MenCCV)	___/___/___	
18 months	Varicella (VZV)	___/___/___	
4 years	Diphtheria, tetanus and acellular pertussis (DTPa)	___/___/___	
	Inactivated poliomyelitis (IPV)	___/___/___	
	Measles, mumps and rubella (MMR)	___/___/___	

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IMMUNISATION DETAILS CONTINUED

Please note:

- Hepatitis B vaccine should be given to all infants at birth and should not be delayed beyond 7 days.
- Wherever possible, the same brand of DTPa should be used at 2, 4 and 6 months.

Children born up to 31st December 2004 - NOTE - Your child may also be eligible for free pneumococcal vaccine under the National Childhood Pneumococcal Vaccination Program. Our Centre Health Folio has further information where required. **You will need to provide a copy of your child's immunisation schedule upon enrolment.**

Copy of Immunisation Book On File (centre use only): No Yes

CHILD'S HEALTH DETAILS

Does your Child have any allergies? No Yes *(please complete the following)*

If you answer yes to any of the questions below you must provide a supporting letter from your local doctor.

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any): _____

Other Allergies (please detail and specify the signs/symptoms to be aware of, if any): _____

Does your child have a history of illnesses or injuries? No Yes *(please give details)*

Does your child have any current medical conditions (including Asthma)? No Yes *(please give details)*

Does your child have a need for additional assistance in any of the following areas?

(The category should only be chosen if the child's parents/guardians have identified and/or confirmed that the child has a need for assistance in one or more of these areas)

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Mobility | <input type="checkbox"/> Self Care |
| <input type="checkbox"/> Learning and applying knowledge, education | <input type="checkbox"/> Interpersonal interactions and relationships | |
| <input type="checkbox"/> Other - including general tasks, domestic life, community and social life | | |

Is your child currently on any prescribed medications? No Yes *(please give details)*

INFORMATION REQUIRED FOR CHILDREN UNDER 3 YEARS ONLY

Please tick where appropriate and provide comments where necessary.

Eating Routines

- Feeds Self _____
- Uses spoon or utensils _____
- Uses cup or bottle _____

Toileting Routines

- Nappies _____
- Being toilet trained _____
- Toilet Trained _____

Sleeping Routines

- Sleeps in cot _____
- Sleeps in bed with safety guard _____
- Sleeps in bed without safety guard _____

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ADDITIONAL INFORMATION

The following information pages will be shared with your child's caregivers. Confidential copies will be kept with your child's developmental profile in their room as well as on the main file for office use.

Usual time awake: _____ Usual evening bedtime: _____

Daytime sleep (approximate time of day and length): _____

Are there any special comforters that your child usually takes to bed? _____

Any special bedtime routines while at home: (ways in which they are put to bed or positions they like to lie in):

Are there any foods your child particularly likes or dislikes? _____

Does your child have any fears? (e.g. noise, animals): _____

Does your child have any disabilities or special needs (please detail)? _____

Has your child ever been hospitalized for any reason (please detail): _____

Are there any words that we may need to know that have special meaning to your child (translate where necessary)?

Has your child been in care before (at another centre or at home with family)? No Yes

What information do you consider important for you to know each day and what is the best means of communicating this with you? _____

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child? (e.g. recent significant events, family situation, religious beliefs etc): _____

Are there any skills or special talents that you or family members have that you would like to contribute to the centre's program? _____

How did you hear about our childcare centre? _____

What are some of the most important deciding factors you considered when looking for a childcare centre? _____

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PERMISSIONS AND AGREEMENTS TO TERMS

The below section outlines various procedures and policies of Maximize consultancy as followed by centre staff. Please ensure you read over these carefully and tick each item to indicate understanding and then sign the last page approving permission for these to occur.

Child's Name: _____ Date of Birth: _____

1. Emergency or Accidents

Yes

No

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorized Contact/s), I / We give the staff at the Centre consent to provide Medical or Hospital attention for our child which may result in being transported by ambulance. I / We agree to pay any expenses incurred for Medical treatment and Transport.

2. Administering of Paracetamol

Yes

No

I / We agree for Centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 37.5°C. I / We understand that the staff will make contact with either the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.

3. Permission for Publication

Yes

No

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilized outside of the Centre (advertising/ website/ media), further permission will be sought.

4. Permission for Observation

Yes

No

I / We give permission for our child to be observed by staff, students or visitors. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

5. Payment of Fees

Yes

No

I / We agree to maintain our fees two week in advance as per the center's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Debit Success or as agreed with the Centre. I / We are aware that failure to pay due fees causing our account to fall behind by more than one week may jeopardize my child's position in the Centre.

6. Debit Success Transactions

Yes

No

Where a (direct debit) arrangement has been entered into, I/we authorize the Centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined the Centre in accordance with the terms and conditions herein and in any subsequent agreement with the Centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the Centre in collecting any arrears owed may be charged to my/our account.

7. Permission for Evacuations

Yes

No

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and Centre staff to a safety zone for evacuation purposes. (Please refer to the Centre's Evacuation Plans and Procedures for information.)

8. Sunscreen Application

Yes

No

I / We agree for the Centre Staff to apply 30+ SPF sunscreen regularly to our child for outdoor play purposes. I / We understand that the Centre may use a variety of sunscreen brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/we agree to supply this product to the centre.

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9. **Insect Repellant and Other Substance Applications** Yes No
I / We agree for Centre Staff to apply Insect Repellant, Nappy Change Lotion or other substances as required to our child where necessary for indoor or outdoor purposes. I / We understand that the Centre may use a variety of insect repellant, Nappy Change Lotion or other substance brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special repellant I/we agree to supply this product to the center.
10. **Bottle Permission** Yes No
I / We understand that if our child requires a bottle on his/her bed to transition to rest time, as the parent I take full responsibility understanding that this is an individual requirement for my child. I / We also understand that staff members will not give my child the bottle, but they will be supervised at all times when having their bottle and the bottle will be removed and placed away when the child has finished and drifted off to sleep.
11. **Child Care Subsidy** Yes No
I / We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Subsidy as reduced fees on a weekly basis.
12. **Parent Handbook** Yes No
I / We acknowledge that we have received and/or read the Centre's Parent Handbook. I / We understand any changes to this Handbook will be displayed on the Parent Communication Boards in the Centre foyer and rooms.
13. **Centre Policies** Yes No
I / We acknowledge that the Centre Policies are available in the Centre's foyer at all times to view. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Boards in the Centre foyer.
14. **Cancellation of Care** Yes No
I / We understand that two week's written notification is required in advance when cancelling care and all fees must be paid in full on completion.
15. **Fees for Public Holidays and Absent Days** Yes No
I / We understand that Public Holidays, Absent Days and Pupil Free Days are charged at the normal daily fee rate. Public Holidays can be swapped only in the same week the PH falls.
16. **Late Fees** Yes No
I / We understand that late fees will be charged if our child is not collected by the centres advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$1 per minute per child for each minute that your child has not been collected after closing time.
17. **Unexplained Absences** Yes No
I / We understand that if after one week's unexplained absence from the center, and if the centre is not notified by the following Monday of further absences my child's booking at the centre will not necessarily be held open, and may be filled by another child. I also agree to pay any costs incurred as a result.
18. **Priority of Access** Yes No
I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority - children at risk or serious abuse or neglect; Second Priority - children whose parents satisfy the work, training and study guidelines specified by the Government and Third Priority - all other children.

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19. Infectious Diseases / Clearance Certificates

Yes

No

I / We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.

20. Non - Immunisation

Yes

No

I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information).

21. Presence of Visitors and Volunteers

Yes

No

I / We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I / We consent to our child being in the presence of visitors and/or volunteers under the Centre Staff supervision.

22. Complying Written Arrangement (CWA)

I/We understand that a written arrangement needs to be signed between the family and childcare service to confirm and accept my child/ren's booking to receive government funding. Please see centre director to receive your CWA.

23. Costs of Recovery: The parent/guardian shall pay Bright kids ELC for all costs incurred by Bright kids ELC (including costs for which Bright Kids ELC may be contingently liable) in any attempt to collect any monies owed by the parent/guardian to Bright Kids ELC under this Agreement including debt collection agent costs, repossession costs, location search costs, process server costs and solicitor costs on a solicitor/client basis.

By signing this form, I/we declare and confirm:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 21 above, and any other policies and procedures advised by the Centre either directly or by making them available for perusal at the Centre.

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

Enrolment Details Entered into Qikkids:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Data Entered by: _____
Photographs Taken for Computer Identification: Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HCCARD Supplied _____
Parent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Debit Success Authority Signed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Enrolment Deposit Paid (2 weeks upfront):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Received Date: _____
Parent Orientation Carried Out:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performed by: _____
Parent Information Pocket Assigned:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performed by: _____
Childs Locker Assigned:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performed by: _____
Copy of Enrolment Form Given to Group Leader:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performed by: _____

Name and Position of Authorised Team Member: _____

Signature of Authorised Team Member: _____ Date: _____

N.B: The 'Authorised Team Member' must be a senior member of staff authorised to accept and process enrolments.