

C&K Enrolment Booklet

Your child's name:

Your C&K service details: (Please stamp your service's details here)

(Office use only)

Enrolment Start:

DD / MM / YYYY

Enrolment Finish:

DD / MM / YYYY

Welcome to C&K. Completing this enrolment booklet will provide us with valuable information about your child and family that we will use to provide the highest standards of education and care for your child and support their transition into the service.

Bienvenidos a C&K. Al completar este folleto de inscripción, nos estará proporcionando información importante sobre su hijo(a) y familia a que usaremos para poder proveer un programa de educación y cuidado de la mejor calidad y también ayudar con la transición a nuestro servicio. Si usted necesita la ayuda del servicio de traducción para poder completar este folleto, no dude en consultar con el personal de C&K.

C & K へようこそ。この登録手続き書を記入することにより、お子様とご家族の貴重な情報を提供して頂くことになります。私共ではその情報をもとに、お子様に対しての最も質の高い教育とお世話を提供させて頂き、この機関にお子様が慣れるようにサポートします。この手続き書を記入するにあたり、翻訳サービスの援助が必要な場合には、お気軽にお申し付けください。

"مرحباً بكم في سي أند كاي. إن تعبئة كراسة التسجيل هذه ستوفر لنا معلومات قيمة عن طفلكم وأسرتكم، حيث نستعمل هذه المعلومات لتوفير أعلى مستوى من التعليم والرعاية لطفلكم، ولدعم إنتقاله/ا ضمن خدمتنا. وفي حالة إحتياجكم إلى مساعدة بشأن خدمة الترجمة لتعبئة هذه الكراسة يرجى عدم التردد في التحدث إلى خدمتنا."

Welcome sa C&K. Ang pagsagot sa buklet ng pagpapatalang ito ay magbibigay sa amin ng mahahalagang impormasyon tungkol sa in yong anak at pamilya na gagamitin namin upang itaguyod ang pinakamataas na pamantayan ng pag-aaral at pag-aalaga sa inyong anak at suportahan ang kanilang paglipat sa serbisyo. Kung nangangailangan kayo ng serbisyo ng pagsasalina upang sagutin ang buklet na ito huwag mag-atubiling kausapin ang inyong serbisyo.

Chào mừng quý vị đến với Nhà Trê/Mẫu Giáo C&K. Việc điền vào tập ghi danh này sẽ cho chúng tôi những thông tin quý giá về con em và gia đình quý vị mà chúng tôi sẽ sử dụng để cung cấp các tiêu chuẩn giáo dục tiên tiến nhất hầu chăm lo cho con em quý vị và hỗ trợ việc chuyển tiếp các em vào trong dịch vụ. Nếu cần giúp đỡ việc phiên dịch để điền tập sách này, xin đừng ngần ngại nói chuyện với dịch vụ của mình.

欢迎来到 C&K。填写这份注册簿将为我们提供有关您的孩子和家庭的重要信息。我们将使用这些信息来为您的孩子提供最高标准的教育和照顾，并为他们在幼教机构的过渡期提供支持帮助。如果您需要获得翻译服务的帮助来填写这份注册簿，请告诉您的幼教机构。

Selamat datang ke C&K. Mengisi buku pendaftaran ini akan memberi kami maklumat penting mengenai anak anda dan keluarga anda, dan kami akan menggunakan maklumat tersebut untuk menyediakan standard pendidikan dan penjagaan yang tertinggi bagi anak anda dan menyokong peralihannya ke dalam perkhidmatan ini. Jika anda memerlukan bantuan khidmat penterjemahan untuk mengisi buku ini, jangan keberatan bertanya kepada perkhidmatan anda.

Bienvenue à C&K. En complétant ce livret d'inscription, vous nous fournirez de précieux renseignements sur votre enfant et votre famille que nous utiliserons pour fournir les plus hauts standards d'éducation et de soins à votre enfant et soutenir sa transition vers nos services. Si vous avez besoin de l'aide d'un service de traduction pour compléter ce livret, n'hésitez pas à en parler à votre service.

Καλώς ήρθατε στο C&K. Η συμπλήρωση αυτού του βιβλιαρίου εγγραφής θα μας παράσχει πολύτιμες πληροφορίες για το παιδί σας και για την οικογένειά σας που θα χρησιμοποιήσουμε για να προσφέρουμε τα υψηλότερα επίπεδα παιδείας και φροντίδας για το παιδί σας και για να υποστηρίξουμε τη μετάβασή του στην υπηρεσία. Εάν χρειάζεσθε την βοήθεια μεταφραστικής υπηρεσίας για να συμπληρώσετε το βιβλιάριο αυτό, παρακαλούμε να μην διστάσετε να επικοινωνήσετε με την υπηρεσία σας.

إن استكمال ملء كتيب التسجيل هذا، يزودنا بمعلومات قيمة عن طفلك وعائلتك والتي سيتم استخدامها لتوفير أعلى مستويات التعليم والرعاية لطفلك ودعم فترة إنتقاله إلى الخدمة. إذا كنت بحاجة إلى المساعدة من خدمة الترجمة لإكمال هذا الكتيب، فلا تتردد من فضلك في التحدث مع الخدمة.

Glossary of terms

Aboriginal or Torres Strait Islander person	A person of Aboriginal or Torres Strait Islander descent who identifies as Aboriginal or Torres Strait Islander and is accepted as such by the community in which he / she lives.
Affiliate	A service that meets the C&K affiliation membership requirements and is owned and operated by an independent incorporated association.
Approved care	A service that has been approved by the Australian Government for Child Care Benefit or Child Care Rebate (i.e. Long Day Care, Family Day Care, Outside School Hours Care, Occasional Care and In-Home Care). Stand-alone Kindergartens provide registered care and do not receive approved Child Care Benefit or Child Care Rebate.
Concession card	A Health Care Card, Veterans' Affairs Card or Australian Government Pension Concession Card with automatic Health Care Card entitlements.
CCB	The Child Care Benefit helps with costs for approved and registered care such as long, family or occasional day care, outside school hour care, vacation care and kindergarten within long day care.
CCR	The Child Care Rebate is a payment from the Government that covers 50% of out of pocket child care expenses for approved child care, up to a maximum amount per child per year, in addition to any other child care assistance.
CRN	Customer Reference Number obtained from the Family Assistance Office or Medicare.
DOB	Date of Birth.
Eligible age child	A child who is turning 4 by 31 July in the year they attend kindergarten.
Key policies and procedures	Those policies and procedures available on the C&K website.
Kindergarten	A service that provides an educational program delivered by a qualified early childhood teacher for a minimum of 15 hours per week, 40 weeks per year. This program can be delivered in a Long Day Care or Kindergarten service.
Medical management plan	Developed and reviewed in consultation with families and medical professionals for a child with a specific health care need / allergy / relevant medical condition or that has been diagnosed as being at risk of anaphylaxis or asthma.
Parent / Guardian	The parent and / or court-appointed individual / organisation granted parental responsibility. Includes biological, or as a result of adoption, court order or some other reason.
Parental responsibility	All duties, powers, responsibilities and authority which, by law, parents have in relation to children.
Photo I.D.	Drivers licence, passport, or 18+ card.
Proof of birth	Birth Certificate, passport, Medicare-issued immunisation history, other government issued document stating Date of Birth, Statutory Declaration stating full name and Date of Birth certified by a Justice of the Peace (JP) or documentation provided by either a community elder/s or other relevant community member citing full name and Date of Birth.
QKFS	Queensland Kindergarten Funding Scheme.
QKFS Plus Kindy Support	Queensland Government subsidy paid directly to the service to reduce out-of-pocket expenses for eligible children and families who have a current approved concession card / have three or more children of the same age, enrolled in the same year / identify as Aboriginal or Torres Strait Islander or South Sea Islander (or a child who does).
Registered care	Care provided by grandparents or other relatives, friends or nannies that are registered with the Department of Human Services as registered care providers. Registered care may also be provided by individuals in kindergartens and some occasional care centres. Educators in these services must be registered with the Department of Human Services.
South Sea Islander person	A person of South Sea Islander descent who identifies as South Sea Islander and is accepted as such by the community in which he / she lives.

1 Your child's details

Surname: Given name:
Preferred name: Date of birth:* DD / MM / YYYY
Gender: ☐ Male ☐ Female CRN (if applicable):
Home address:
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Suburb: Postcode:
Country of birth:
First / main language spoken in child's home:
Other languages spoken in child's home:
Religion (optional): ☐ Buddhism ☐ Christianity ☐ Hinduism ☐ Islam ☐ Judaism ☐ No Religion
Other Religion (please specify):
Cultural background (optional):
Medicare card number:
*Please provide our service with proof of your child's date of birth. Please see page 2 for document examples.

2 Getting to know your child

Eating

Is your child bottle fed? ☐ Yes ☐ No ☐ N/A
If **Yes** ☐ breast milk ☐ formula ☐ other
Please detail the number of bottles and usual times per day.
Our service welcomes mothers who wish to breast feed.

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Is there any important information regarding your child's eating needs that you would like us to know?
For example - Is your child eating solids? What times of day does your child usually eat?
Can your child feed themselves independently? Food likes/dislikes?

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Toileting

Is your child in the process of being toilet trained? ☐ Yes ☐ No

Is your child toilet trained? ☐ Yes ☐ No Does your child wear nappies / pull ups? ☐ Yes ☐ No

Is there any important information regarding your child's toileting needs that you would like us to know?

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Sleep/rest

Will your child need to sleep while attending our service? ☐ Yes ☐ No

Is there any important information regarding your child's sleep / rest needs that you would like us to know? For example - Does your child fall asleep or rest unassisted?

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2 Getting to know your child (continued)

Who lives with your child? Names and ages of siblings? Other family members? Pets etc.?

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What are your child's favourite activities and interests?

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Is there any relevant cultural and / or religious information regarding your child you would like us to know about?* If **Yes**, please detail.

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Do you have any concerns regarding your child's learning, development or behaviour? If **Yes**, please detail.

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3 Medical, health and wellbeing

Child's Doctor

Name:

Address:

Telephone:

Child's Dentist*

Name:

Address:

Telephone:

Has your child ever been hospitalised?

☐ Yes ☐ No

If **Yes**, please detail.

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Immunisation

Has your child received all of the recommended immunisations for their age?

☐ Yes ☐ No

If **Yes**, please provide a copy of your child's immunisation record from their Child Health record booklet / National Immunisation Register. If your child's immunisation records are from another country, or your child was immunised in another country and you do not have records, please contact our service to discuss.

If **No**, and your child has been partially vaccinated, please provide a copy of their immunisation record. In the event of an outbreak of a vaccine-preventable infectious disease your child may be required to remain at home if this is the advice provided to C&K by the Public Health Unit. Full fees are payable during this time. There may be a requirement for your child to be fully immunised to receive CCB. This is currently being discussed at a Federal Government level. It would be advisable to check with Centrelink for the latest information.

*optional

3 Medical, health and wellbeing (continued)

Medical conditions

Has your child been diagnosed with:

- anaphylaxis or with being at risk of anaphylaxis? ☐ Yes ☐ No
- asthma? ☐ Yes ☐ No
- diabetes? ☐ Yes ☐ No
- epilepsy? ☐ Yes ☐ No
- an allergy or intolerance? ☐ Yes ☐ No
- a health care need / medical condition? ☐ Yes ☐ No
- a health care need / medical condition which requires medication or a medical procedure when attending our service? ☐ Yes ☐ No

If **Yes**, please detail:

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If you answered **Yes** to any of the above questions **please attach a copy of a medical management plan** which has been authorised by a registered medical practitioner for each condition. If your child has a medical condition and requires medication or a medical procedure while attending our service, staff may need to undertake specialised training before your child can commence.

Dietary requirements or restrictions

Does your child have any specific dietary requirements or restrictions? ☐ Yes ☐ No

Is your child vegetarian? ☐ Yes ☐ No Is your child lactose intolerant? ☐ Yes ☐ No

If **Yes**, please detail:

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4 Additional needs

C&K is committed to providing all children with access to a quality education and care program. Has your child been assessed, identified and / or diagnosed with a:

- disability or impairment? ☐ Yes ☐ No
- special gift or talent? ☐ Yes ☐ No
- learning or developmental difficulty or disorder? ☐ Yes ☐ No
- complex condition, illness, disease or disorder? ☐ Yes ☐ No
- behavioural and / or emotional difficulty or disorder? ☐ Yes ☐ No

Is your child currently undergoing specialist assessment for a suspected additional need? ☐ Yes ☐ No

If **Yes**, please provide details below and attach a copy of specialist report/s to this booklet.

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If you answered **Yes** to any of the above:

- do you give permission for C&K educators / personnel to contact other organisations and specialists who are involved in your child's health and development to obtain information and suggestions to achieve quality education outcomes for your child? ☐ Yes ☐ No
- please discuss this with our service, ensuring you bring any relevant paperwork, reports, information or plans with you when returning this booklet. Please note that our service may discuss the need to develop, with your input and approval, an Individual Education Plan (IEP), Additional Needs Care Plan, and / or Behaviour Plan, to best support your child.

5 Living and care arrangements

1. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled? ☐ Yes ☐ No
2. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child? ☐ Yes ☐ No
3. Are there any court orders or other directives in place that name your child? ☐ Yes ☐ No
4. Are the child's parents / guardians separated? ☐ Yes ☐ No
5. Are there any court orders, parenting orders and / or parenting plans relating to any other person's care of, responsibility for and / or contact with the child? ☐ Yes ☐ No
6. Does anyone else have parental responsibility (see pg. 2 glossary of terms) for your child either day to day or in relation to long term issues, whether they live with or have contact with your child or not? ☐ Yes ☐ No
7. Are you or your child named on any other order or directive that the service would need to be aware of in order to care for and protect your child? ☐ Yes ☐ No

If you have answered **Yes**, please provide information below to ensure we can support your child and family. If there are court orders / parenting orders / parenting plans / other official directives related to you or your child please attach a copy and present the original documents, bearing the court's original seal and / or the original plans bearing each person's original signature, to our service.

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6 Funding

C&K may be able to receive government funding on your behalf to reduce your out of pocket expenses and to support the provision of high quality education and care.

1. Child Care Benefit (CCB) and Child Care Rebate (CCR) for approved care (see pg. 2 glossary of terms)

Have you applied for CCB for approved care? ☐ Yes ☐ No

Have you applied for CCR for approved care? ☐ Yes ☐ No

If **Yes** to the above:

- do any of your child's siblings attend another approved care service? ☐ Yes ☐ No
- who is the nominated parent / guardian for CCB and / or CCR?

2. Queensland Kindergarten Funding Scheme (QKFS) – applicable when your child is of eligible age

If your child is of eligible age, our service may be entitled to claim QKFS funding on behalf of your child. If your child is enrolled at another kindergarten program (in a Long Day Care or Kindergarten service) and that kindergarten program is claiming the QKFS funding for your child, our service will not be able to claim the funding (this impacts any QKFS Plus Kindy Support subsidies you may be eligible for). It is your responsibility to advise our service if your child is enrolled and claiming at another kindergarten program. It is your decision as to which service you would like to claim funding on your child's behalf. If you are unsure please speak with the service your child is already attending.

Would you like to nominate our service as the service for claiming QKFS?

☐ Yes, if eligible at this service ☐ No, claiming elsewhere

If claiming QKFS funding elsewhere, please provide the name of the service that is claiming the funding for your child.

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3. QKFS Plus Kindy Support

If your child is of eligible age and meets any of the three criteria below, you may be eligible for the QKFS Plus Kindy Support subsidy which is designed to reduce out of pocket expenses.

a. Do you or your child have a current approved concession card? ☐ Yes ☐ No

If **Yes**, Name on the card: Card number:

Type of card: ☐ Health Care Card ☐ Veterans' Affairs Card ☐ Australian Government Concession Card

Card valid from date: DD / MM / YYYY

Card expiry: DD / MM / YYYY

b. Do you or your child identify as: ☐ Aboriginal ☐ Torres Strait Islander
☐ Aboriginal and Torres Strait Islander ☐ South Sea Islander

c. Is your child one of a multiple birth of three or more, who is eligible age and being enrolled with his/her siblings in the same kindergarten program? ☐ Yes ☐ No

7 Parent / guardian details

Each parent / guardian with parental responsibility must be listed in this section and will be required to sign and date the enrolment agreement at the end of this booklet. Please immediately inform our service, in writing, if there is any change to this information. If there are any court orders or directives in place regarding your child, each parent who has responsibility for decisions relating to the child's education must be listed here and sign the enrolment agreement. If you have any questions or concerns please contact our service.

Parent / guardian 1

Surname:

Given names:

Relationship to child:

CRN:

DOB: DD / MM / YYYY

Is your street address the same as your child?: ☐ Yes ☐ No

If **No**, street number:

Street name:

Suburb:

Postcode:

Is postal address same as street address: ☐ Yes ☐ No

If **No**, postal address:

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Suburb:

Postcode:

Home telephone:

Mobile telephone:

Preferred telephone:

Email address:

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Cultural background*:

Occupation:

.....

Name of workplace:

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Work telephone:

*optional

Parent / guardian 2

Surname:

Given names:

Relationship to child:

CRN:

DOB: DD / MM / YYYY

Is your street address the same as your child?: ☐ Yes ☐ No

If **No**, street number:

Street name:

Suburb:

Postcode:

Is postal address same as street address: ☐ Yes ☐ No

If **No**, postal address:

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Suburb:

Postcode:

Home telephone:

Mobile telephone:

Preferred telephone:

Email address:

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Cultural background*:

Occupation:

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Name of workplace:

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Work telephone:

*optional

8 Additional contacts / authorised persons

Please provide details for a minimum of two (2) additional contacts / authorised persons - other than those listed as a parent / guardian.

When collecting your child, additional contacts / authorised persons will need to present appropriate photo ID to prove their identity. For more information regarding additional contacts / authorised persons please speak to service staff or refer to the Arrival, Departure and Access Procedure on the C&K website. Please note that emergency contacts should be 18 years or older. Any proposed arrangements involving contacts aged between 12 and 18 will require C&K's permission.

Additional Contact 1

Surname:

Given names:

DOB: DD / MM / YYYY ☐ Male ☐ Female

Relationship to child:

Home address:

Street name:

Suburb: Postcode:

Home telephone:

Mobile telephone:

Preferred telephone:

Email address:

Work telephone:

I / we authorise Additional Contact 1 to:

- ☐ Deliver and collect my child from this service.
- ☐ Be notified of any emergency involving my child if I/we cannot be immediately contacted.
- ☐ Consent to medical treatment including the administration of medication to my child if I / we cannot be immediately contacted.
- ☐ Authorise an educator to take my child outside this service (e.g. an excursion).

Parent's / Guardian's signature:

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Date: DD / MM / YYYY

Additional Contact 2

Surname:

Given names:

DOB: DD / MM / YYYY ☐ Male ☐ Female

Relationship to child:

Home address:

Street name:

Suburb: Postcode:

Home telephone:

Mobile telephone:

Preferred telephone:

Email address:

Work telephone:

I / we authorise Additional Contact 2 to:

- ☐ Deliver and collect my child from this service.
- ☐ Be notified of any emergency involving my child if I/we cannot be immediately contacted.
- ☐ Consent to medical treatment including the administration of medication to my child if I / we cannot be immediately contacted.
- ☐ Authorise an educator to take my child outside this service (e.g. an excursion).

Parent's / Guardian's signature:

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Date: DD / MM / YYYY

Additional Contact 3

Surname:

Given names:

DOB: DD / MM / YYYY ☐ Male ☐ Female

Relationship to child:

Home address:

Street name:

Suburb: Postcode:

Home telephone:

Mobile telephone:

Preferred telephone:

Email address:

Work telephone:

I / we authorise Additional Contact 3 to:

- ☐ Deliver and collect my child from this service.
- ☐ Be notified of any emergency involving my child if I/we cannot be immediately contacted.
- ☐ Consent to medical treatment including the administration of medication to my child if I / we cannot be immediately contacted.
- ☐ Authorise an educator to take my child outside this service (e.g. an excursion).

Parent's / Guardian's signature:

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Date: DD / MM / YYYY

9 Declaration and consent

Medical declaration and consent

1. I / we authorise and consent to service staff applying and / or administering the following to my / our child in accordance with the relevant C&K policy:
 - a. SPF50+ broad spectrum water resistant sunscreen. ☐ Yes ☐ No
 - b. insect repellent (0% DEET). ☐ Yes ☐ No
 - c. band-aids. ☐ Yes ☐ No
 - d. one single dose of liquid paracetamol (verbal permission will also be sought). ☐ Yes ☐ No
2. I / we authorise and consent to trained service staff providing appropriate first aid to my / our child where required. ☐ Yes ☐ No
3. I / we authorise and consent to service staff seeking, in the event of an emergency involving my / our child and in accordance with the relevant C&K policy:
 - a. medical treatment from a registered medical practitioner, hospital and / or ambulance service. ☐ Yes ☐ No
 - b. transportation of my / our child by an ambulance service. ☐ Yes ☐ No

Communication declaration and consent

I / we give permission for this service:

1. And C&K to communicate with me / us using a variety of methods including SMS and email. ☐ Yes ☐ No
2. To register me / us with C&K's parent portal (if available at your service). ☐ Yes ☐ No
3. C&K to communicate with me / us via C&K's parent portal (if available at your service). ☐ Yes ☐ No

Photography and marketing declaration and consent

I / we give permission for:

1. This service and / or C&K to send me / us surveys related to the services / products C&K provides. ☐ Yes ☐ No
2. C&K to send me / us information from C&K and / or third parties about events and/or products that C&K wishes to promote. ☐ Yes ☐ No
3. C&K and service staff to photograph and / or video my / our child at the service using an approved C&K / service camera for the purposes of documenting my / our child's learning. ☐ Yes ☐ No
4. My / our child's image and sound recording to be used and shared by the service via:
 - a. my child's portfolio (digital or hard copy). ☐ Yes ☐ No
 - b. visual displays / documentation within the service. ☐ Yes ☐ No
 - c. service newsletters (printed and emailed). ☐ Yes ☐ No
 - d. informative emails to families. ☐ Yes ☐ No
 - e. CD / DVD given to families. ☐ Yes ☐ No
 - f. C&K's parent portal (if available at service). ☐ Yes ☐ No
5. De-identified information about my / our child being included in the portfolios of students who are on field experience at the service. ☐ Yes ☐ No
6. C&K to use my / our child's image and / or recordings and / or name and / or service location to promote the organisation's core business through advertising, public relations, newsletters, websites and social media. ☐ Yes ☐ No
7. I / we will uphold the C&K commitment of ensuring that children's images / recordings are treated with sensitivity and regarded as private and confidential. I / we will share / forward photos (e.g. via email or posting images on social media platforms) of my / our own child/ren only. Initial:

In regard to items 4b to e and 6 above, I agree that all rights and interest in any image are assigned to C&K for use by C&K, its licensees or assignees as C&K sees fit now and in the future.

Parent's / Guardian's name:

Parent's / Guardian's name:

Parent's / Guardian's signature:

Parent's / Guardian's signature:

Date: DD / MM / YYYY

Date: DD / MM / YYYY

10 Enrolment Agreement

Policies and procedures

C&K's key policies and procedures for families are available on the C&K website and at the service. In enrolling my / our child I / we acknowledge that:

1. I / we have read and agree to abide by C&K's key policies and procedures.
2. I / we have read and agree to abide by the C&K Parental Code of Conduct.
3. I / we will notify the service in the event of my / our child having an infectious illness.

Initial:

Fees

4. I / we have read and agree to abide by the C&K Fee Payment Agreement and the relevant Fee Policy and Procedure for the service in which my child is enrolled, which are available on the C&K website and at the service.

Initial:

Privacy

5. C&K is committed to protecting your privacy and will collect personal information only for those purposes set out in C&K's Privacy Policy. I / we have read and agree to abide by C&K's Privacy Policy, which is available on the C&K website and at the service.

Initial:

Queensland Kindergarten Funding Scheme

6. If my / our child is of eligible age (turning 4 by 31 July in the year they attend kindergarten), I / we will:
 - a. inform the service if I / we have a valid concession card.
 - b. present and provide the details of the concession card to enable the service to claim any subsidy I / we may be entitled to. If my / our card is not presented before commencing at the service, I / we am / are aware that full-fees will be charged.
 - c. notify the service if the status of my / our concession card changes or expires. I / we am / are aware if I / we do not do this full fees will be charged.
 - d. provide a copy of my / our concession card if I / we am / are issued with a new card while my / our child is enrolled.
7. C&K will claim QKFS funding from the Queensland Government for my / our child where my / our child is of the eligible age group and is enrolled in a kindergarten program at this service.

Initial:

Attendance

8. I / we will promptly notify the service if my / our child will be absent and the reason for the absence.
9. I / we will ensure that my / our child is delivered to and collected from the service by an authorised, responsible person and my / our child is:
 - a. handed over to a member of the service staff, and
 - b. signed in on delivery to, and signed out on collection from, the service.

Initial:

Child protection

10. I / we understand that all C&K staff and personnel (including committee members of an affiliated kindergarten) will make a report to the appropriate authorities if they suspect that any child at the service has experienced or is experiencing physical, sexual or emotional harm or is at significant risk of experiencing physical, sexual or emotional harm or neglect as a result of parent / guardian action or inaction.

Initial:

Correct and up-to-date information

11. I / we confirm that the information provided in this enrolment booklet is true and correct.
12. I / we will immediately inform the service, in writing, if there is any change to the information I / we have provided, including additional contacts / authorised persons listed.

Initial:

Parent's / Guardian's name:

Parent's / Guardian's name:

Parent's / Guardian's signature:

Parent's / Guardian's signature:

Date: DD / MM / YYYY

Date: DD / MM / YYYY

11 Parent Checklist

Have you:

- ☐ completed all sections of the enrolment booklet?
- ☐ attached proof of date of birth for your child (see pg. 2 glossary for document examples)
- ☐ included details of a minimum of two additional contacts / authorised persons?
- ☐ reviewed, understood and signed the declaration and consent section and enrolment agreement?

If applicable, have you attached:

- ☐ your child's immunisation record?
- ☐ a copy of your (or your child's) concession card?
- ☐ a medical management plan for any medical condition listed and provided any relevant information?
- ☐ a copy of any custodial orders and parenting plans?
- ☐ specialist reports?

For service/office use only:

Date of enrolment: DD / MM / YYYY

Enrolment pattern details:

Service checklist:

- ☐ Enrolment booklet complete
- ☐ Proof of date of birth
- ☐ Minimum of two emergency contacts
- ☐ Immunisation record
- ☐ Declaration and consents, and enrolment agreement signed

If applicable:

- ☐ Eligible for QKFS Plus Kindy Support
- ☐ Medical management plan(s) signed by a registered medical practitioner
- ☐ Custodial orders that are in place
- ☐ Letter from a registered medical practitioner outlining a diagnosis for an additional need
- ☐ Additional needs care plans / behaviour guidance plans / IEP

Branch checklist:

- ☐ Fee agreement form signed
- ☐ DebitPro form completed
- ☐ Parent Portal consent
- ☐ Enrolment fee paid
- ☐ Enrolment data entered into Kidsoft



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Where children come first