

# Update of details

Dear Parents / Guardians

To ensure we have current enrolment information we kindly ask that you complete this form and re-sign the enrolment agreement.

Please complete this form and return by DD / MM / YYYY

Child's name: .....

## Information Update

### Primary Parent / Guardian 1

Primary parent / guardian Primary guardian is the person responsible for payment of fees and / or registered with Centrelink for Child Care Benefit.

Given name: .....

Surname: .....

Mobile phone: .....

Home phone: .....

Home address: .....

.....

Work phone: .....

Email: .....

### Parent / Guardian 2

Given name: .....

Surname: .....

Mobile phone: .....

Home phone: .....

Home address: .....

.....

Work phone: .....

Email: .....

### 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\*. If your child's immunisation records are from another country, or your child was immunised in another country or you do not have records, please seek the advice of a General Practitioner.

If **No**, under Australian Government legislation your eligibility to access Child Care Benefit (CCB) or the Child Care Rebate (CCR) may be affected. For more information regarding the Australian Government legislation please go to [www.humanservices.gov.au](http://www.humanservices.gov.au). C&K accepts no responsibility for any loss or consequences if your child has not been vaccinated in accordance with the National Immunisation Program Schedule on the Immunise Australia Program website [www.immunise.health.gov.au/](http://www.immunise.health.gov.au/)

\*an official record issued by the Australian Childhood Immunisation Register (ACIR) or letter from a recognised General Practitioner or recognised immunisation nurse.

### Health

Have your child's health needs changed?

E.g.: asthma diagnosis, food allergy, medication. If **Yes** please provide details. ☐ Yes ☐ No

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Have your child's doctor's details changed? Or are they seeing other doctors for a medical condition? If **Yes** please provide the name and contact details of their new doctor. ☐ Yes ☐ No

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### Routines

Have your child's routines significantly changed? E.g.: toileting, sleep, behaviour.

If **Yes** please provide details. ☐ Yes ☐ No

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### Family life

Has your child's family life significantly changed in the last 6 months?

E.g.: new sibling, marriage separation. If **Yes** please provide details. Additional paperwork may be required, including copies of parenting plan / court orders, etc. ☐ Yes ☐ No

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## Glossary of terms

<b>Aboriginal or Torres Strait Islander person</b>	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
<b>Affiliate</b>	A service that meets the C&K affiliation membership requirements and is owned and operated by an independent incorporated association
<b>Approved care</b>	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). Kindergartens provide registered care and are not approved for Child Care Benefit or Child Care Rebate
<b>Concession card</b>	A Health Care Card, Veterans' Affairs Card or Australian Government Pension Concession Card with automatic Health Care Card entitlements
<b>CCB</b>	The <b>Child Care Benefit</b> helps with costs for approved and registered care such as long, family or occasional day care, outside school hours care, vacation care, pre-school and kindergarten
<b>CCR</b>	The <b>Child Care Rebate</b> 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
<b>CRN</b>	Customer Reference Number obtained from the Family Assistance Office or Medicare
<b>DOB</b>	Date of Birth
<b>Eligible age child</b>	A child who is turning 4 by 30 June in the year they attend kindergarten
<b>Key Policies and Procedures</b>	Those policies and procedures available on the C&K website
<b>Kindergarten</b>	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
<b>Medical management plan</b>	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
<b>Parent / Guardian</b>	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
<b>Parental responsibility</b>	All duties, powers, responsibilities and authority which, by law, parents have in relation to children
<b>Photo I.D.</b>	Drivers licence, passport, or 18+ card
<b>Proof of birth</b>	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
<b>QKFS</b>	Queensland Kindergarten Funding Scheme
<b>QKFS Plus Kindy Support</b>	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
<b>Registered care</b>	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
<b>South Sea Islander person</b>	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

## Information Update (continued)

### 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. 3 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 signature, to our service.

### Emergency / authorised to collect contact details

Do you wish to make changes to your current emergency contacts? ☐ Yes ☐ No  
If **Yes** please complete the below.

#### Additional Contact 1

First name: .....  
Middle name (s): .....  
Last name: .....  
Preferred name: .....  
DOB: DD / MM / YYYY ☐ Male ☐ Female  
Relationship to child: .....

#### Home address:

Street name: .....  
Suburb: ..... Postcode: .....  
Home telephone: .....  
Mobile telephone: .....  
Preferred telephone: .....  
Work telephone: .....  
Email address: .....

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).

#### Additional Contact 2

First name: .....  
Middle name (s): .....  
Last name: .....  
Preferred name: .....  
DOB: DD / MM / YYYY ☐ Male ☐ Female  
Relationship to child: .....

#### Home address:

Street name: .....  
Suburb: ..... Postcode: .....  
Home telephone: .....  
Mobile telephone: .....  
Preferred telephone: .....  
Work telephone: .....  
Email address: .....

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).

## 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.

If your child is enrolling into a Kindergarten go to question 2.

### 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? .....

Please be aware any absence before or after your child's physical attendance at the service is classified as cessation of care and will attract full fees as per Federal Government legislation.

### 2. Queensland Kindergarten Funding Scheme (QKFS)

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 you are claiming for them 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 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

## Information Update (continued)

### Photography and marketing declaration and consent

1.

- I authorise C&K and its approved contractors to take and use any photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's work, either in full or part, in any C&K publication, production and presentation (print or online), which may include publication on C&K and external websites.
- I authorise C&K and such contractors to take class and individual photographs of my child, which may be displayed on a C&K premises and distributed to other children, their families and staff. These photographs and recordings may also appear in C&K publications and in external environments including the Internet.
- I / we will share / forward photos (e.g. via email or posting images on social media platforms) of our own child/ren only.
- 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. All photography and recordings will be taken in line with C&K's policies.

2.

- I also authorise C&K to grant supervised media access to my child and I acknowledge that:
  - C&K has the right to refuse media access where it would, in the opinion of the C&K Marketing and Communications department, interfere with children's well-being;
  - Media access to C&K facilities is entirely at the discretion of the C&K Central Office; and
  - Media access to children will be managed by C&K Central Office.

☐ Yes ☐ No

## Enrolment Agreement

### Policies

[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:

- I / we have read and agree to abide by C&K's key policies and procedures.
- I / we have read and agree to abide by the C&K Parental Code of Conduct.
- I / we will notify the service in the event of my / our child having an infectious illness.
- 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.
- If my / our child is of eligible age, 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 / 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 are issued with a new card while my / our child is enrolled.
- 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.
- I / we will promptly notify the service if my / our child will be absent and the reason for the absence.
- 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.
- I / we understand that all C&K staff and personnel 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.

I / we confirm that the information provided in this enrolment booklet is true and correct.

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.

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

## Parent checklist

### Have you:

- ☐ completed all questions?
- ☐ attached any required paperwork, such as immunisation updates, medical diagnosis, or court orders?
- ☐ ensured your fee payment arrangements are current? If not, please advise our service.

## For service/office use only:

- |  |   |
|--|---|
| <input type="checkbox"/> Re-enrolment information entered into Kidsoft | <input type="checkbox"/> Health information updated                 |
| <input type="checkbox"/> Enrolment pattern updated                     | <input type="checkbox"/> Routine information passed on to educators |
| <input type="checkbox"/> Parent / guardian details updated             | <input type="checkbox"/> Family life information updated            |
| <input type="checkbox"/> Immunisation records updated                  | <input type="checkbox"/> Emergency contacts updated                 |

Date Received: DD / MM / YYYY

Enrolment Pattern Details:



### The Creche and Kindergarten Association Limited

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*Where children come first*