

# Enrolment Booklet

C&K acknowledges the Traditional Custodians of the lands on which our centres and offices across Queensland are located. C&K also pays respects to all Elders past, present and emerging.



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 our centre.

Bienvenidos a C&K. Al completar este folleto de inscripción, nos estará proporcionando información importante sobre su hijo(a) y familia 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 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/إنتقالها ضمن خدمتنا. وفي حالة إحتياجكم الى مساعدة بشأن خدمة الترجمة لتعبئة هذه الكراسة يرجى عدم التردد في التحدث الى 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 pagsasalin upang sagutin ang buklet na ito huwag mag-atubiling kausapin ang inyong serbisyo.

Chào mừng quý vị đến với Nhà Trẻ/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 الى الخدمة. إذا كنت بحاجة الى المساعدة من خدمة الترجمة لإكمال هذا الكتيب، فلا تتردد من إفضلك 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 they live
Approved Care	A centre that has been approved by the Australian Government for Child Care Subsidy (i.e. Childcare, Outside School Hours Care, Occasional Care and In-Home Care)
C&K website	<a href="http://www.candk.asn.au">www.candk.asn.au</a>
Casual Care	Casual care arrangements are the additional or occasional session/s (booked day) of care that are provided outside a permanent routine care arrangement
Concession card	A valid Health Care Card, that lists the enrolled child, a Veterans' Affairs Card or Australian Government Pension Concession Card with automatic Health Care Card entitlements
CCS	The Child Care Subsidy (CCS) is paid by the Federal Government to assist families with their child care fees. This can assist with care such as: routine or casual childcare and outside school hours care (includes before school, after school and vacation care)
CRN	Customer Reference Number obtained from Services Australia
DOB	Date of Birth
Eligible age child	A child who is turning 4 by 30 June in the year they attend kindergarten
Key Policies and Procedures	Key policies and procedures are available at our centre
Kindergarten	A centre 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 childcare or kindergarten centre
Medical management plan	Developed and reviewed in consultation with families and registered medical professionals for a child with a specific health care need/allergy/relevant medical condition or who has been diagnosed as being at risk of anaphylaxis or asthma
Parent/Guardian	The parent/guardian 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 their children
Photo ID	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 centre 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
Routine Care	A routine care arrangement are the sessions (booked days) of care that will be provided on a permanent weekly basis
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 they live

## 1. Your child's details

First name: ..... Middle name(s): .....

Last name: ..... Preferred name: .....

Date of birth:\*     /     /     Gender:   ☐ Female   ☐ Male   ☐ Non-Binary/Unspecified

CRN (from Centrelink, & if applicable): .....

Home address: .....

.....

Suburb: ..... State: ..... Postcode: .....

Country of birth: .....

Does your child identify as:

☐ Not Indigenous   ☐ Aboriginal   ☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander   ☐ South Sea Islander   ☐ Decline to answer

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: .....

Medicare card number (if applicable): .....

\*Please provide our centre with proof of your child's date of birth. Please see page 2 for document examples.

## 2. Getting to know your child

Is your child bottle fed?   ☐ Yes   ☐ No

If **Yes:**   ☐ breastmilk   ☐ formula   ☐ other

Please detail the number of bottles and usual times per day.

Our centre welcomes mothers who wish to breastfeed.

.....

.....

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?

.....

.....



## 2. Getting to know your child (continued)

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?

.....

.....

.....

Will your child need to sleep while attending our centre? ☐ 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? Please note, teachers/educators are required to follow Red Nose safe sleeping recommendations when supporting children to sleep and rest.

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

.....

.....

.....

What are your child's favourite activities and interests?

.....

.....

.....

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

.....

.....

.....

Do you have any concerns regarding your child's learning, development or behaviour? If **Yes**, please tell us more:

.....

.....

.....

### 3. Medical, health and wellbeing

#### Child's Doctor

Name: .....

Address: .....

Phone: ..... Email: .....

#### Immunisation

Our centre collects information regarding your child's immunisation status. In the event of a disease outbreak, it helps us quickly identify children who have not been immunised who may need to be temporarily excluded from the centre, until the risk of infection has passed.

Has your child received ALL of the recommended immunisations for their age? ☐ Yes ☐ No

Regardless of the option selected above, please provide a copy of your child's official immunisation record which can be obtained from Medicare Online (<https://my.gov.au>) or the Australian Childhood Immunisation Register (<https://www.humanservices.gov.au/customer/services/medicare/australian-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 the centre to discuss.

In the event of an outbreak of a vaccine-preventable infectious disease, and your child has only been partially vaccinated, your child may be required to remain at home if this is the advice provided to us by the Public Health Unit. Under Australian Government legislation your eligibility to access Child Care Subsidy (CCS) may be affected. For more information regarding the Australian Government legislation please go to (<https://www.servicesaustralia.gov.au/>). Our centre 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 (<https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule>).

#### Medical conditions

If your child has a diagnosed medical condition, please attach or provide a copy of a current medical management plan (signed and dated by a registered medical practitioner) for each condition before your child commences.

If your child requires medication or specialised health procedures while attending our centre, employees may need to undertake specialist training before your child can start.

Please refer to our Medical Conditions Procedure and Medical Management templates available at our centre.

Does your child have, or are they at risk, of Anaphylaxis (as diagnosed by a medical practitioner)?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

Does your child have Asthma (as diagnosed by a medical practitioner)?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

Does your child have Diabetes (as diagnosed by a medical practitioner)?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....





### 3. Medical, health and wellbeing (continued)

Does your child have Epilepsy (as diagnosed by a medical practitioner)?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

Does your child have an allergy (as diagnosed by a medical practitioner)?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

Does your child have a diagnosed medical condition(s) that is not listed above or on the previous page?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

Does your child have any other health care need(s) you would like to share with our centre which requires medication or a specialised health procedure when attending?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

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

- **Attach/provide a copy of a current medical management plan** which has been signed and dated by a registered medical practitioner for each condition.
- **Refer to our Medical Conditions Procedure and Medical Management templates** available at our centre.

#### **Dietary requirements or restrictions**

Does your child have any specific dietary requirements or restrictions?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

Is your child vegetarian?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

Does your child have a food intolerance?

☐ Yes ☐ No

If **Yes**, please tell us more:

.....

## 4. Additional needs

Our centre collects information regarding your child's additional needs. It helps us plan a positive and supportive transition for your child into our centre. Has your child been assessed, identified and/or diagnosed with a:

- disability or impairment (as diagnosed by a medical practitioner)? ☐ Yes ☐ No
- giftedness or talent (as diagnosed by a medical practitioner)? ☐ Yes ☐ No
- learning, speech, language developmental disorder or difficulty (as diagnosed by a medical practitioner)? ☐ Yes ☐ No
- complex condition, illness, disease or disorder (as diagnosed by a medical practitioner)? ☐ Yes ☐ No
- behavioural and/or emotional difficulty or disorder (as diagnosed by a medical practitioner)? ☐ Yes ☐ No

Is your child currently undergoing specialist assessment for a suspected additional need?

☐ Yes ☐ No

Does your child currently have a National Disability Insurance Scheme (NDIS) plan or access support through the NDIS?

☐ Yes ☐ No

If **Yes**, please tell us more:

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

- do you give permission for our centre's teachers/educators/employees to contact services, other organisations and specialists who are involved in your child's health and development to support their inclusion, obtain information and suggestions to achieve quality education outcomes for your child? ☐ Yes ☐ No
- please share this information with our centre, making sure you bring any relevant paperwork, reports, information or plans with you when returning this booklet. Your input and approval, may be sought to develop an Education Support Plan to best support your child.



# 5. Living and care arrangements

- a. Are you the parent/guardian (see pg. 2 glossary of terms) of the child being enrolled?

☐ Yes ☐ No
- b. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child?

☐ Yes ☐ No
- c. Are there any court orders or other directives in place that name your child?

☐ Yes ☐ No
- d. Are the child's parents/guardians separated?

☐ Yes ☐ No
- e. 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
- f. Does anyone else have parental/guardian 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
- g. Are you or your child named on any other order or directive that the centre would need to be aware of in order to care for and protect your child?

☐ Yes ☐ No

If you have answered **Yes** to any of the above, 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 centre.

# 6. Funding

## Child Care

### 1. Child Care Subsidy (CCS)

Have you applied for Child Care Subsidy (CCS)? ☐ Yes ☐ No

If no, please visit [www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy](http://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy) for further information.

If **Yes**, who is the nominated parent/guardian for CCS? This should be the primary parent/guardian on this form:

Please be aware CCS cannot be claimed before your child physically attends the centre or after your child's last physical attendance and will attract full fees as per Federal Government legislation.

Please login to your MyGov (<https://my.gov.au>) account to apply for Child Care Subsidy and confirm your child's enrolment to receive CCS.





## 6. Funding (continued)

### Kindergarten

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

Our centre 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. The Queensland Kindergarten Funding Scheme (QKFS) supports centres with the cost of delivering an approved kindergarten program.

If your child is of eligible age, that is, turning 4 by 30 June in the year they attend kindergarten, our centre may be able to claim QKFS on behalf of your child. Only one centre can claim QKFS for your child.

If your child is enrolled in another kindergarten program (for example in a childcare centre, or your child may attend two kindergartens) you can choose which centre receives the funding. If you choose not to nominate our centre for QKFS, you will also not be eligible for QKFS Plus Kindy Support subsidies at our centre.

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

☐ **Yes**, if eligible at this centre ☐ **No**, claiming at another centre

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

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#### 3. QKFS Plus Kindy Support

If your child is of eligible age (turning 4 by 30 June in the year they attend kindergarten), 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, for example, Health Care Card, Veterans Health Care Card and/or Pensioner Concession Card?**

☐ **Yes** ☐ **No**

If **Yes**, you will need to provide a copy of the card when submitting this form:

Name on the card: ..... Card number: .....

Type of card: ☐ Health Care Card ☐ Veterans Health Care Card ☐ Pensioner Concession Card

Please provide a copy of the relevant concession card

Card valid from date:     /     /     Card expiry:     /     /

**b. Do you identify as:**

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander  
☐ South Sea Islander ☐ Decline to answer ☐ Not Indigenous

**c. Do you have three or more children of the same age, enrolled in the same kindergarten year?**

☐ **Yes** ☐ **No**

The Refugee and Asylum Seeker Early Childhood Pilot (RASEC) is currently being delivered in targeted locations by the department in partnership with Multicultural Australia Ltd and Access Community Services Ltd. This initiative is helping to support families from refugee and asylum seeker backgrounds who are experiencing financial vulnerability to participate in kindergarten.

Are you part of the RASEC Pilot? ☐ **Yes** ☐ **No**

If yes, please provide your Kindy Participation Code: .....

## 7. Parent/guardian details

Each parent/guardian with parental/guardian responsibility must be listed in this section. Please immediately inform our centre, 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/guardian who has responsibility for decisions relating to the child's education must be listed. If you have any questions or concerns, please contact our centre.

### Primary parent/guardian

Primary guardian is the person responsible for payment of fees and/or registered with Centrelink for CCS.

First name: ..... Middle name(s): .....

Last name: ..... Preferred name: .....

Relationship to child: ..... CRN: .....

Do you identify as:

☐ Not Indigenous ☐ Aboriginal ☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander ☐ South Sea Islander ☐ Decline to answer

Date of birth:     /     /     Gender: ☐ Female ☐ Male ☐ Non-Binary/Unspecified

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

If **No**: Street No: ..... Street Name: .....

Suburb: ..... State: ..... Postcode: .....

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

If **No**: .....

Suburb: ..... State: ..... Postcode: .....

Home phone: ..... Mobile phone: .....

Preferred phone: ..... Email address: .....

Cultural background (optional): .....

Occupation: .....

Name of workplace: .....

Work phone: .....



## 7. Parent/guardian details (continued)

### Parent/guardian 2

First name: ..... Middle name(s): .....

Last name: ..... Preferred name: .....

Relationship to child: ..... CRN: .....

Do you identify as:

☐ Not Indigenous ☐ Aboriginal ☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander ☐ South Sea Islander ☐ Decline to answer

Date of birth:     /     /     Gender: ☐ Female ☐ Male ☐ Non-Binary/Unspecified

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

If **No**: Street No: ..... Street Name: .....

Suburb: ..... State: ..... Postcode: .....

Is postal address same as street address? ☒ Yes ☐ No

If **No**: .....

Suburb: ..... State: ..... Postcode: .....

Home phone: ..... Mobile phone: .....

Preferred phone: ..... Email address: .....

Cultural background (optional): .....

Occupation: .....

Name of workplace: .....

Work phone: .....



## 8. Additional contacts/authorised person

**Please provide details for a minimum of two (2) additional contacts/authorised persons other than those listed as a parent/guardian. Government regulations state child enrolment records must include the contact details for the emergency/authorised persons to collect the child.**

When collecting your child, additional contacts/authorised persons will need to present appropriate photo ID to prove their identity. For more information please refer to the Arrival, Departure and Access Procedure or contact our centre. Please note, emergency contacts should be 18 years or older. Any proposed arrangements involving contacts aged between 12 and 18 will require our centre's permission. Please ensure you advise your additional contacts that our centre may contact them in the event of an emergency situation.

### Additional Contact 1

First name: ..... Middle name(s): .....  
Last name: ..... Preferred name: .....  
Relationship to child: ..... Date of birth:    /    /  
Gender:   ☐ Female   ☐ Male   ☐ Non-Binary/Unspecified  
Home address: Street No: ..... Street Name: .....  
Suburb: ..... State: ..... Postcode: .....  
Home phone: ..... Mobile phone: .....  
Preferred phone: ..... Work phone: .....  
Email address: .....

This person is aware that I am nominating them as an additional contact for my child and that I am providing their personal information to your centre for this purpose.   ☐ **Yes**   ☐ **No**

I authorise Additional Contact 1 to:

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



## 8. Additional contacts/authorised persons (continued)

### Additional Contact 2

First name: ..... Middle name(s): .....  
Last name: ..... Preferred name: .....  
Relationship to child: ..... Date of birth:    /    /  
Gender:   ☐ Female   ☐ Male   ☐ Non-Binary/Unspecified  
Home address: Street No: ..... Street Name: .....  
Suburb: ..... State: ..... Postcode: .....  
Home phone: ..... Mobile phone: .....  
Preferred phone: ..... Work phone: .....  
Email address: .....

This person is aware that I am nominating them as an additional contact for my child and that I am providing their personal information to your centre for this purpose.   ☐ Yes   ☐ No

I authorise Additional Contact 2 to:

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

### Additional Contact 3

First name: ..... Middle name(s): .....  
Last name: ..... Preferred name: .....  
Relationship to child: ..... Date of birth:    /    /  
Gender:   ☐ Female   ☐ Male   ☐ Non-Binary/Unspecified  
Home address: Street No: ..... Street Name: .....  
Suburb: ..... State: ..... Postcode: .....  
Home phone: ..... Mobile phone: .....  
Preferred phone: ..... Work phone: .....  
Email address: .....

This person is aware that I am nominating them as an additional contact for my child and that I am providing their personal information to your centre for this purpose.   ☐ Yes   ☐ No

I authorise Additional Contact 3 to:

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

## 9. Declaration and consent

### Medical declaration and consent

Trained staff will provide first aid to your child in the event that it is required whilst they are in attendance at our centre.

This may also include:

- medical treatment from a registered medical practitioner, hospital and/or ambulance service
- transportation of your child by an ambulance service

Our centre encourages you to seek medical advice prior to answering any of the following questions.

**I consent to, and authorise, centre staff applying and/or administering the following to my child in accordance with the relevant centre policy:**

- |   |                           |                          |
|---|---------------------------|--------------------------|
| a. SPF50+ broad spectrum water resistant sunscreen  | <input type="radio"/> Yes | <input type="radio"/> No |
| b. insect repellent (0% DEET)   | <input type="radio"/> Yes | <input type="radio"/> No |
| c. band-aids  | <input type="radio"/> Yes | <input type="radio"/> No |
| d. one single dose of liquid paracetamol<br>(verbal permission will also be sought)                             | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Adrenaline (EpiPen) for the emergency first aid<br>treatment of children experiencing anaphylaxis            | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Salbutamol inhaler (Ventolin) for the emergency first<br>aid treatment of children experiencing acute asthma | <input type="radio"/> Yes | <input type="radio"/> No |



### Photography, Video and Audio Recording Permission

We use photography, video and audio recordings to capture your child's learning at the centre. This content is 'personal information' and we manage it in accordance with our Privacy Policy. It is primarily used in the delivery of our education and care programs and to keep you informed of your child's progress. We may also use it for other purposes like the promotion and marketing of our centre through our website or social media.

We respect each child's right to privacy and your right to manage personal information on their behalf. We offer the following levels of consent (please tick your preferred permissions):

#### ☐ Educational Program (Internal Use)

I consent to photographs, videos and/or audio recordings of my child being taken for the purpose of my child's participation in your education and care program at the centre, (for example - for display at the centre, in their own learning portfolio, in other children's learning portfolios, on our online portal for families (if applicable) and in centre resources and for use in our internal forums and professional development which is available to centre staff and affiliated centre staff for professional development purposes.

#### ☐ Marketing and Social Media (External Use)

I consent to photographs, videos and/or audio recordings of my child to be taken and used in accordance with the centre's Privacy Policy and Use of Children's Images Guideline for external purposes such as publication on our website or social media accounts, for marketing purposes using various online/digital channels or use in external presentations or print material such as advertising posters or newspaper articles.

#### ☐ No Permission

I do not give my consent to photographs, videos and/or audio recordings of my child being taken for any purpose.

You may change your consent at any time by advising our centre in writing.



# 10. Enrolment Agreement

## Policies

The centre's policies and procedures are made available to families at the centre. In enrolling my child I acknowledge I have read and agree to abide by these policies and procedures.

Without limiting the full terms of the centre's policies and procedures, I agree that:

- I have read and agree to abide by the centre's Parent Code of Conduct and Privacy Policy.
- I will notify the centre in the event of my child having an infectious illness.
- I will promptly notify the centre if my child will be absent and the reason for the absence.
- I will ensure that my child is delivered to and collected from the centre by an authorised, responsible person and my child is:
  - a. handed over to a member of the centre staff, and
  - b. signed in, and signed out on collection from, the centre.
- I understand that all centre staff and personnel will make a report to the appropriate authorities if they suspect that any child at the centre 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.

## Fees

The centre's Fee Policy contains important information in relation to payment of fees and cancellation of your child's enrolment. Please read carefully. Please contact your centre immediately if your financial circumstances change and you are unable to pay your fees.

- I confirm I have read and agree to abide by the centre's Fee Policy which is available at the centre.

## Correct and up-to-date information

I confirm the information I have provided in this form is true and correct.  
I acknowledge that it is my responsibility to inform the centre, in writing, if any information requires updating, including additional contact and authorised contact information.

Parent's/Guardian's name:  
.....

Parent's/Guardian's name:  
.....

Parent's/Guardian's signature:  
.....

Parent's/Guardian's signature:  
.....

Date:    /    /

Date:    /    /



## 11. Parent Checklist

## Have you:

- o completed all sections of the enrolment booklet?
- o included details of a minimum of two additional contacts?
- o read and understood all sections of the document, including Privacy policy, Fee policy, Parental Code of Conduct?
- o signed and dated the completed enrolment agreement?

**If applicable, have you attached:**

- o proof of date of birth for your child? See pg. 2 glossary for document example
- o a copy of your (or your child's) concession card?
- o a medical management plan for any medical condition listed and provided any relevant information?
- o a copy of any custodial orders and parenting plans?
- o specialist reports?
- o your child's immunisation record? (Australian Childhood Immunisation Register Record OR letter from recognised General Practitioner or immunisation nurse.)

Please feel free to share any further information here:

For centre/office use only:

**Date of enrolment:**     /     /

**Enrolment pattern details:**

**Centre checklist:**

- o Enrolment booklet complete
- o Proof of date of birth
- o Minimum of two additional contacts
- o Immunisation record
- o Signed and dated booklet

**If applicable:**

- o Eligible for QKFS Plus Kindy Support
- o Medical management plan(s) signed and dated by a registered medical practitioner
- o Custodial orders that are in place
- o Letter from a registered medical practitioner outlining a diagnosis for an additional need
- o Additional needs care plans/behaviour guidance plans/ESP
- o Copy of concession card
- o Enrolment fee paid



**The Creche and Kindergarten Association Limited**

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