



## 2016 ENROLMENT FORM

### SECTION 1: CHILD'S DETAILS

**Child's Full Name:** \_\_\_\_\_  
 Male / Female: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address of child: \_\_\_\_\_

Child's CRN: \_\_\_\_\_  
 Country of birth: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_  
 Male / Female: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address of child: \_\_\_\_\_

Child's CRN: \_\_\_\_\_  
 Country of birth: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_  
 Male / Female: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address of child: \_\_\_\_\_

Child's CRN: \_\_\_\_\_  
 Country of birth: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_  
 Male / Female: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address of child: \_\_\_\_\_

Child's CRN: \_\_\_\_\_  
 Country of birth: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

Families' religion: \_\_\_\_\_

Days you wish your child to attend Roseville Kids Care (Please circle) Vacation Care only

**Before School care:** Monday Tuesday Wednesday Thursday Friday OR Casual only

**After School care:** Monday Tuesday Wednesday Thursday Friday OR Casual only

Does your child have any cultural, religious or dietary requirements or additional needs? YES / NO, If **YES** please provide details:

*(See also Medical Information, Section 5)*

\_\_\_\_\_

\_\_\_\_\_

Total number of children in child care including LDC & FDC is \_\_\_\_\_ (this is required for CCB & CCTR).



## SECTION 2: PARENT / GUARDIAN DETAILS

Parent / Guardian 1 Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_  
 Are you an Australian resident: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
 Language/s spoken at home: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work address: \_\_\_\_\_  
 Work telephone number: \_\_\_\_\_ Hours of work: \_\_\_\_\_  
 Employment Status: Full-time  Part-time  Casual  Not currently working   
 Email Address: \_\_\_\_\_  
 CRN: \_\_\_\_\_

Parent / Guardian 2 Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_  
 Are you an Australian resident: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
 Language/s spoken at home: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work address: \_\_\_\_\_  
 Work telephone number: \_\_\_\_\_ Hours of work: \_\_\_\_\_  
 Employment Status: Full-time  Part-time  Casual  Not currently working   
 Email Address: \_\_\_\_\_  
 CRN: \_\_\_\_\_

I would like my invoices emailed to the following address:  
 Email: \_\_\_\_\_

## SECTION 3: EMERGENCY CONTACTS

I hereby authorise the staff of Roseville Kids Care to contact the following people, if I cannot be contacted, in the case of an emergency. *Please supply at least 2 names, other than the child's parents / guardians.*

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

**NOTE:** It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the centre, and asked to collect your child when you can not be contacted.



## Authority to collect your child from the Centre

I hereby authorise the staff of Roseville Kids Care to allow the following people to collect my child from the centre.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

**NOTE:** It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from Roseville Kids Care.

## SECTION 4: CUSTODY INFORMATION

Are there any court orders in relation to your child, or access to your child?

YES  NO  If **YES** please provide details: \_\_\_\_\_

\_\_\_\_\_

**NOTE:** Roseville Kids Care cannot enforce custody issues without a copy of the relevant court order at the centre. [as above]

## SECTION 5: MEDICAL INFORMATION

Family Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Family Medicare number: \_\_\_\_\_

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? YES  NO

If **YES** please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable:

\_\_\_\_\_

\_\_\_\_\_

Does your child require regular medication? YES  NO  If **YES** please provide details:

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Medication will only be administered to a child in accordance with the Roseville Kids Care's Administration of Medication Policy.



## Immunisation

Has your child received the necessary immunisation for their age? YES  NO

If **NO**, please complete an Immunisation Exemption Conscientious Objection form available from Medicare.

## SECTION 6: AUTHORISATION AND APPROVAL (PERMISSION)

**NOTE:** Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial next to it. Otherwise, your authorisation and approval is acknowledged as per Section 10. **Please be advised that Points 6.6 and 6.7 and 6.8 are compulsory.**

### 6.1 PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- Medical
- Dental
- Hospital
- Ambulance Service and transportation of the child by Ambulance.

### 6.2 PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for Roseville Kids Care staff to carry out appropriate first aid treatments.

### 6.3. PERMISSION FOR EXCURSIONS

I hereby give permission for my child to attend excursions or outings in the local area.

**NOTE:** If your child attends Vacation Care, separate permission forms may be given for specific excursions.

### 6.4 PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

### 6.5 PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion.

**NOTE:** There are a number of reasons Roseville Kids Care takes photographs/videos of the children, including:

- Providing visual documentation for families to see what their child does throughout the day
- To assist with evaluations of the program
- To use as part of promotion and publicity for the centre (including on the Roseville Kids Care website)

### 6.6 NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE CENTRE (Compulsory)

I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the Centre. A child will not be accepted if not on the appropriate documentation for that day.

### 6.7 CHILD ABSENCE (Compulsory)

I agree to notify Roseville Kids Care if my child is absent from Roseville Kids Care by 2:30pm on a day that they are booked in for after school care. Failure to do so will result in a \$10 search fee.

### 6.8 TRANSPORTATION OF CHILDREN (Compulsory)

I understand that all children attending Roseville Public School will be walked to and from school by the experienced Roseville Kids Care staff and that no other form of transport will be provided by the centre.



## SECTION 7: PAYMENT OF FEES

### 7.1 REFUNDABLE DEPOSIT AND REGISTRATION FEE

Upon being offered a place at the centre, parent(s) or guardian are required to pay \$100 per child as a one off security deposit. The deposit secures your child's placement at Roseville Kids Care, and is refundable at the termination of your child's place, provided that two (2) weeks' notice in writing is given and all fees have been paid. If this security deposit is not claimed within six (6) months of the child leaving the centre and with no expected return, then the security deposit will be considered a donation to the association. Security deposit payments are payable to Roseville P & C Kids Care Association Inc. by direct debit and will be included in the first invoice.

A \$40 annual registration fee is payable per family every year and will also be included in the first invoice of the year.

### 7.2 FEE PAYMENT

As per the Parent Information Handbook – invoices are issued fortnightly after the care has been provided. Fortnightly fees are payable to Roseville Kids Care by direct debit only.

Fortnightly fees not paid within 5 days are considered to be Unpaid Fees and the parent/s will automatically be given an Unpaid Fees Notice by the Centre Coordinator.

Failure to pay the unpaid fees will result in debt recovery action being taken and discontinuation of care for the child unless the parent/s have immediately initiated a repayment schedule for the late fees with the Centre Coordinator, and can meet the fortnightly fees payment in advance requirements.

### 7.3 NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at Roseville Kids Care you are required to provide two (2) weeks' written notice to the Director.

### 7.4 ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for family holidays and sick periods if those days fall on a day that your child is booked into Roseville Kids Care. Fees are not charged for public holidays.

### 7.5 CENTRE CLOSURE

No fee is charged while the Centre is closed over the Christmas period or for any unforeseen closure.

### 7.6 LATE FEE

The Centre is open from 7:00am to 9:00am for Before School Care; 3:00pm to 6:00pm for After School Care and 7:00am to 6:00pm for Vacation Care. Staff are unable to accept children in the centre outside of these hours. Children are not permitted in the centre before 7:00am. Should children be present after the 6:00pm closing time, a late fee of \$1.00 per minute will apply. There will be no waiver of this late fee policy.

### 7.7 COSTS OF DEBT RECOVERY

I expressly agree/s that I am liable for any recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Roseville P & C Kids Care Association Inc. as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment specified in this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate court at the time prevailing however I am aware that costs incurred through court action against me will be limited to the fees recoverable under NSW legislation for legal cost recovery.



## SECTION 8: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have had the opportunity to read and understand the Roseville Kids Care’s procedures, conditions and policies contained in this enrolment form and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by Roseville Kids Care at its sole discretion).
- I must strictly comply with Roseville Kids Care policies and procedures at all times and that I am aware a copy of the association’s policies and procedures is available at the centre or on request.
- I will inform Roseville Kids Care immediately in writing (Notice of Change) if there are any changes to the information provided by me in this enrolment record.
- When caring for my child/children, Roseville Kids Care will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to Roseville Kids Care.
- I am responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from Roseville Kids Care or any other place. I must first inform such other person/s about the policies & procedures and that they must strictly comply with them.

## SECTION 9: MEMBERSHIP

Roseville Kids Care is an incorporated association under NSW law and as such, by enrolling my child in Roseville Kids Care I agree to be bound by the rules of the Association for the period of my child’s enrolment. I understand that as a member of the incorporated association, one representative of my child’s family is entitled to voting rights at any General Meeting held by Roseville Kids Care and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

The person nominated for member representation is:

Insert parent / guardian’s name: \_\_\_\_\_

Signature: \_\_\_\_\_

## SECTION 10: DECLARATION AND ACKNOWLEDGMENTS

- I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.
- I give my authorisation and approval as outlined in Section 6 (unless crossed out and initialed)
- I accept the statement of liability in Section 7.7
- I agree to the statements in Sections 8
- I hereby apply to become a member of the Roseville P & C Kids Care Association Incorporated and agree to be bound by the rules of the association for the time being in force

**Parent's and/or Guardian’s Full Name (please print):**

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_