

Kirrawee Child Care Centre Pty Ltd  
St Catherine Laboure Before and After School Care  
ABN: 16 097 080 352  
123 Gymea Bay Road NSW 2227  
PO Box 321 Gymea NSW 2227  
Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

## Enrolment Form 2014

Date received:

PLEASE NOTE OUR ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL

<p style="text-align: center;"><b><u>Child One</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;">Please Attach Photo of Child One</div>	<p style="text-align: center;"><b><u>Child Two</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;">Please attach Photo of Child Two</div>
<p style="text-align: center;"><b><u>Child Three</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;">Please attach Photo of Child Three</div>	<p style="text-align: center;"><b><u>Child Four</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;">Please attach Photo of Child Four</div>

Kirrawee Child Care Centre Pty Ltd  
St Catherine Laboure Before and After School Care  
ABN: 16 097 080 352  
123 Gymea Bay Road NSW 2227  
PO Box 321 Gymea NSW 2227  
Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

**Immunisation:** Please supply **evidence and a copy of Immunisation Record:**

Copy Supplied: Yes  No  Sighted By: ..... Date: ...../...../20

Comments:  
.....

**Birth Certificate:** Please supply evidence of the child's Birth Certificate:

Evidence Supplied: Yes  No  Sighted By: ..... Date: ...../...../20

Comments: .....

**Medical Details:**

**Is your child on regular medication? Yes / No. If yes please give details.**

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

**Does your child have any disabilities? Yes / No. If yes please give details.**

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

**Does your child have Asthma? Yes / No If yes please give details.**

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

According to regulations, for a child with a Asthma, parents are required to provide the Service with an **Asthma Action Plan** completed by their doctor. This plan is available at [www.allergy.org.au](http://www.allergy.org.au) or copies are available at the Service.

\* **Please note: no child with be allowed to attend the Service without an Asthma Action Plan.**

**Allergy Information:**

**Does your child have a Food Intolerance? Yes / no. If yes please give details.**

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

**Does your child have a Food Allergy? Yes / no. If yes please give details.**

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

According to regulations, for a child with a Food Allergy, parents are required to provide the Service with an **Allergy Action Plan** completed by their doctor. This plan is available at [www.allergy.org.au](http://www.allergy.org.au) or copies are available at the Service.

\* **Please note: no child with be allowed to attend the Service without an Allergy Action Plan.**

Kirrawee Child Care Centre Pty Ltd  
 St Catherine Laboure Before and After School Care  
 ABN: 16 097 080 352  
 123 Gymea Bay Road NSW 2227  
 PO Box 321 Gymea NSW 2227  
 Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

**PLEASE NOTE OUR ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL**

<p><b>CHILD 1 NAME:</b> _____</p> <p>Child's CRN: _____</p> <p><b>DOB:</b> ...../...../..... <b>Child's Sex:</b> M F</p> <p>Address: .....</p> <p>Suburb: ..... PC: .....</p> <p>Home Telephone: .....</p> <p>Primary Language: .....</p> <p>School Attending: .....</p> <p>Are you of Aboriginal and Torres Strait Islander descent? Yes No</p>	<p><b>CHILD 2 NAME:</b> _____</p> <p>Child's CRN: _____</p> <p><b>DOB:</b> ...../...../..... <b>Child's Sex:</b> M F</p> <p>Address: .....</p> <p>Suburb: ..... PC: .....</p> <p>Home Telephone: .....</p> <p>Primary Language: .....</p> <p>School Attending: .....</p> <p>Are you of Aboriginal and Torres Strait Islander descent? Yes No</p>
--	--

<p><b>CHILD 3 NAME:</b> _____</p> <p>Child's CRN: _____</p> <p><b>DOB:</b> ...../...../..... <b>Child's Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Address: .....</p> <p>Suburb: ..... PC: .....</p> <p>Home Telephone: .....</p> <p>Primary Language: .....</p> <p>School Attending: .....</p> <p>Are you of Aboriginal and Torres Strait Islander descent? Yes No</p>	<p><b>CHILD 4 NAME:</b> _____</p> <p>Child's CRN: _____</p> <p><b>DOB:</b> ...../...../..... <b>Child's Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Address: .....</p> <p>Suburb: ..... PC: .....</p> <p>Home Telephone: .....</p> <p>Primary Language: .....</p> <p>School Attending: .....</p> <p>Are you of Aboriginal and Torres Strait Islander descent? Yes No</p>
--	--

**Is there anyone who is legally prohibited from having contact with or collecting the child? Yes  No.**   
**If yes legal documentation must be submitted to the Service.**

<b>Booking</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>
Required Starting Date: ...../...../.....		Casual Booking: <input type="checkbox"/> Permanent Booking: <input type="checkbox"/>		
<b>OR</b>				
<b>Please fill in the Term Calender</b>				
Please Note: to change a booking we require two weeks notice in writing and depends on availability				

Kirrawee Child Care Centre Pty Ltd  
St Catherine Laboure Before and After School Care  
ABN: 16 097 080 352  
123 Gymea Bay Road NSW 2227  
PO Box 321 Gymea NSW 2227  
Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

**PLEASE NOTE OUR ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL**

**CCB**

Are you eligible for CCB? Yes  No  Child Care benefit: % Commencement Date: ...../...../

Parent Name Registered with Centrelink: .....

Parent CRN: ..... Parent DOB: ...../...../.....

**The Service cannot deal with Centrelink on any family's behalf. It is the family's obligation to provide all information required, such as Family ID, Child CRN, date of birth for parents and child. Incomplete enrolment will NOT be accepted.**

**Parent 1**

First Name: .....

Surname Name: .....

DOB: ...../...../.....

Address: .....

Suburb: ..... PC:.....

Home Telephone: .....

Mobile Number: .....

E-mail: .....

**Employment Details:**

Employer: .....

Occupation: .....

Work Telephone: .....

Full time Employment:  Part time Employment:

Are you of Aboriginal and Torres Strait Islander descent Yes No

**Parent 2**

First Name: .....

Surname Name: .....

DOB: ...../...../.....

Address: .....

Suburb: ..... PC.....

Home Telephone: .....

Mobile Number: .....

E-mail: .....

**Employment Details:**

Employer: .....

Occupation: .....

Work Telephone: .....

Full time Employment:  Part time Employment:

Are you of Aboriginal and Torres Strait Islander descent Yes No

Kirrawee Child Care Centre Pty Ltd  
 St Catherine Laboure Before and After School Care  
 ABN: 16 097 080 352  
 123 Gymea Bay Road NSW 2227  
 PO Box 321 Gymea NSW 2227  
 Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

**PLEASE NOTE OUR ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL**

<p><b><u>Doctor Details:</u></b>          Family Doctor's Name: .....          Telephone: .....          Address: .....          Suburb: ..... PC: .....          Release child to Doctor:    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>	<p><b><u>Dentist Details:</u></b>          Family Dentist Name: .....          Telephone: .....          Address: .....          Suburb: ..... PC: .....  <b><u>Medicare No:</u></b>.....  <b><u>Private Health Fund:</u></b>.....</p>
---	--

**First Aid Materials:**  
 When the Service staff administers First Aid do you want them to use these products on your child?

Persona SPF 30+ sunscreen lotion:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Savlon Antiseptic Powder:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Savlon Antiseptic Cream:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Stingose for Stings and Bites:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Band –Aid Plastic:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Elastoplast Band – Aid:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Elastic Adhesive Plaster:    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**If your child uses a different brand it must be provided by parent and kept at the Service with your child name. (Please name brand if any). ( ..... )**

**Person Authorised to collect the child instead of Parents:**

<p><b>Person 1:</b>            Full Name: .....            Relationship: .....            Home Telephone: .....            Work Telephone: .....            Mobile: .....            Address: .....            Suburb: ..... PC: .....  <b>Pickup:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Person 2:</b>            Full Name: .....            Relationship: .....            Home Phone: .....            Work Telephone: .....            Mobile: .....            Address: .....            Suburb: ..... PC: .....  <b>Pickup:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
---	---

Kirrawee Child Care Centre Pty Ltd  
St Catherine Laboure Before and After School Care  
ABN: 16 097 080 352  
123 Gymea Bay Road NSW 2227  
PO Box 321 Gymea NSW 2227  
Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

**PLEASE NOTE OUR ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL**

**Emergency Details:**

**I authorise the following people to have access, collect my child or to be contacted in case of emergency:**

**Person 1:**

Full Name: .....

Relationship: .....

Home Telephone: .....

Work Telephone: .....

Mobile: .....

Address: .....

Suburb: ..... PC: .....

**Pickup:** Yes  No

**Person 2:**

Full Name: .....

Relationship: .....

Home Phone: .....

Work Telephone: .....

Mobile: .....

Address: .....

Suburb: ..... PC: .....

**Pickup:** Yes  No

*The Service will not allow a child to be picked up by any parent, unless they are authorised and are on the enrolment form. You may add or delete names at anytime.*

In the event of an **Emergency** including rising temperature above 38 centigrade, illness or accident concerning my child the Service will try to contact me or other person(s) authorised by me. If parent and all Authorised persons on the emergency list are not contactable, the Service will keep the child comfortable and the Service will immediately contact the ambulance.

Parent Signature: ..... Date: ...../...../.....

**Media:**

I have read the Service's Media policy and have no objection to my child's activities group photos to be published on the Service's web site: Yes  No

Parent Signature: ..... Date: ...../...../.....

Kirrawee Child Care Centre Pty Ltd  
St Catherine Laboure Before and After School Care  
ABN: 16 097 080 352  
123 Gymea Bay Road NSW 2227  
PO Box 321 Gymea NSW 2227  
Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

**DVD/Video:**

DVD/Video and TV are another means of storytelling or watching events, and can be a method of calming children especially during wet weather when outdoor activities are not possible.

Electrical devices such as iPods, DS, Electronic Games and mobile phones are NOT permitted at the Service during School Term or Vacation Care. To counterbalance this we have recently purchased a Soccer Table and an Air Hockey Table to encourage social skills such as taking turns, playing fair, friendly competitiveness and eye-hand coordination.

If your child has a mobile phone for security purposes, the phone must stay in the child's bag. We accept no responsibility for damaged or lost electrical devices.

I give my permission for my child (Name)..... to watch selected PG rated movies.

Parent Signature: ..... Date: ...../...../.....

**Behaviour:**

**The Service has in place policies and procedures on behaviour. The staff will document any inappropriate behaviour and deal with the children in an appropriate manner. If any child continues to show inappropriate behaviour, a senior staff member will contact you to request you collect your child. Please refer to our Behaviour Management, Discipline and Dismissal Policies.**

Parent Signature:..... Date: ...../...../.....

**Active After School Communities Sports Program: The Service is part of the Active After School Communities Sports Program run by the Australian Sports Commission. All activities conducted at this Service comply with all Regulations regarding sport activities. All coaches have completed the CCTP course with the Australian Sports Commission and have working with children checks.**

I give permission for my child (name)..... to participate in the Sports Program under the supervision of the Service staff, as part of the educational program.

Signature of Parent:..... Date:.....

Kirrawee Child Care Centre Pty Ltd  
St Catherine Laboure Before and After School Care  
ABN: 16 097 080 352  
123 Gymea Bay Road NSW 2227  
PO Box 321 Gymea NSW 2227  
Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

**Parents Please Note**

**Please make sure all details are provided on this form. Forms will only be accepted when ALL details have been filled in.**

**Filling this form does not guarantee a place for the child until:**

\*Parents read our handbook and policies.

\*Parents sign and return with the enrolment form the page titled Mutual Obligation (page 8) of the Parent handbook.

\*Enrolment fee of \$60.00 is paid at time of enrolment.

\*Failing to pay the fees on time gives the Service the authority to give the place to the next child on the list without notice.

\*A confirmation letter has been sent

**Declaration**

I/We the undersigned (name) \_\_\_\_\_  
of (address) \_\_\_\_\_

Declare that the **information** given on this form at the time of enrolment is accurate to the best of my/our knowledge.

**I/we are aware also that:**

I/We are required to pay my/our child weekly fees by using the Service's Ezidebit System.

Fees are payable for family holidays, public holidays, pupil free days, sick absence or any kind of absence.

Full fees are payable once the child's Commonwealth allowable absence is consumed.

Not paying fees for two successive weeks results in withdrawal of the service without notice.

I/We received the Service handbook, and understand enrolment is not complete without completing an enrolment form, signing the mutual obligation form included in the handbook and returning them with payment to the Service.

Parent Name \_\_\_\_\_

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

Date: ...../...../20



Kirrawee Child Care Centre Pty Ltd  
St Catherine Laboure Before and After School Care  
ABN: 16 097 080 352  
123 Gymea Bay Road NSW 2227  
PO Box 321 Gymea NSW 2227  
Tel : 044 729 4295

[admin@stcathschoolcare.com.au](mailto:admin@stcathschoolcare.com.au) E-mail [kccc@kirraweechildcare.com.au](mailto:kccc@kirraweechildcare.com.au)

### **Enrolment Checklist (Office use only)**

Enrolment Form Completed: Yes / No

CRN Supplied: Yes / No

Ezidebit Form Returned: Yes / No

Child DOB Supplied: Yes / No

Mutual Obligation Returned: Yes / No

Parent DOB Supplied: Yes / No