



Moree Family Support

KIDZ CLUB ENROLMENT FORM

Insert Child's
photo here

Childs Name:

DOCUMENTS / INFORMATION CHECKLIST FOR FAMILIES

Please ensure ALL the following documents and information are included in this application before submitting to service:

Child's birth certificate/identity documents	<input type="checkbox"/>	Signed Sunscreen Permission Form	<input type="checkbox"/>
AIR Immunisation History Statement	<input type="checkbox"/>	ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	<input type="checkbox"/>
Customer Reference Number (CRN) and date of birth <ul style="list-style-type: none">• Parent• Child	<input type="checkbox"/> <input type="checkbox"/>	Copies of medical documents- Medical Management Plan (Includes: Risk Minimisation Plan, Communication Plan, Permission to display plans)	<input type="checkbox"/>
Copies of any family law or other relevant court orders and/or legal documents	<input type="checkbox"/>	Signed Behaviour Guidance Parent / Guardian Agreement	<input type="checkbox"/>

Service Name:	Moree Family Support – Kidz Club
Address:	233 Balo Street Moree NSW 2400
Phone Number:	Office: (02) 6752 4536 or Mob: 0418 837 449
Email:	meaghanh@morfss.org.au

OFFICE USE ONLY



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The staff member responsible for checking enrolment form must ensure this form is fully completed and Document / Information Checklist for Families is checked for completion.

Date Entered:

Entered By:

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

First given Name

Middle Name

Last Name

Preferred Name

Date of Birth:

Gender:

Child's Centrelink Reference Number (CRN)

Please note: Parent and child have their own individual CRN number

Child's Home Address:

Child Normally Lives With:

Primary School Attending:

Child's Year Level and Teacher:

Days of attendance

Mon

Tues

Wed

Thurs

Fri

After School Hours Days Needed (Tick):

Possible Vacation Care Days Needed (Tick):

Child's Start Date with Kidz Club:

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?

No Aboriginal
 Torres Strait Islander Both

Does your child speak a language other than English at home?

If yes, what language (s) other than English are spoken at home:

Country of Birth:

Child's residency status:

Child's cultural background:



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Please outline any cultural practices you would like followed:	
Religion:	
Please outline any cultural practices you would like followed:	
PRIMARY PARENT <i>(This parent will be listed as priority 1 for pick up and emergency contact)</i>	
<i>Education and Care Services National Regulations - Regulation 160 (3b)</i> [Primary Parent must also be the registered CCS claimant]	
Parent Name:	Parent Surname:
Address:	DOB:
Home Phone	
Work Number:	
Mobile Number:	
Email Address:	
Relationship to child:	Country of Birth:
Language spoken at home:	
Parent Centrelink Reference Number (CRN):	
Please provide any relevant cultural background details	
Does your child normally live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupation:	
SECONDARY PARENT <i>(This parent will be listed as priority 2 for pick up and emergency contact)</i>	
Parent Name:	Parent Surname:
Address:	DOB:
Home Phone	
Work Number:	
Mobile Number:	
Email Address:	
Relationship to child:	Country of Birth:
Language spoken at home:	



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Parent Centrelink Reference Number (CRN):		
Please provide any relevant cultural background details		
Does your child normally live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Occupation:		
FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER		
<i>Education and Care Services National Regulations - Regulation 160 (3c, d)</i>		
Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attached
	If yes, please provide all relevant documentation and paperwork	<input type="checkbox"/>
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attached
	If yes, please provide all relevant documentation and paperwork	<input type="checkbox"/>
Have photographs and names of unauthorised people been attached to this form?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attached
		<input type="checkbox"/>
Briefly outline court order requirements		
Please note that without this documentation we cannot legally enforce the Order/s.		

FAMILY INFORMATION	
Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	
DEVELOPMENT INFORMATION	
Please provide relevant information:	
Does your child have any problems with hearing, sight or speech?	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	



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Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced.	

MEDICAL INFORMATION					
<i>Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d)</i>					
To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.					
Child's Medicare Number		Medicare Expiry Date:		Child's Reference Number	
Doctor's Name:					
Name of Service:			Phone Number		
Doctor's Address:					
Dentist Name:					
Name of Service:			Phone Number		
Dentist Address:					
Private Health Cover:	<input type="checkbox"/> YES <input type="checkbox"/> NO		Private Health Fund Name:		
Private Health Care Number			Ambulance Cover	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS					
Allergies- provide details of child's allergies. These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other					
Allergy to:					
Medical specialist or doctor who may be currently treating your child for this condition					
Phone Contact		Address			
Risk of Anaphylaxis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Has doctor diagnosed this allergy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have a current ASCIA Action Plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	



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A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis	<input type="checkbox"/> YES <input type="checkbox"/> NO
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).	
What is the expiry date of the adrenaline autoinjector?	Month / Year

<p>Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.</p> <p><i>Education and Care Services National Regulations - Regulation 94.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent 1 Signature:	
		Parent 2 Signature:	
Does your child have any special dietary requirements or restrictions? Yes/No			
Prohibited Food	Detailed Information		

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)			
Medical Condition:			
Has a doctor diagnosed this condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child have a current Medical Management Plan (e.g., ASCIA Asthma Plan)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, is this plan attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, is this plan attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child take any prescribed regular medication for this condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Medication Names:			
Medication Names:			
REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION			
Do you agree to your child independently self-administer their own medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parent 1 Signature:	



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<i>Education and Care Services National Regulations - 96.</i>		Parent 2 Signature:	
Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis).			
Doctor's Name:			
Medical Centre:		Phone Number:	
Signature:		Date:	
<p>Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.</p> <p>Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.</p>			

Medication Agreement		
Medication will only be administered if: <ul style="list-style-type: none"> • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name • instructions and dosage can be clearly read • expiry date or use by date is valid • any verbal or written instructions provided by the medical practitioner must be provided by the parent/s 	Parent 1 Signature:	
	Parent 2 Signature:	
<i>Education and Care Services National Regulations Regulation, 95</i>		
Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our <i>Administration of Authorised Medication</i> form.		
<i>Education and Care Services National Regulations Regulation 93</i>		

IMMUNISATION DETAILS
<i>Education and Care Services National Regulations - Regulation 160 (3a, i, j) Regulation 162 (f, h, i)</i>



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Immunisation Status of Child at enrolment		
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attached

FIRST EMERGENCY CONTACT - AUTHORISED NOMINEE			
<i>Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, l, ii, 1b)</i>			
<p>There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.</p> <p>Please ensure you have obtained the person's consent before listing them as an emergency contact.</p>			
Full Name:			
Relationship to Child:			
Work Number			
Mobile Number:			
Home Number:			
Address			
Email Address:			
Can this person be contacted to collect your child from the education and care service	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child if you cannot be contacted?	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises if you cannot be contacted?	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	



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Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	

SECOND EMERGENCY CONTACT - AUTHORISED NOMINEE			
Full Name:			
Relationship to Child:			
Work Number			
Mobile Number:			
Home Number:			
Address			
Email Address:			
Can this person be contacted to collect your child from the education and care service	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	

TRANSPORT AUTHORISATION



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Education and Care Services National Regulations - Regulation 102(4), 102D (4)

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for:

- regular outings (once every twelve months)
- an excursion that is not a regular outing

Parent 1 Signature:

Parent 2 Signature:

ILLNESS, ACCIDENT AND EMERGENCY TREATMENT AUTHORISATIONS

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)

Do you authorise the Nominated Supervisor or another educator at the Service to:

1. Seek medical treatment from a registered medical practitioner, hospital or ambulance service?	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
2. Seek dental treatment from a registered dental practitioner or service in the event of an emergency?	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	
3. Arrange transportation, including by an ambulance service, for your child in the event of an emergency?	<input type="checkbox"/> YES	Parent 1 Signature	
	<input type="checkbox"/> NO	Parent 2 Signature	

ENROLMENT AGREEMENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service) YES NO

I/we give permission for this child to apply SPF30+ sunscreen prior to sun exposure (If not, please provide a letter releasing the Service of any Liability) YES NO

Have Band-Aids or sticking plasters applied when necessary YES NO

Have staff apply Insect Repellent (supplied by parents) YES NO

PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service) YES NO



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For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	<input type="checkbox"/> YES <input type="checkbox"/> NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	<input type="checkbox"/> YES <input type="checkbox"/> NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	<input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT AGREEMENT	
<i>Education and Care Services National Regulations - Regulation 160 (3a, l, j)</i>	
Please tick box to confirm you have read each point:	
<input type="checkbox"/>	I agree to inform the Service in writing immediately of any changes to the above information.
<input type="checkbox"/>	I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
<input type="checkbox"/>	I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
<input type="checkbox"/>	If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
<input type="checkbox"/>	I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. If a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
<input type="checkbox"/>	I agree to provide two weeks written notice to withdraw my child or reduce booked days
<input type="checkbox"/>	I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event. I agree to collect my child as soon as possible or organise for someone else to collect my child.
<input type="checkbox"/>	I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's Administration of Medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child.



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	I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.
<input type="checkbox"/>	I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.
<input type="checkbox"/>	I give permission for my child to be involved with leisure activities offered at the Kidz Club Service
<input type="checkbox"/>	I have read the Kidz Club Handbook and am aware the Service's Policy Manual is located in the foyer area and in the office should I need to access it. I agree to follow, support and abide by these policies and that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box (located at the sign in area)
<input type="checkbox"/>	I am interested in being a part of a Parent Committee that meets occasionally to update policies, provide feedback.
<input type="checkbox"/>	I, or someone I know, has a skill they could share with the children to enhance the educational program

ACKNOWLEDGEMENT OF PARENT AGREEMENT

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

Print Name		Signature		Date:	
Print Name		Signature		Date:	

FEE INFORMATION

Vacation Care	\$48 per day per child (Before Child Care Subsidy)
After School Care Permanent	\$28 per day per child (Before Child Care Subsidy)
After School Care Casual	\$35 per day per child (Before Child Care Subsidy)

HOW DID YOU HEAR ABOUT US?

Word of Mouth	<input type="checkbox"/>	Internet Search	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>	Social Media	<input type="checkbox"/>
Website	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

PRIVACY AGREEMENT

We acknowledge and respect the privacy of our families and children. The enrolment information that is collected assists us to meet our legislative obligations and to provide



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the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.