

Centre name:

Enrolment Booklet

Our centre acknowledges the Traditional Custodians of the lands on which our centres and offices across Queensland are located. Our centre 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/إلى ضمن خدماتنا. وفي حالة إحتياجكم إلى مساعدة بشأن خدمة الترجمة لتعبئة هذه الكراسة يرجى عدم التردد في التحدث إلى خدماتنا."

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 hậu 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 προμηθεύουμε 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 إلى الخدمة. إذا كنت بحاجة إلى المساعدة من خدمة الترجمة لإكمال هذا الكتيب، فلا تتردد من فضلك في التحدث مع الخدمة.



Privacy Data Collection Statement

Our centre uses personal and sensitive information (as defined in the [Privacy Act](#)) provided by you in this Enrolment Booklet to complete the enrolment of your child in our centre, determine any potential fee rebates, establish your preferred fee payment options, and identify any additional services and information needed to support your child's enrolment and attendance.

To complete your child's enrolment, the requested information is required by the National Law, Education and Care Services [National Law \(Queensland\) Act 2011](#), [Education and Care Services National Regulations](#) (2011), and our centre. If you choose not to provide us with the requested information, we may not be able to enrol your child.

We will not use or disclose your personal information for any other purpose unless you have consented, you would reasonably expect us to disclose the information for another purpose, or we are required by law.

Our centre Privacy Policy contains information about how our centre uses and stores your personal information, how you can access and correct your personal information and make a privacy-related complaint and the centre's complaint handling process. To access or update your personal information, please contact our centre directly.



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	www.candk.asn.au
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
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
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
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

*Please provide our centre with proof of your child's date of birth. Please see page 3 for document examples.

CRN (from Centrelink, & if applicable):

Medicare Card Number:

Home address:

Suburb: State: Postcode:

First/main language spoken in child's home:

Other languages spoken in child's home:

Cultural background:

Country of birth:

Religion (optional):

2. Child aged 0-3

Is your child bottle-fed? ☐ Yes ☐ No ☐ N/A

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?

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Toileting

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

Sleep

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?

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.....

3. Getting to know your child

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 detail:

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

4. Queensland Kindergarten Funding Scheme (QKFS)

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 four 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) for the same period of the enrolment at our centre, 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 elsewhere

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

QKFS Plus Kindy Support Subsidy

If your child is of eligible age (turning four by 30 June in the year they attend kindergarten), claiming QKFS at our centre, and meets any of the 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 an Australian Government Concession card?

☐ **Yes** ☐ **No**

*Health Care Card – child must be named on the card with a valid expiry date.

4. QKFS (continued)

If **Yes**, you will need to provide a copy of the card when submitting this form, as this is required for subsidies to be applied.

b. Does your child identify as:

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

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

- ☐ **Yes** ☐ **No**



5. 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.

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 your postal address the 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:



5. 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 your postal address the 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:



6. Additional contacts/authorised persons

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. 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 our 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)



6. 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 our 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)

7. 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.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register>). If your child's immunisation records are from another country or your child was immunised in another country and 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 our centre by the Public Health Unit. 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>).

Medical Conditions

Our centre is committed to supporting the inclusion of children with medical conditions. We follow our Medical Conditions Procedure to ensure regulatory, health and safety compliance. If your child has a diagnosed medical conditions, we do require a copy of your child's current Medical Management Plan*. If your child requires the administration of medication or specialised health procedures during their attendance, we will work with you to determine how this is best facilitated. It is important to know that our employees may need to undertake specialist training before your child can start.

We may also request further information and documentation from you and/or your child's health practitioners where you have given us consent.

Does your child have, or are they at risk, of any of the following medical conditions (as diagnosed by a medical practitioner):

Anaphylaxis

☐ Yes ☐ No

If **Yes**, please provide a current Medical Management Plan* and tell us more:

.....

Asthma

☐ Yes ☐ No

If **Yes**, please provide a current Medical Management Plan* and tell us more:

.....

*Medical Management Plans must be signed by a registered medical practitioner and dated within the last six (6) months.



7. Medical, health and wellbeing (continued)

Diabetes

☐ Yes ☐ No

If **Yes**, please provide a current Medical Management Plan* and tell us more:

.....

Epilepsy

☐ Yes ☐ No

If **Yes**, please provide a current Medical Management Plan* and tell us more:

.....

Allergy

☐ Yes ☐ No

If **Yes**, please provide a current Medical Management Plan* and tell us more:

.....

Other medical condition(s)

☐ Yes ☐ No

If **Yes**, please provide a current Medical Management Plan* tell us more:

.....

Medication

Does your child require medication while attending the centre?

☐ Yes ☐ No

If **Yes**, please provide a current Medical Management Plan* and tell us more. It is important to know that our employees may need to undertake specialist training prior to your child commencing:

.....

Specialised Health Procedures

Does your child require a specialised health procedure to be administered while attending the centre?

☐ Yes ☐ No

If **Yes**, please provide a current Medical Management Plan* and tell us more. It is important to know that our employees may need to undertake specialist training prior to your child commencing:

.....

Hospitalisation

Has your child ever been hospitalised?

☐ Yes ☐ No

.....

*Medical Management Plans must be signed by a registered medical practitioner and dated within the last six (6) months.

7. Medical, health and wellbeing (continued)

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

Does your child have a food intolerance?

☐ Yes ☐ No

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

8. 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 ☐ Yes ☐ No

Gift or talent ☐ Yes ☐ No

Learning, speech, language developmental disorder or difficulty ☐ Yes ☐ No

Complex condition, illness, disease or disorder ☐ Yes ☐ No

Behavioural and/or emotional difficulty or disorder ☐ Yes ☐ No

Undergoing Assessment

Is your child currently undergoing specialist assessment for a suspected, additional need? ☐ Yes ☐ No

Does your child have an NDIS plan or access support through the NDIS? ☐ Yes ☐ No



9. Living and care arrangements

Our centre acknowledges that each family's living and care arrangements are unique. Please provide the centre with copies of any court orders, parenting orders, parenting plans and/or other official directives relating to you or your child that we need to be aware of, to best support your child.

Are you the parent/guardian (see pg. 3 glossary of terms) of the child? ☐ Yes ☐ No

Are there any applications before any court relating to parenting arrangements regarding this child? ☐ Yes ☐ No

Are there any court orders, parenting orders and/or parenting plans or other directives in place that name the child? ☐ Yes ☐ No

If **Yes**, please provide copies of all relevant documentation

Does anyone else have day-to-day care of the child being enrolled, who is not a parent/guardian or specified in a court order, parenting order and/or parenting plan or other directive? ☐ Yes ☐ No

Is there anyone legally denied access to the child? ☐ Yes ☐ No

If **Yes**, please provide copies of all relevant documentation and list them below:

Name Relationship to child

Name Relationship to child

Name Relationship to child

Name Relationship to child

If you have answered **Yes** to any of the above questions, please provide further information:

.....

.....

.....

.....

10. Declaration and Consent

I authorise the centre, its nominated supervisor or a centre educator to seek:

Medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and

Transportation of my child by an ambulance service.

I authorise and consent for a trained centre employee to provide first aid to my child if required while they are in attendance at our centre.

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

I authorise and consent to:

An employee applying and/or administering the following to my child in accordance with the relevant Policy:

a. SPF50+ broad-spectrum, water-resistant sunscreen ☐ Yes ☐ No

b. insect repellent (0% DEET) ☐ Yes ☐ No

10. Declaration and consent (continued)



- | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| d. one single dose of liquid paracetamol
(verbal permission will also be sought) | <input type="radio"/> Yes <input type="radio"/> No |
| e. Adrenaline (EpiPen) for the emergency first aid
treatment of children experiencing anaphylaxis | <input type="radio"/> Yes <input type="radio"/> No |
| f. Salbutamol inhaler (Ventolin) for the emergency first
aid treatment of children experiencing acute asthma | <input type="radio"/> Yes <input type="radio"/> No |

Photography, Video and Audio Recording Permission

Our centre uses photography, video and audio recordings to capture learning that occurs at our centres and through our online program. 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 our centre 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 centre online portal for families and in centre resources) and for use in our centre's internal forums and professional development which is available to our centre employees and affiliated centre employees 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 our Privacy Policy 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 the centre in writing.

Documentation to be provided

Please provide a copy of the following documents to the centre prior to your child starting, to ensure that your child's enrolment meets all legislative requirements:

Child Details:

- ☐ Proof of Date of Birth

Medical:

- ☐ Immunisation record
- ☐ Medical management plan for any medical condition listed

Living and Care Arrangements (if applicable):

- ☐ Court Orders, Parenting Orders, Parenting Plans, or any directives naming your child

I understand that it is my responsibility to provide copies of the documents listed above to the centre, prior to my child starting.

11. Enrolment Agreement

Terms

I agree to abide by these enrolment agreement terms and to ensure that my authorised contact persons will also abide with these terms.

I confirm I have lawful authority and/or parental responsibility for the child nominated in this Enrolment Form.

Enrolment Form

I confirm the information provided in this Enrolment Booklet is true and correct and can be relied upon by our centre.

I agree to promptly notify the centre if there is any change to the information provided, including but not limited to additional contacts/authorised persons, medical conditions and living and care arrangements.

Policies

I acknowledge that key centre policies and procedures for families are available to access at the centre.

I acknowledge that I and my authorised contacts will abide by the centre policies and procedures, including but not limited to the centre Parental Code of Conduct and Privacy Policy.

Attendance

I accept the services and facilities that our centre provides to care for my child.

I will ensure that my child is delivered to and collected from the centre by myself or my authorised contact, and my child is:

- a. handed over to a centre employee, and
- b. signed in on delivery to, and signed out on collection from, the centre.

I acknowledge our centre may refuse any person from collecting my child if the situation at the time of collection is deemed to place the child at risk.

Enrolment

I agree that my child's enrolment with the centre starts on the commencement date and continues until terminated in accordance with centre policy.

Medical Conditions

I accept a decision made by the centre that my child is contagious or too ill to attend a centre is final. I agree to collect my child promptly after being informed of such a decision.

I agree to provide the centre with my child's current and updated medical information, including any new or changed diagnosis, medical management plan, treatment plan or medication.

I acknowledge that in order to comply with relevant legislation, if my child has a medical condition, their enrolment will only be able to commence once all required procedural steps have been followed.

Absences

I will promptly notify the centre if my child will be absent and the reason for the absence.

I will promptly notify the centre when my child is suspected of having, or is diagnosed with, an infectious illness.

I understand that fees will continue to be charged for days when my child is absent.

11. Enrolment Agreement (continued)

Child Protection

I understand that centre employees will make a report to the appropriate authorities if they suspect that a 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 and Government Subsidies

I acknowledge the centre Fee Policy contains important information in relation to the payment of fees and cancellation of my child's enrolment.

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

I agree to pay all fees payable for my child during my child's enrolment, at regular intervals as per the agreed billing cycle.

I understand that fees are paid in advance either weekly, fortnightly, monthly, or by the term.

I acknowledge fees are payable even if my child does not attend due to illness, holidays, public holidays, or any other reason.

I understand that the centre will provide me with a Customer Account Statement showing my fees owing.

I agree to promptly notify the centre in writing if my financial circumstances change and I cannot pay my fees.

I acknowledge and understand that in the case of non-payment, any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to a collection agency for legal recovery action which may affect my credit history. I agree to pay for any costs associated with debt collection action taken when my account remains unpaid or in arrears.

I acknowledge that any refund that may be owed to me, will be processed in accordance with the centre Fee Policy.



11. Enrolment Agreement (continued)

Liability

The centre excludes all implied conditions and warranties from these Enrolment Agreement Terms except any condition or warranty (such as conditions and warranties implied by legislation) which cannot, by law, be excluded. The centre liability in respect of the services is limited to:

- i. supplying of the services again; or
- ii. payment of the cost of having the services supplied again.

I acknowledge that, to the maximum extent permitted by law, our centre excludes all liability for any costs, expenses, losses and damages suffered by me, whether that liability arises in contract, tort (including by the centre’s negligence) or under the statute in connection with its provision of the services. Without limitation, the centre will in no circumstances be liable for any indirect or consequential losses, including loss of profits, loss of revenue and loss of business opportunity.

Governing Laws

The laws of Queensland where my child is enrolled apply to these Enrolment Agreement Terms and any services provided by 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.

I authorise the centre to seek medical treatment for my child by a registered medical practitioner, hospital or ambulance service and transportation for my child in an ambulance as detailed in this enrolment booklet.

Parent’s/Guardian’s name:
.....

Parent’s/Guardian’s name:
.....

Parent’s/Guardian’s signature:

.....

Parent’s/Guardian’s signature:

.....

Date: / /

Date: / /



12. 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, and Parental Code of Conduct?
- o signed and dated the completed enrolment agreement?

If applicable, have you provided:

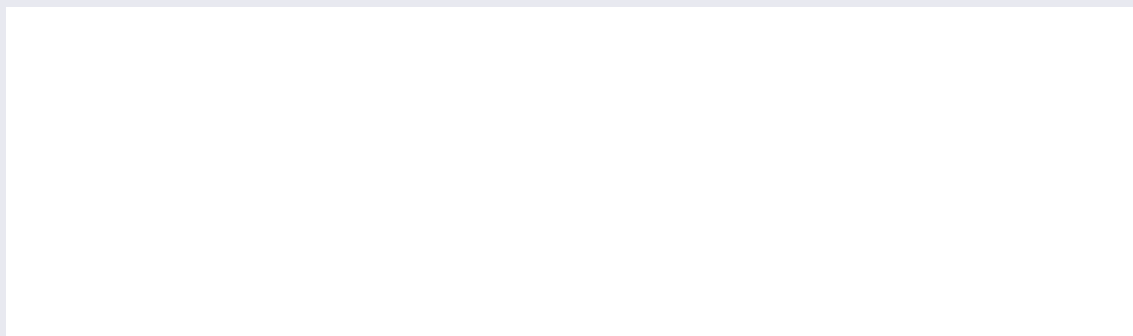
- o proof of date of birth for your child? See pg. 3 glossary for document example
- o a copy of a concession card listing your child's name?
- o a medical management plan for any medical condition listed and provided any relevant information?
- o a copy of any Court Orders, Parenting Orders, Parenting Plans, or any directives naming your child?
- 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

