



# Enrolment Booklet

Affiliate version

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 service.

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、お子様に対するの最も質の高い教育とお世話を提供させて頂き、この機会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 اند 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 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 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 προμωσώμε τα ύψιστα επίπεδα παιδείας και φροντίδας για το παιδί σας και για να υποστηρίξουμε τη μετάβαση του στην υπηρεσία. Εάν χρειάζεσθε την βοήθεια μεταφραστικής υπηρεσίας για να συμπληρώσετε το βιβλιαρό 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 إفتسلك في التحدث مع الخدمة.

## 1 Your child's details

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

Preferred name: ..... Date of birth:\* DD / MM / YYYY

Gender:  Male  Female CRN (if applicable): .....

Home address: .....

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

Country of birth: .....

Does your child identify as:  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 (optional): .....

Medicare card number: .....

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

## Glossary of terms

<b>Aboriginal or Torres Strait Islander person</b>	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 he / she lives
<b>Approved care</b>	A service 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).
<b>C&amp;K Website</b>	<a href="http://www.candk.asn.au/ck-policies-and-procedures">www.candk.asn.au/ck-policies-and-procedures</a>
<b>Casual Care</b>	Casual care arrangements are the additional or occasional session/s (booked day) of care that are provided outside a permanent routine care arrangement
<b>Concession card</b>	A Health Care Card, Veterans' Affairs Card or Australian Government Pension Concession Card with automatic Health Care Card entitlements
<b>CCS</b>	The <b>Child Care Subsidy</b> 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).
<b>CRN</b>	Customer Reference Number obtained from the Department of Human Services
<b>DOB</b>	Date of Birth
<b>Eligible age child</b>	A child who is turning 4 by 30 June in the year they attend kindergarten
<b>Key Policies and Procedures</b>	Those policies and procedures are available on the C&K website
<b>Kindergarten</b>	A service 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 service
<b>Medical management plan</b>	Developed and reviewed in consultation with families and medical professionals for a child with a specific health care need / allergy / relevant medical condition or that has been diagnosed as being at risk of anaphylaxis or asthma
<b>Parent / Guardian</b>	The parent and / or court-appointed individual / organisation granted parental responsibility. Includes biological, or as a result of adoption, court order or some other reason
<b>Parental responsibility</b>	All duties, powers, responsibilities and authority which, by law, parents have in relation to children
<b>Photo I.D.</b>	Drivers licence, passport, or 18+ card
<b>Proof of birth</b>	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
<b>QKFS</b>	Queensland Kindergarten Funding Scheme
<b>QKFS Plus Kindy Support</b>	Queensland Government subsidy paid directly to the service 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
<b>Routine Care</b>	A routine care arrangement are the sessions (booked days) of care that will be provided on a permanent weekly basis
<b>South Sea Islander person</b>	A person of South Sea Islander descent who identifies as South Sea Islander and is accepted as such by the community in which he / she lives

## 2 Getting to know your child

Is your child bottle fed?

Yes  No  N/A

If **Yes:**  breast milk  formula  other

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

Our service welcomes mothers who wish to breast feed.

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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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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?

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Will your child need to sleep while attending our service?

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

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What are your child's favourite activities and interests?

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

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Do you have any concerns regarding your child's learning, development or behaviour?

If **Yes**, please detail.

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### 3 Medical, health and wellbeing

#### Child's Doctor

Name: .....

Address: .....

Telephone:..... Email: .....

Has your child ever been hospitalised?  Yes  No

If **Yes**, please detail. ....

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#### Immunisation

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

If **Yes**, please provide a copy of your child's immunisation record (Australian Childhood Immunisation Register (ACIR) record OR letter from a recognised General Practitioner or recognised immunisation nurse). If your child's immunisation records are from another country, or your child was immunised in another country or you do not have records, please seek the advice of a General Practitioner.

If **No**, or your child has only been partially vaccinated, please be aware:

- In the event of an outbreak of a vaccine-preventable infectious disease your child may be required to remain at home if this is the advice provided to C&K by the Public Health Unit. Fees are payable during this time.
- 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 [www.humanservices.gov.au](http://www.humanservices.gov.au). C&K 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 [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

#### Medical conditions

Has your child been diagnosed with:

- anaphylaxis or with being at risk of anaphylaxis?  Yes  No
- asthma?  Yes  No
- diabetes?  Yes  No
- epilepsy?  Yes  No
- an allergy or intolerance?  Yes  No
- a health care need / medical condition?  Yes  No
- a health care need / medical condition which requires medication or a medical procedure when attending our service?  Yes  No

If **Yes**, please detail:

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

- **Attach a copy of a current medical management plan** which has been signed and dated by a registered medical practitioner for each condition.
- If your child has a medical condition and requires medication or a medical procedure while attending our service, staff may need to undertake specialised training before your child can commence.
- **Refer C&K Medical Conditions Procedure** and the Medical Managements Plan templates available on the C&K Website. ([www.candk.asn.au/ck-policies-and-procedures](http://www.candk.asn.au/ck-policies-and-procedures)).

#### Dietary requirements or restrictions

Does your child have any specific dietary requirements or restrictions?  Yes  No

Is your child vegetarian?  Yes  No      Is your child lactose intolerant?  Yes  No

If **Yes**, please detail:

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## 4 Additional needs

C&K is committed to providing all children with access to a quality education and care program. Has your child been assessed, identified and / or diagnosed with a:

- disability or impairment?  Yes  No
- giftedness or talent?  Yes  No
- learning or developmental difficulty or disorder?  Yes  No
- complex condition, illness, disease or disorder?  Yes  No
- behavioural and / or emotional difficulty or disorder?  Yes  No

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

Does your child currently have a NDIS plan or access support through the NDIS?  Yes  No

If **Yes**, please provide details below and attach a copy of specialist report/s and/ or NDIS support plans to this booklet.

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

- do you give permission for C&K educators / personnel to contact other organisations and specialists who are involved in your child's health and development to obtain information and suggestions to achieve quality education outcomes for your child?  Yes  No
- please discuss this with our service, ensuring you bring any relevant paperwork, reports, information or plans with you when returning this booklet. Please note that our service may discuss the need to develop, with your input and approval, an Education Support Plan to best support your child.

## 5 Living and care arrangements

- a. Are you the parent (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 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 service would need to be aware of in order to care for and protect your child?  Yes  No

If you have answered **Yes**, (b to g) 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 service.

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## 6 Funding

C&K 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.

**If your child is enrolling into a Kindergarten go to question 2.**

### 1. Child Care Subsidy (CCs) (see pg. 2 glossary of terms)

Have you applied for [CCS](http://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy)?  Yes  No  
[www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy](http://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy)

- who is the nominated parent / guardian for CCS? .....

Please be aware CCS cannot be claimed before or after your child physically attends the service and will attract full fees as per Federal Government legislation.

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

If your child is of eligible age, our service may be entitled to claim QKFS funding on behalf of your child. If your child is enrolled and claiming the QKFS funding at another kindergarten program (in a Childcare or Kindergarten service), our service will not be able to claim and this may impact any QKFS Plus Kindy Support subsidies you may be eligible for. It is your responsibility to advise our service if your child is claiming QKFS at another kindergarten program. It is your decision as to which service will claim funding on your child's behalf. If you are unsure please speak with the service your child is already attending.

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

Yes, if eligible at this service  No, claiming elsewhere

If claiming QKFS funding elsewhere, please provide the name of the service 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?  Yes  No

If **Yes**, name on the card: ..... Card number: .....

Type of card:  Health Care Card  Veterans' Affairs Card  Australian Government Concession Card

Please provide a copy of the relevant concession card

Card valid from date: DD / MM / YYYY

Card expiry: DD / MM / YYYY

**b.** Do you identify as:  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

## 7 Parent / guardian details

**Each parent / guardian with parental responsibility must be listed in this section** and will be required to sign and date the enrolment agreement at the end of this booklet. Please immediately inform our service, 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 who has responsibility for decisions relating to the child's education must be listed here and sign the enrolment agreement. If you have any questions or concerns please contact our service.

### Primary parent / guardian

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

First name: .....

Middle name(s): .....

Last name: .....

Preferred name: .....

Relationship to child: .....

CRN: .....

Gender:.....

DOB: DD / MM / YYYY

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

If **No**, street number: .....

Street name: .....

Suburb: .....

Postcode: .....

Is postal address same as street address:  Yes  No

If **No**, postal address: .....

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Suburb: .....

Postcode: .....

Home telephone: .....

Mobile telephone: .....

Preferred telephone: .....

Email address: .....

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Cultural background\*: .....

Occupation:.....

Name of workplace:.....

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Work telephone:.....

\*optional

### Parent / guardian 2

First name: .....

Middle name(s): .....

Last name: .....

Preferred name: .....

Relationship to child: .....

CRN: .....

Gender:.....

DOB: DD / MM / YYYY

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

If **No**, street number: .....

Street name: .....

Suburb: .....

Postcode: .....

Is postal address same as street address:  Yes  No

If **No**, postal address: .....

.....

.....

Suburb: .....

Postcode: .....

Home telephone: .....

Mobile telephone: .....

Preferred telephone: .....

Email address: .....

.....

Cultural background\*: .....

Occupation:.....

Name of workplace:.....

.....

Work telephone:.....

\*optional

## 8 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.

When collecting your child, additional contacts / authorised persons will need to present appropriate photo ID to prove their identity. For more information regarding please refer to the Arrival, Departure and Access Procedure on the C&K website or contact our service. Please note that emergency contacts should be 18 years or older. Any proposed arrangements involving contacts aged between 12 and 18 will require C&K's permission.

#### Additional Contact 1

First name: .....  
Middle name (s): .....  
Last name: .....  
Preferred name: .....  
DOB: DD / MM / YYYY  Male  Female  
Relationship to child: .....  
**Home address:**  
Street name: .....  
Suburb: ..... Postcode: .....  
Home telephone: .....  
Mobile telephone: .....  
Preferred telephone: .....  
Work telephone: .....  
Email address: .....

I / we authorise Additional Contact 1 to:

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

#### Additional Contact 2

First name: .....  
Middle name (s): .....  
Last name: .....  
Preferred name: .....  
DOB: DD / MM / YYYY  Male  Female  
Relationship to child: .....  
**Home address:**  
Street name: .....  
Suburb: ..... Postcode: .....  
Home telephone: .....  
Mobile telephone: .....  
Preferred telephone: .....  
Work telephone: .....  
Email address: .....

I / we authorise Additional Contact 2 to:

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

#### Additional Contact 3

First name: .....  
Middle name (s): .....  
Last name: .....  
Preferred name: .....  
DOB: DD / MM / YYYY  Male  Female  
Relationship to child: .....  
**Home address:**  
Street name: .....  
Suburb: ..... Postcode: .....  
Home telephone: .....  
Mobile telephone: .....  
Preferred telephone: .....  
Work telephone: .....  
Email address: .....

I / we authorise Additional Contact 3 to:

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



## 9 Declaration and consent

### Medical declaration and consent

1. I / we authorise and consent to service staff applying and / or administering the following to my / our child in accordance with the relevant [C&K policy \(www.candk.asn.au/ck-policies-and-procedures\)](http://www.candk.asn.au/ck-policies-and-procedures):
  - a. SPF50+ broad spectrum water resistant sunscreen  Yes  No
  - b. insect repellent (0% DEET)  Yes  No
  - c. band-aids  Yes  No
  - d. one single dose of liquid paracetamol (verbal permission will also be sought)  Yes  No

2. C&K services have Adrenaline (EpiPen) and Salbutamol inhaler (Ventolin) for the emergency first aid treatment of children experiencing acute asthma or anaphylaxis. Before authorising C&K to administer this medication in an emergency you should seek medical advice, particularly if your child is under 10kgs and / or has a heart condition, diabetes or asthma, and also read C&K's Administration of Medication Procedure.

I / we authorise service staff to administer Adrenaline (EpiPen) and Salbutamol inhaler (Ventolin) to my / our child for the emergency first aid treatment of anaphylaxis or acute asthma in accordance to relevant C&K policy.  Yes  No

### Photography and marketing declaration and consent

1. I authorise C&K and its approved contractors to take and use any photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's work, either in full or part, in any C&K publication, production and presentation (print or online), which may include publication on C&K and external websites.

I authorise C&K and such contractors to take class and individual photographs of my child, which may be displayed on a C&K premises and distributed to other children, their families and staff. These photographs and recordings may also appear in C&K publications and in external environments including the Internet.

I agree that all rights and interest in any image are assigned to C&K for use by C&K, its licensees or assignees as C&K sees fit now and in the future. All photography and recordings will be taken in line with C&K's policies.

2. I also authorise C&K to grant supervised media access to my child and I acknowledge that:
  - C&K has the right to refuse media access where it would, in the opinion of the C&K Marketing and Communications department, interfere with children's well-being;
  - Media access to C&K facilities is entirely at the discretion of the C&K Central Office; and
  - Media access to children will be managed by C&K Central Office. Yes  No

## 10 Enrolment Agreement

### Policies

#### C&K's key policies

([www.candk.asn.au/ck-policies-and-procedures-and-procedures-for-families](http://www.candk.asn.au/ck-policies-and-procedures-and-procedures-for-families)) are available on the C&K website and at the service. In enrolling my / our child I / we acknowledge that:

- I / we agree to abide by the policies and procedures of the service enrolled.
- I / we have read and agree to abide by the C&K Parental Code of Conduct.
- I / we will notify the service in the event of my / our child having an infectious illness.
- I / we will share / forward photos (e.g. via email or posting images on social media platforms) of our own child/ren only.
- I / we authorise and consent to trained service staff providing appropriate first aid to my / our child where required
- I / we authorise and consent to service staff seeking, in the event of an emergency involving my / our child and in accordance with the relevant C&K policy:
  - a. medical treatment from a registered medical practitioner, hospital and / or ambulance service
  - b. transportation of my / our child by an ambulance service
- I / we authorise and consent to trained service staff providing appropriate first aid to my / our child where required
- If my / our child is of eligible age, I / we will:
  - a. inform the service if I / we have a valid concession card.
  - b. present and provide the details of the concession card to enable the service to claim any subsidy I / we may be entitled to. If my / our card is not presented before commencing at the service, I / we / are aware that full-fees will be charged.
  - c. notify the service if the status of my / our concession card changes or expires. I / we am / are aware if I / we do not do this full fees will be charged.
  - d. provide a copy of my / our concession card if I / we are issued with a new card while my / our child is enrolled.
- C&K will claim QKFS funding from the Queensland Government for my / our child where my / our child is of the eligible age group and is enrolled in a kindergarten program at this service.
- I / we will promptly notify the service if my / our child will be absent and the reason for the absence.
- I / we will ensure that my / our child is delivered to and collected from the service by an authorised, responsible person and my / our child is:
  - a. handed over to a member of the service staff, and
  - b. signed in on delivery to, and signed out on collection from, the service.
- I / we understand that all C&K staff and personnel will make a report to the appropriate authorities if they suspect that any child at the service 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

Please refer to your service's fee structure.

I / we confirm that the information provided in this enrolment booklet is true and correct.

I / we will immediately inform the service, in writing, if there is any change to the information I / we have provided, including additional contacts / authorised persons listed.

Parent's / Guardian's name:

Parent's / Guardian's name:

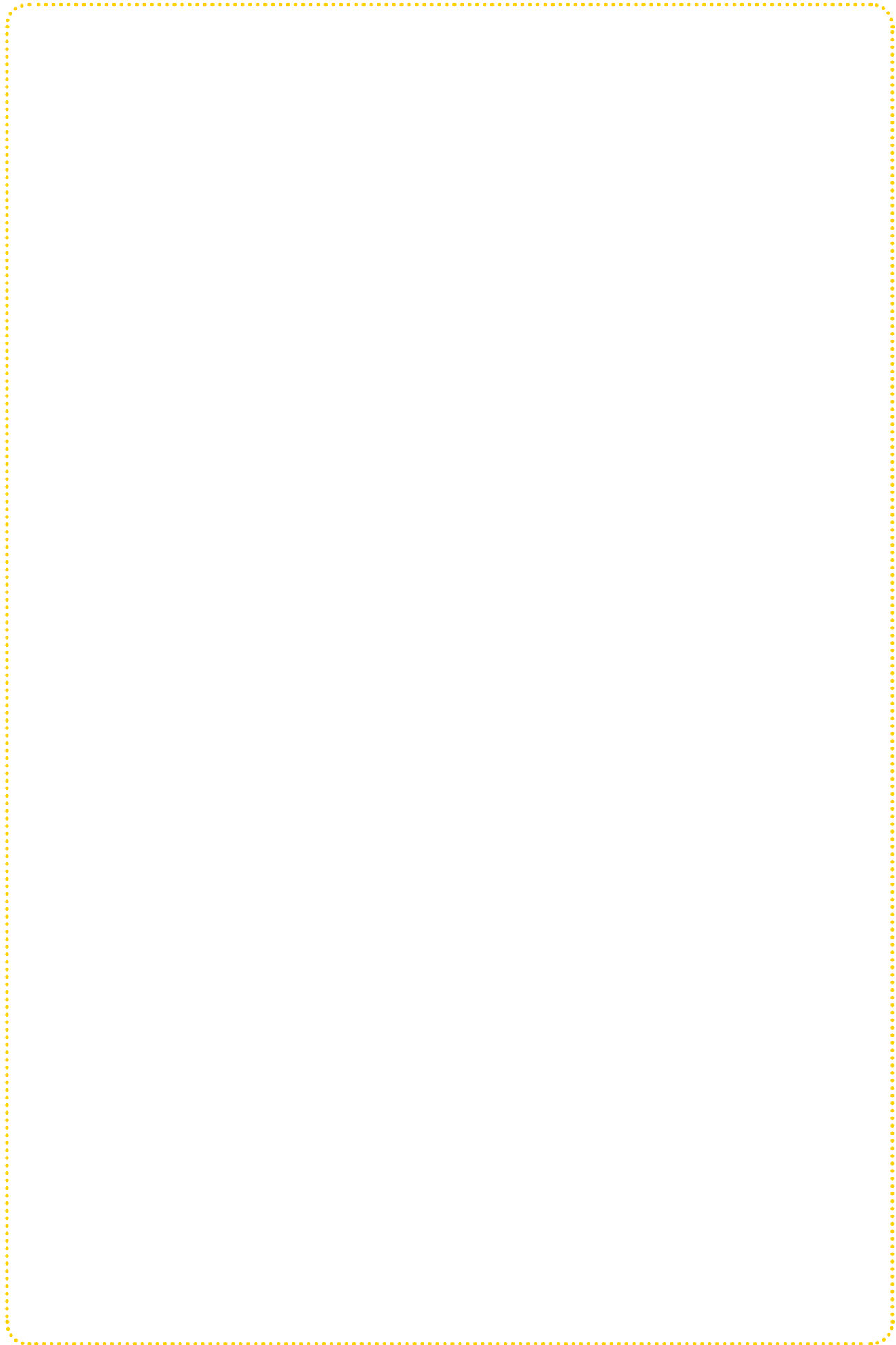
.....  
Parent's / Guardian's signature:

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

.....  
Date: DD / MM / YYYY

.....  
Date: DD / MM / YYYY

## Notes



## 11 Parent Checklist

### Have you:

- completed all sections of the enrolment booklet?
- attached proof of date of birth for your child? (see pg. 2 glossary for document examples)
- included details of a minimum of two emergency contacts?
- reviewed, understood and signed the declaration and consent section and enrolment agreement?

### If applicable, have you attached:

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

### For service / office use only:

**Date of enrolment:** DD / MM / YYYY

### Enrolment pattern details:

### Service checklist:

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

### If applicable:

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

V 1.2 - Correct at time of editing June 18 2018



### The Creche and Kindergarten Association Limited

257 Gympie Road, Kedron Qld 4031  
T: 07 3552 5333 | F: 07 3356 7976  
info@candk.asn.au | www.candk.asn.au

ABN: 59 150 737 849

Where children comes first