C&K respectfully acknowledges the Traditional Custodians of the lands on which our services and offices are placed. C&K also pays respects to all Elders past and present.





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、この機関にお子様が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。

"مر حباً بكم في سي أند كابي. إن تعينة كر اسة التسجيل هذه ستوفر لنا معلومات قيّمة عن طفاكم وأسرتكم، حيث نستعمل هذه المعلومات لتوفير أعلى مستوى من التعليم والرعاية لطفاكم، ولدعم إنتقاله/ا ضمن خدمتنا. وفي حالة إحتياجكم الى مساحدة بشأن خدمة الترجمة لتعينة هذه الكر اسة يرجى عدم التردد في التحدث الى خدمتنا."

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 mùng quí vị đến với Nhà Trẻ/Mẫu Giáo C&K. Việc điền vào tập ghi danh này sẽ cho chúng tôi những thông tin quí giá về con em và gia đình quí vị mà chúng tôi sẽ sử dụng để cung cấp các tiêu chuẩn giáo dục tiên tiến nhất hầu chăm lo cho con em quí 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 ήφθατε στο **C&K.** Η συμπλήφωση αυτού του βιβλιαφίου εγγφαφής θα μας παφάσχει πολύτιμες πληφοφορίες για το παιδί σας και για την οικογένειά σας που θα χρησιμοποιήσουμε για να πουμοσφέροε τα ύψιστα επίπεδα παιδείας και φροντίδας για το παιδί σας και για να υποστηρίζουμε τη μετάβασή του στην υπηφεσία. Εάν χφειάζεσθε την βοήθεια μεταφφαστικής υπηφεσίας για να συμπληφώσετε το βιβλιάφιο αυτό, παφακαλούμε να μην διστάσετε να επικοινωνήσετε με την υπηφεσία σας.

> إن استكمال مله كتيب التسجيل هذا، يزردنا بمعلومات قيمه عن طفلك و عائلتك والتي سيتم استخدامها لتوفير أعلى مستويات التعليم والر عاية لطفلك ودعم فترة إنتقاله الى الخدمه. إذا كنت بحاجة الى المساعدة من خدمة الترجمه لإكمال هذا الكتيب، فلا تتردد من إ فضلك في التحدث مع الخدمه.

1 Your child's details

	Middle name(s): Last name:
Preferred name:	Date of birth:* DD / MM / YYYY
Gender: 🗖 Male 🗖 Female	CRN (if applicable):
Home address:	
Suburb:	
Country of birth:	
Does your child identify as:	 Aboriginal Aboriginal and Torres Strait Islander Decline to answer Torres Strait Islander South Sea Islander
	child's home: I's home:
Religion (optional): Duddhism	□ Christianity □ Hinduism □ Islam □ Judaism □ No Religion
Other Religion (please specify):	
Cultural background (optional):	
Medicare card number:	
*Disease must ide and a subject with must f	of your child's date of birth. Please see page 2 for document examples.

Glossary of terms Aboriginal or Torres A person of Aboriginal or Torres Strait Islander descent who identifies Strait Islander person as Aboriginal or Torres Strait Islander and is accepted as such by the community in which he / she lives A service that has been approved by the Australian Government for Child Approved care Care Subsidy (i.e. Childcare, Outside School Hours Care, Occasional Care and In-Home Care). **C&K Website** www.candk.asn.au/ck-policies-and-procedures Casual care arrangements are the additional or occasional session/s **Casual Care** (booked day) of care that are provided outside a permanent routine care arrangement **Concession card** A Health Care Card, Veterans' Affairs Card or Australian Government Pension Concession Card with automatic Health Care Card entitlements CCS The Child Care Subsidy 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). CRN Customer Reference Number obtained from the Department of Human Services DOB Date of Birth **Eligible age child** A child who is turning 4 by 30 June in the year they attend kindergarten **Key Policies and** Those policies and procedures are available on the C&K website Procedures Kindergarten 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 Developed and reviewed in consultation with families and medical Medical management plan 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 **Parent / Guardian** 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 **Parental responsibility** All duties, powers, responsibilities and authority which, by law, parents have in relation to children Photo I.D. 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** Queensland Government subsidy paid directly to the service to reduce **Kindy Support** 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 **Routine Care** A routine care arrangement are the sessions (booked days) of care that will be provided on a permanent weekly basis **South Sea Islander** 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 person

2 Getting to know your child

Is your child bottle fed? If Yes: I breast milk formula other Please detail the number of bottles and usual times per day. Our service welcomes mothers who wish to breast feed.	□ No	□ N/A
Is there any important information regarding your child's eating needs that you would For example - Is your child eating solids? What times of day does your child usually e Can your child feed themselves independently? Food likes / dislikes?		o knov
Is your child in the process of being toilet trained? Is your child toilet trained?	Yes Voc	
Is there any important information regarding your child's toileting needs that you would		
Will your child need to sleep while attending our service? 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?	□ Yes	□ Nc
Who lives with your child? Names and ages of siblings? Other family members? Pets	etc.?	
Who lives with your child? Names and ages of siblings? Other family members? Pets		
What are your child's favourite activities and interests?		

Child's Doctor			
Name:			
Address:			
Telephone:	Email:		
Has your child ever been hospitalised?		🛛 Yes	
If Yes , please detail			
Immunisation			
	mmended immunisations for their age?	□ Yes	
Register (ACIR) record OR letter from a nurse). If your child's immunisation reco	Id's immunisation record (Australian Childhood recognised General Practitioner or recognised rds are from another country, or your child was ords, please seek the advice of a General Practi	immun immur	isation
f No , or your child has only been partia	lly vaccinated, please be aware:		
	ccine-preventable infectious disease your child is the advice provided to C&K by the Public Hea		
be affected. For more information www.humanservices.gov.au. C&K child has not been vaccinated in a	islation your eligibility to access Child Care Sub regarding the Australian Government legislatic accepts no responsibility for any loss or consec accordance with the National Immunisation Prog m website <u>www.immunise.health.gov.au</u>	on pleas quences	se go t if you
Medical conditions			
Has your child been diagnosed with:			
 anaphylaxis or with being at risk of 	anaphylaxis?	🛛 Yes	🛛 No
• asthma?	I	🛛 Yes	🛛 No
• diabetes?		🛛 Yes	
• epilepsy?		□ Yes	
• an allergy or intolerance?		□ Yes	
• a health care need / medical condit		□ Yes	🗆 No
 a health care need / medical condit or a medical procedure when attend 		🛛 Yes	🛛 No
If Yes , please detail:			
If you answered Yes to any of the above			
 Attach a copy of a current medical registered medical practitioner for e 	management plan which has been signed and o ach condition.	dated b	уа
	and requires medication or a medical procedur d to undertake specialised training before your		
 Refer C&K Medical Conditions Proc on the C&K Website. (www.candk.as) 	edure and the Medical Managements Plan temp n.au/ck-policies-and-procedures).	plates a	vailable
Dietary requirements or restrictions			
Does your child have any specific dietar	y requirements or restrictions?	🛛 Yes	🗆 No
ls your child vegetarian? 🛛 Yes 🔲 N	o Is your child lactose intolerant?	🛛 Yes	

.....

If Yes , please detail:	
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4 | C&K Enrolment Booklet

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4 Additional needs

C&K is committed to providing all children with access to a quality education a Has your child been assessed, identified and / or diagnosed with a:	nd care program.	
disability or impairment?	🗆 Yes 🛛 No	0
• giftedness or talent?	🗆 Yes 🛛 No	0
 learning or developmental difficulty or disorder? 	🗆 Yes 🔲 Ne	0
complex condition, illness, disease or disorder?	🗆 Yes 🛛 No	0
 behavioural and / or emotional difficulty or disorder? 	🗆 Yes 🛛 N	0
Is your child currently undergoing specialist assessment for a suspected additional need?	Yes No	0
Does your child currently have a NDIS plan or access support through the NDIS	? 🛛 Yes 🗖 No	0
If Yes , please provide details below and attach a copy of specialist report/s and to this booklet.	I/ or NDIS support p	lans
If you answered Yes to any of the above:		
 do you give permission for C&K educators / personnel to contact other org specialists who are involved in your child's health and development to obta and suggestions to achieve quality education outcomes for your child? 		0
 please discuss this with our service, ensuring you bring any relevant paper information or plans with you when returning this booklet. Please note that discuss the paper with your input and approved an Education of 	t our service may	
discuss the need to develop, with your input and approval, an Education Su support your child.		••••
support your child.		••••
support your child.5 Living and care arrangements		
 5 Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to 	? 🗆 Yes 🗆 No	
 support your child. Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child? 	? 🗌 Yes 🗌 No 🗌 Yes 🔲 No	0
 5 Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to 	? 🗌 Yes 🗌 No 🗌 Yes 🔲 No	0
 support your child. Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child? c. Are there any court orders or other directives in place that name your child 	?	0 0
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 5 Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child? c. Are there any court orders or other directives in place that name your child d. Are the child's parents / guardians separated? e. Are there any court orders, parenting orders and / or parenting plans relati to any other person's care of, responsibility for and / or contact with the child 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? g. Are you or your child named on any other order or directive that the service 	? Yes No Yes No Yes No Yes No Yes No Yes No Yes No e Yes No e Yes No we can support ans / other official ginal documents,	
 support your child. Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child? c. Are there any court orders or other directives in place that name your child d. Are the child's parents / guardians separated? e. Are there any court orders, parenting orders and / or parenting plans relatit to any other person's care of, responsibility for and / or contact with the child's 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? 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? If you have answered Yes, (b to g) please provide information below to ensure your child and family. If there are court orders / parenting orders / parenting pl directives related to you or your child please attach a copy and present the original seal and / or the original plans bearing each person 	? Yes No Yes No Yes No Yes No Yes No Yes No Yes No e Yes No e Yes No we can support ans / other official ginal documents,	
 support your child. Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child? c. Are there any court orders or other directives in place that name your child d. Are the child's parents / guardians separated? e. Are there any court orders, parenting orders and / or parenting plans relatit to any other person's care of, responsibility for and / or contact with the cf. 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? 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? If you have answered Yes, (b to g) please provide information below to ensure your child and family. If there are court orders / parenting orders / parenting plans the original plans bearing each person to our service. 	?	0 0 0 0 0 0
 support your child. Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child? c. Are there any court orders or other directives in place that name your child d. Are the child's parents / guardians separated? e. Are there any court orders, parenting orders and / or parenting plans relati to any other person's care of, responsibility for and / or contact with the cf. 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? g. Are you or your child named on any other order or directive that the servic would need to be aware of in order to care for and protect your child? If you have answered Yes, (b to g) please provide information below to ensure your child and family. If there are court orders / parenting orders / parenting plans the original seal and / or the original plans bearing each person to our service. 	? Yes No Yes No Yes No Yes No Yes No Yes No Yes No e Yes No e Yes No we can support ans / other official ginal documents, 's original signature,	
 support your child. Living and care arrangements a. Are you the parent (see pg. 2 glossary of terms) of the child being enrolled b. Are there any applications before any court that are ongoing and relate to parenting issues regarding your child? c. Are there any court orders or other directives in place that name your child d. Are the child's parents / guardians separated? e. Are there any court orders, parenting orders and / or parenting plans relati to any other person's care of, responsibility for and / or contact with the child is 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? g. Are you or your child named on any other order or directive that the servic would need to be aware of in order to care for and protect your child? If you have answered Yes, (b to g) please provide information below to ensure your child and family. If there are court orders / parenting orders / parenting present the original plans bearing each person 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 <u>CCS</u>? www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy 🗆 Yes 🛛 No

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.

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 cur	rent approved concession card?	🗆 Yes 🛛 No
If Yes , name on the card:	Card number:	
Type of card: 🗖 Health Care Card Card	Veterans' Affairs Card Australian Govern	ment Concession
Please provide a copy of the relev	ant concession card	
Card valid from date: DD / MM	/ YYYY Card expiry:	DD / MM / YYYY
b. Do you identify as:		Torres Strait Islander South Sea Islander
c. Do you have three or more ch	ildren of the same age, enrolled in the sam	ne 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

Parent / guardian 2

Primary guardian is the person responsible for payment of fees and / or registered with Centrelink for Child Care Subsidy.	
First name:	First name:
Middle name(s):	Middle name(s):
Last name:	Last name:
Preferred name:	Preferred name:
Relationship to child:	Relationship to child:
CRN:	CRN:
Gender:	Gender:
DOB: DD / MM / YYYY	DOB: DD / MM / YYYY
Is your street address the same as your child?:	Is your street address the same as your child?:
If No , street number:	If No , street number:
Street name:	Street name:
Suburb:	Suburb:
Postcode:	Postcode:
Is postal address same as street address:	Is postal address same as street address:
If No , postal address:	If No , postal address:
Suburb:	Suburb:
Postcode:	Postcode:
Home telephone:	Home telephone:
Mobile telephone:	Mobile telephone:
Preferred telephone:	Preferred telephone:
Email address:	Email address:
Cultural background*:	Cultural background*:
Occupation:	Occupation:
Name of workplace:	Name of workplace:
Work telephone:	Work telephone:
*optional	*optional

	uthorised persons will need to present appropriate ion regarding please refer to the Arrival, Departure act our service. Please note that emergency
Additional Contact 1	I / we authorise Additional Contact 1 to:
- irst name:	Deliver and collect my child from this service.
1iddle name (s):	
.ast name:	Be notified of any emergency involving my child if I / we cannot be immediately
Preferred name:	contacted.
DOB: DD / MM / YYYY 🗖 Male 🗖 Female	Consent to medical treatment including the
Relationship to child:	administration of medication to my child if I / we cannot be immediately contacted.
lome address:	
Street name:	Authorise an educator to take my child outside this service (e.g. an excursion).
Suburb: Postcode:	outside this service (e.g. an excursion).
lome telephone:	
10bile telephone:	
Preferred telephone:	
Vork telephone:	
Email address:	
Additional Contact 2	I / we authorise Additional Contact 2 to:
irst name:	Deliver and collect my child from this service.
1iddle name (s):	_
ast name:	Be notified of any emergency involving my child if I / we cannot be immediately
Preferred name:	contacted.
OOB: DD / MM / YYYY 🛛 Male 🗖 Female	Consent to medical treatment including the
Relationship to child:	administration of medication to my child if I / we cannot be immediately contacted.
lome address:	_
Street name:	Authorise an educator to take my child outside this service (e.g. an excursion).
Suburb: Postcode:	
lome telephone:	
10bile telephone:	
Preferred telephone:	
Vork telephone:	
mail address:	
dditional Contact 3	I / we authorise Additional Contact 3 to:
irst name:	Deliver and collect my child from this service.
1iddle name (s):	Be notified of any emergency involving my
ast name:	child if I/we cannot be immediately contacted.
Preferred name:	Consent to medical treatment including the
DOB: DD / MM / YYYY Image: Male Image: Female	administration of medication to my child if I / we cannot be immediately contacted.
Relationship to child:	
lome address:	Authorise an educator to take my child outside this service (e.g. an excursion).
treet name:	
uburb: Postcode:	
lome telephone:	
10bile telephone:	
Preferred telephone:	
Vork telephone:	

9 Declaration and consent

Medical declaration and consent							
1.	the fol	authorise and consent to service staff applying and / or administering lowing to my / our child in accordance with the relevant <u>C&K policy</u> <u>candk.asn.au/ck-policies-and-procedures)</u> :					
	a.	SPF50+ broad spectrum water resistant sunscreen	🛛 Yes	🗖 No			
	b.	insect repellent (0% DEET)	🛛 Yes	🛛 No			
	С.	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.

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) 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:
 - . medical treatment from a registered medical practitioner,
 - hospital and / or ambulance serviceb. transportation of my / our child by an ambulance service
 - S. Calisportation of my / our enha by an ambalance 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

es			



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:

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V 1.2 - Correct at time of editing June 18 2018

- □ 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



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Where children comes first