



Enrolment Form

This form must be completed by a parent or a guardian who has lawful authority in relation to the child.
Please answer all questions to assist us in helping you gain government funding.

Parents/Guardians are required to fully disclose any additional needs their child may have that are relevant to Busy Kids Child Care Centre's duty of care to both staff and children involved in the program.

Care requirements

When would you prefer care to start ____/____/____

(Please complete times in days that care is required).

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
e.g. 9:00am to 5:00pm					
Child's Information					
Child's first name:			Family name:		
Date of birth:			Place of birth:		
Sex of child: Male <input type="checkbox"/> Female <input type="checkbox"/>			Child's Centrelink Customer Reference Number (CRN):		
Medicare number:		Position on card:		Expiry Date:	
Home address:					
Religion:			What language does your child speak?		
Cultural Background: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian <input type="checkbox"/> Other: _____			Are any languages other than English spoken at home? YES / NO If yes, please specify language:		
Is the child considered "at risk of harm"? YES / NO			Is the child or family currently involved with an agency? (eg DOCJ, Mission Australia etc) YES / NO Name of agency:		
Does your child have any additional needs? Please provide details:					
Is your child currently accessing or on the waiting list for any of the following services?					
Speech Therapy: Accessing / Waiting List / N/A			Occupational Therapy: Accessing / Waiting List / N/A		
Dietician: Accessing / Waiting List / N/A			Other:		



Does your child have any siblings? <i>If so, please list below</i>					
Name:		Date of birth:		Sex:	
Name:		Date of birth:		Sex:	
Name:		Date of birth:		Sex:	
Since July, has your child or is your child attending another children's service e.g. Preschool, Long Day Care or Family Day Care					YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes – Centre Name					
Start Date:			Child Care Subsidy claimed YES <input type="checkbox"/> NO <input type="checkbox"/>		
Days Attended:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

Court Orders	
Are there any court orders affecting the access and contact of your child?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes you will need to show evidence of these orders **DOCUMENTS REQUIRED**	

Payment of Account
<p>How will you be paying your account?</p> <p><input type="checkbox"/> Eftpos– weekly/fortnightly (cross out one)</p> <p><input type="checkbox"/> Direct Debit (This can be set up through the Xap website using your log in details)</p> <p><input type="checkbox"/> Internet bank transfer (collect bank details form)</p> <p><i>Please note accounts if you pay weekly, your account will need to be a week in advance, if you pay fortnightly, you will need to be a fortnight in advance (all accounts are billed 2 weeks in advance). Accounts will be emailed to the enrolling parent's email address weekly by our software provider.</i></p>



Parent or Guardian Information	
<i>Parent/Guardian child is registered with through Centrelink for CCS</i>	<i>Parent/Guardian</i>
First name:	First name:
Surname:	Surname:
Date of birth:	Date of birth:
Address: (if different from the enrolled child).	Address: (if different from the enrolled child).
Centrelink Customer reference number CRN:	
Cultural Background: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian <input type="checkbox"/> Other: _____	Cultural Background: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian <input type="checkbox"/> Other: _____
Work details	Work details
Occupation:	Occupation:
Place of employment:	Place of employment:
Work Address:	Work Address:
Employment status: Self employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/>	Employment status: Self employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/>
Studying: YES <input type="checkbox"/> NO <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Studying: YES <input type="checkbox"/> NO <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Contact details	Contact details
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Email:	Email:
<i>A kiosk log in code will be sent to this address to allow you to sign your child in/out</i>	<i>A kiosk log in code will be sent to this address to allow you to sign your child in/out</i>
Preferred method of contact: Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>	Preferred method of contact: Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>



Emergency Contacts

Your permission is required for other people to collect your child from the centre on your behalf. Please list below people authorised to collect your child on your behalf. In the event that you are unable to collect your child the list below will be automatically used to arrange collection of your child. This list may be updated at any time throughout the year.

All emergency contacts must be over the age of 18.

Please advise emergency contacts to bring photo identification with them each time they come to collect your child as the staff may request to see identification before releasing your child.

Full name:		
Date of Birth:		
Relationship to Child (please circle):		
Aunt / Uncle / Grandparent / Friend / Other (please specify):		
Known to child as: (eg. Uncle Bob, Nan etc)		
Address:		
Email address: <i>(A kiosk code will be emailed to enable the nominee to sign the child in/out)</i>		
Home Phone:	Mobile Phone:	Work Phone:
Please tick the permissions granted to this person in relation to your child: <i>(Parent's of the child automatically have these permission unless court orders are in place)</i>		
<div style="display: flex; flex-direction: column; gap: 10px;"><div><input type="checkbox"/> Authorise the centre to seek medical treatment from a registered medical practitioner, hospital or ambulance service, including transportation of the child by an ambulance service.</div><div><input type="checkbox"/> Authorise the centre to administer medication to the child.</div><div><input type="checkbox"/> Authorise the centre to take the child outside the centre on excursions or outings, with the centre's educators.</div><div><input type="checkbox"/> Be contacted in an emergency concerning the child.</div><div><input type="checkbox"/> Drop off / pick up the child from the centre.</div><div><input type="checkbox"/> Authorise my child to be transported by the service or on transportation arranged by the service.</div></div>		



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Child's Medical and Health Information

Name of Doctor:	Phone number:
Address:	
Are you in a private health fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of private health fund:	Membership number:
Do you have Ambulance cover?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of fund:	Membership number:

Dental Service Information:

Name of Dentist:	Phone number:
Address:	

Immunisation Details:

Is your child's immunised?	YES <input type="checkbox"/> NO <input type="checkbox"/>
You will need to show evidence of your child's immunisation records. **DOCUMENTS REQUIRED** <i>Please note your child will NOT be permitted to start at the centre until you have provided us with a copy of your child's Immunisation History Statement from Medicare showing that all immunisations are up to date.</i>	
What was the date of your child's last immunisation?	

Medical History

Does your child have any food allergies and or intolerances? ☐ YES ☐ NO

If yes please provide details of any triggers and symptoms. Please list treatment and or medication your child takes for these allergies or intolerances.

****DOCUMENTS REQUIRED****



Does your child have any diagnosed medical conditions? Yes ☐ No ☐

If so please list below the condition, symptoms, treatment and any medication your child is taking for the condition.

If you answered yes to the above question, please provide any medical reports, treatment plans, action plans and any other information for your child's diagnosed condition that may assist us in the provision of care for your child. ****DOCUMENTS REQUIRED****

Do you or any family members suffer from a medical condition?

e.g. Asthma, Epilepsy, heart condition, Diabetes. Yes ☐ No ☐

If so please list below.

Does your child have any allergies? ☐ YES ☐ NO

If yes please provide details of any triggers and symptoms. Please list treatment and or medication your child takes for this allergy. ****DOCUMENTS REQUIRED****

Does your child have any disabilities or learning difficulties? ☐ YES ☐ NO

If yes please provide details of any requirement your child may need during a day at care.



THE FOLLOWING STATEMENTS YOU ARE REQUIRED TO READ AND INITIAL TO ACKNOWLEDGE YOU ARE AWARE OF OUR POLICIES AND PROCEDURES IN EACH INSTANCE.

1. Staff to act in case of emergency and or accident.

Staff will take every care of your child whilst they are at the centre, but cannot be held responsible for any accidents that may occur. If your child is sick and or has an accident that needs medical treatment, we will try to contact you first **(except in the case of an emergency where an ambulance is required)**. If we are unable to contact you, we will ring the next person on your authority/contact list to come and collect your child to be taken either home or the doctors/hospital. (Any emergency medical and or transport cost incurred will be the responsibility of the parents/guardians).

I authorise the staff of Busy Kids Child Care Centre to obtain:

- (i) Any medical treatment for the child from a registered medical practitioner, hospital or ambulance service**
- (ii) Transportation of the child by an ambulance service; and**
- (iii) I agree to pay any costs incurred.**

Initial: _____

- 2. I agree to collect and make arrangements for the collection of the child referred to in this enrolment form within 30 minutes should he or she become unwell whilst attending the service.**

Initial: _____

- 3. I agree that if my child is unwell I will keep them home until well enough to attend child care**

Initial: _____

- 4. I agree to exclude my child for the required period from care if they are not immunised, if there is a vaccine preventable disease. (Refer to Staying Healthy in Child Care).**

Initial: _____

- 5. I agree to sign my child in and out of care every time he or she attends the centre.**

Initial: _____

- 6. I agree to notify staff if mine or my child's details change in any way.**

Initial: _____



7. Emergency evacuation - In the event of an emergency e.g. fire; the children will be required to evacuate the centre. The children will be fully supervised during this procedure. Please see the evacuation plan for the meeting point. I agree for my child to participate in emergency evacuation rehearsals to help prepare them for what to do should there be an emergency at the centre.

Initial: _____

8. I understand the daily charges of day care and agree to pay the cost of sending my child to care in conjunction with the Policies set by Busy Kids Child Care Centre. If Centrelink has not allocated Child Care Subsidy, I agree to pay full fee until the Child Care Subsidy comes through. If my account falls in arrears, I understand my child's position at the centre may be in jeopardy and if referred to a debt collector, additional fees will apply.

Initial: _____

9. I understand and agree I need to provide sufficient nappies, wipes and/or creams for my child. If my child does not have enough nappies for the day, Busy Kids will provide nappies at \$2.00 per nappy, and \$4.00 per packet of wipes, which is payable by the parent.

Initial: _____

10. I understand that if I or the person instructed to pick up my child is later than 5.30pm I will be charged a late fee which is payable at pickup.

Initial: _____

11. I agree to abide by all Busy Kids Child Care Centre Policies and Procedures including fees and charges incurred.

Initial: _____

12. I agree that if my child displays asthma symptoms that staff may administer a Ventolin puffer to my child (even if they haven't been diagnosed with Asthma) – parents will then be phoned, and an ambulance may be called.

Initial: _____

I HAVE READ, UNDERSTOOD AND ACKNOWLEDGE THAT I MUST AGREE TO ALL ABOVE POINTS FROM 1 – 12, BEFORE MY CHILD'S ENROLMENT FORM CAN BE SUBMITTED.

Name: _____ Signature: _____



Permission for Cooking Experiences

Throughout the year, the educators would like to incorporate the children's interest in cooking into their program and would like the children to participate in a variety of cooking experiences.

If you would like your child to participate in these experiences – please sign the permission form below.

Please note children will be fully supervised throughout these cooking experiences and will not have access to the oven. As Busy Kids is a nut free centre – the recipes we make will not contain nuts.

Please list below any food/beverage allergies or intolerances your child has.

We will display a sign near the sign-in tablet on the morning of the cooking experience to let families know what we will be making that day.

A copy of the recipes we make can be emailed to you upon request.

I _____ **give my permission** for my child _____
to participate in cooking experiences at Busy Kids. I understand a sign will be displayed near the sign-in tablet on the morning of the cooking experience, and I will inform staff if I do not wish my child to participate.

My child has allergies / intolerances to the following: _____

OR

I _____ would prefer my child _____
does not participate in cooking experiences offered at Busy Kids.

Parent/Carer Name: _____

Signed: _____ Date: _____



Permission Forms

PERMISSION FOR PHOTOS OF YOUR CHILD

I give permission for my child's photo to:	YES	NO
be used in advertising campaigns (e.g. local TV)		
be published in the local paper (BDT)		
be shared with other families throughout the year in group photos		
be used for centre displays		
be published on Busy Kids Facebook page		
be published in the Busy Kids Newsletter		
be published on the Busy Kids Website		

SPECIAL OCCASIONS

I give permission for my child to:	YES	NO
share birthday cake throughout the year		
have their face painted throughout the year		

FIRST AID

I give permission for my child to receive first aid treatment from staff which may include application of:	YES	NO
Betadine		
Dettol Cream		
Band-aids (fabric or plastic)		
Alcohol wipes		
Saline solutions		
Sun block applied to my child regularly throughout the day		
<i>My child does not have any allergies to the above medications</i>		



Room: _____

Starting Date: _____

Your Family Form

(Office use)

To enable our staff to provide learning and development programs for your child we would love you to answer the few questions below.

Child's name: _____

Date of Birth ____/____/____

Country of origin: _____ Language spoken at home: _____

If a language other than English spoken at home please specify: _____

Does your child speak English? Yes ☐ No ☐

What religious or cultural practices would you like your child to observe at the centre? (Please give details) _____

Please identify other family members living in your home

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Older sibling | <input type="checkbox"/> Younger sibling | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Cousins | <input type="checkbox"/> Other, please specify: _____ | |

Many families have unique family rules. Please briefly detail anything specific you would like us to know: - _____

Are there any activities at the centre, which may contravene your family values or beliefs? If so, please identify. i.e. Christmas, Easter

Would you be interested in helping out in the centre with story reading, music or games to enhance children's experiences that are using our service? Yes / No (if yes, please provide details)

Please provide any other relevant information to centre management and or staff in relation to your child.

This information will ensure we can develop learning activities for your child, which other children can enjoy, promoting a multi-cultural, anti-bias environment for all.

Your Child's routine

To enable our staff to provide an appropriate routine for your child, it is important that we have as much information about each child as possible.

General Information

Child's name: - _____

Other names your child may be called _____

Has your child been in childcare before? If yes, please indicate which one.

☐ Long Day Care ☐ Family Day Care ☐ Preschool

Does your child have a comforter? If yes, please provide details: _____

Are there any rules as to when your child can/can't have their comforter? _____

The things your child enjoys doing the most: _____

Songs your child likes. _____

1. Feeding (if applicable)

Is your child currently on formula, milk or breast milk?

☐ Formula ☐ Milk ☐ Breast milk ☐ N/A (move to next question)

What are your child's bottle times?

Does your child like to be nursed whilst having their bottle? ☐ Yes ☐ NO

Does your child have their bottle warmed? ☐ Yes ☐ No



2. Eating

Does your child have any dietary restrictions or allergies?
If yes, please list them below

☐ Yes ☐ No

Does your child like to feed themselves?

☐ Yes ☐ No

3. Toileting

Is your child in nappies?

☐ Yes ☐ No

Is your child toilet training?

☐ Yes ☐ No

Is your child toilet trained?

☐ Yes ☐ No

If yes, please provide details to assist us with toilet training whilst in care. E.g. pull ups, nappy, undies

I agree to allow staff to apply nappy cream (supplied by parents) to my child as the need arises.

☐ Yes

☐ No

Signature

4. Sleeping

Does your child sleep during the day?

☐ Yes ☐ No

Please indicate your child's usual sleep routine throughout the day.

Sleep times:

1. _____ to _____

2. _____ to _____

3. _____ to _____

How does your child go to sleep? _____

Does your child sleep with a comforter?

☐ Yes ☐ No

(Please specify) _____

Does your child need a nappy/pull-up while sleeping?

☐ Yes ☐ No

Any other relevant information you would like to share with us



DECLARATION

I _____ (print full name)

A person with lawful authority of the child referred to in this enrolment form;

Declare that the information is correct and true and will update any changes to this information immediately with the service.

Signature _____ Date _____

Please let us know how you heard about Busy Kids?

- € Family / Friend
- € Newspaper
- € Website
- € Advertisement
- € Other _____

DOCUMENTS REQUIRED

- COURT ORDERS YES / NO / N/A
- IMMUNISATIONS YES / EXEMPTION GIVEN
- MEDICAL ACTION PLANS YES / NO / N/A
- ALLERGIES / FOOD INTOLERANCE YES / NO / N/A
- BIRTH CERTIFICATE YES / NO
- DIRECT DEBIT FORM YES / NO / N/A
- CENTRELINK CRN CARD YES / NO

For any queries, please contact the centre on;

Phone: 08

Location: 10 Mudge Terrace, Streaky Bay SA 5680

Email: jenny@busykidsstreakybay.com.au

