



**BELLEVUE HILL KIDS CLUB  
ENROLMENT FORM**

Note: A separate enrolment form should be completed for each child  
Enrolment Forms are processed on Tuesdays, Wednesdays and Fridays ONLY.  
We aim to process forms as soon as possible but cannot guarantee immediate start  
A start date will be confirmed after this form has been processed by our Admin Officer  
Please ensure that you complete all sections and email to admin@kidsclubosh.com.au

**SECTION 1: CHILD'S DETAILS**

Child's Full Name: \_\_\_\_\_  
Sex: Male / Female (Please circle)      Child's CRN: \_\_\_\_\_  
Address of child \_\_\_\_\_  
Date of Birth                                    /        /  
Country of Birth                                \_\_\_\_\_      Child's nationality \_\_\_\_\_  
Language/s spoken by child \_\_\_\_\_      Families religion \_\_\_\_\_

**SECTION 2: PARENT/GUARDIAN DETAILS**

Parent/Guardian 1 Name: \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Date of Birth                                    /        /  
Address \_\_\_\_\_  
Home Phone                                    \_\_\_\_\_      Mobile No. \_\_\_\_\_  
Are you an Australian resident    Yes/No (Please circle)  
Country of birth                                \_\_\_\_\_      Language/s spoken at home \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work address \_\_\_\_\_  
Work telephone number \_\_\_\_\_  
Employment status    Full time/Part time/Casual/Not currently working  
Email address \_\_\_\_\_  
CRN \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Date of Birth                                    /        /  
Address \_\_\_\_\_  
Home Phone                                    \_\_\_\_\_      Mobile No. \_\_\_\_\_  
Are you an Australian resident    Yes/No (Please circle)  
Country of birth                                \_\_\_\_\_      Language/s spoken at home \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work address \_\_\_\_\_  
Work telephone number \_\_\_\_\_  
Employment status    Full time/Part time/Casual/Not currently working  
Email address \_\_\_\_\_  
CRN \_\_\_\_\_

**SECTION 3: CHILD CARE SUBSIDY**

Will you be claiming Child Care Subsidy?    Yes/No (Please circle) If yes please complete details below  
Name of person claiming \_\_\_\_\_  
Date of Birth                                    /        /  
For Child Care Subsidy purposes, it is important to advise the service if you use any other service simultaneously.

**Coordinator to initial the bottom of the page after checking all information has been provided.**

**SECTION 4: CUSTODY INFORMATION**

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child? Yes/No (Please circle) If yes please provide details below.

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NOTE: The service cannot enforce custody orders without a copy of the relevant Court Order. Please discuss any custody issues with the Coordinator/Nominated Supervisor before enrolment.

**SECTION 5: EMERGENCY CONTACTS**

I hereby authorise the staff of the service to contact the following people if I cannot be contacted in the case of an emergency.

Please supply at least 2 names other than the child’s parents/guardians

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency with your child or the service and asked to collect your child when you cannot be contacted.

**Medical treatment and administration of medication**

I hereby authorise the staff of the service to contact the following people if I cannot be contacted in the case of the need to consent to medical treatment of my child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service or to authorise administration of medication to the child. Please supply at least 2 people other than the child’s parents/guardians

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency with your child or the service and asked to consent to medical treatment for your child.

**Care and Wellbeing of my child**

I hereby authorise the following people to authorise an Educator to make decisions regarding the care and wellbeing of my child. Eg Permission to attend a change of venue for an excursion. Please supply at least 2 people other than the child’s parents/guardians.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

Coordinator to initial the bottom of the page after checking all information has been provided.

**Authority to collect your child from the service**

I hereby authorise the service staff to allow the following people to collect my child

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that they may be asked to show identification (ID) on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service.

**SECTION 6: MEDICAL INFORMATION**

Family Doctor's name: \_\_\_\_\_

Family Doctor's address \_\_\_\_\_

Telephone number \_\_\_\_\_

Does your child have any medical conditions? Eg: Asthma, Allergies/Anaphylaxis, Diabetes, Additional Needs etc Yes/No (Please circle) Provide details below:

\_\_\_\_\_  
\_\_\_\_\_

If **YES** Please provide details including a copy of a medical management plan prepared by the child's doctor. You will also be asked to attend a meeting with the Coordinator/Nominated Supervisor to complete the centre's Medical Risk Minimisation Plan.

Medical Management Plan completed by GP (attached) please tick \_\_

Centre Medical Risk Minimisation Plan completed by Parent and Coordinator (attached) please tick \_\_

Does your child require regular medication? Yes/No If yes please provide details below:

\_\_\_\_\_  
\_\_\_\_\_

Is your family a member of a Private Health Fund? Yes/No

Name of Private Health Fund \_\_\_\_\_

Private Health Fund number \_\_\_\_\_

Family Medicare Number \_\_\_\_\_

Number of child on Medicare Card \_\_\_\_\_

NOTE: Medication will only be administered in accordance with the centre's Medication Policy that you be provided with.

**Immunisation**

Has your child received the necessary immunisations for their age? Yes/No

If **NO**, please complete and attach an Immunisation Exemption Conscientious Objection form available at a Medicare Office.

Coordinator to initial the bottom of the page after checking all information has been provided.

**SECTION 7: INDIVIDUAL INFORMATION-GETTING TO KNOW YOUR CHILD**

This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies Yes/No

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**Does your child have any special interests and hobbies? Please give details**

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**Does your child have any fears or phobias that you feel we should be aware of?**

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**Are there any cultural or religious requests you would like us to know about?**

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**Homework Club:**

A Homework Club runs most afternoons with a Kids Club Staff Member (please see schedule at centre for more information)

At this time the children on our Homework List are assisted with the Homework in a quiet area within the centre, unfortunately there is not the opportunity for one to one tuition due to the supervision of the other children in attendance.

Please complete the details below:

- o Yes, I would like my child to attend Homework Club
- o No, I am not interested in Homework Club at this stage.

If you change your mind at all throughout the year, please email the centre at [bellevuehill@kidsclubosh.com.au](mailto:bellevuehill@kidsclubosh.com.au)

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date / /

**SECTION 8: AUTHORISATION AND APPROVAL (PERMISSION)**

**NOTE:** Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial

**1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY**

That in the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments: Medical, Dental, Hospital, Ambulance Service and transportation of the child by Ambulance.

**2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY**

That in the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments

**3.PERMISSION FOR THE APPLICATION OF SUNSCREEN**

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities

**Coordinator to initial the bottom of the page after checking all information has been provided.**

#### **4. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN**

I hereby consent to my child being photographed/videoed while they are at the service or on an excursion

NOTE: There are a number of reasons the centre takes photographs/videos of the children, including:

- Providing visual documentation (Daily Journal) for families to see what their child does throughout the day
- To assist with evaluations of the program
- Newsletters- review of what the children have been doing during the term.

#### **5. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE**

I agree to have my child signed in and/or out digitally through the QK Kiosk on arrival and departure each day they attend the centre.

#### **6. CHILD ABSENCE**

I agree to notify the centre if my child is absent on a day that they are booked in.

NOTE: The service needs to record the amount of allowable and approved absences your child is entitled to under Child Care Benefit legislation.

### **SECTION 9: PAYMENT OF FEES**

#### **1. NOTICE OF DISCONTINUATION OF ATTENDANCE**

When you wish to discontinue and terminate your child care place at the service you are required to provide one (1) weeks written notice to the Admin Officer or you are liable to pay the equivalent of one (1) weeks child care fees to the centre. Email for Admin Officer [admin@kidsclubosh.com.au](mailto:admin@kidsclubosh.com.au)

#### **2. ABSENCES FROM THE CHILD CARE CENTRE**

Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the centre.

#### **3. SERVICE CLOSURE**

No fee is charged while the service is closed over the Christmas period

#### **4. LATE COLLECTION FEE**

Should children be present after the 6pm closing time, a late fee of \$15.00 per 15minute intervals will apply and will be added to your weekly statement.

#### **5. WHEN AND HOW TO PAY**

As per the information provided in this booklet, fees must be paid each week for the child's weekly attendance. Weekly fees are to be paid by Direct Debit or Direct Deposit into the centre's bank account:

Bank: ANZ

Account: Early Learning Management Solutions

BSB: 012-262

Account Number: 4592 98082

I understand that fees must be paid once invoiced within the stated due date, that my child's place at the centre may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

#### **6. COSTS OF DEBT RECOVERY**

I (The Client) (The Parent) expressly agree that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor fees and disbursements incurred by Kids Club as a result of my failure to pay fees and charges for the service provided within the strict terms of payment. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

**Coordinator to initial the bottom of the page after checking all information has been provided.**

**SECTION 10: DISCLAIMER/INFORMED CONSENT**

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment form and service policy booklet which forms part of this agreement ( and which may be changed by notice from time to time by the service at its sole discretion)
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times
- The information provided in this enrolment form is to the best of my knowledge correct
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment form ( Notice of Change of Details)
- When caring for my child/children the service will rely on the information provided by me in this enrolment form, in any or Notice of Change of Details Form or any other instructions I give to the service.
- I am totally responsible for the accuracy of the information and my compliance with the Centre’s Policies and Procedures
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the centre.
- I must first inform these persons about the Policies and Procedures of the centre and that they must strictly comply with them at all times.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employees or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Persons failing to comply with any Policies & Procedures and or due to the inaccuracy of the information and or the acts or omissions of the Other Persons

**SECTION 11: DECLARATION**

I hereby declare, that to the best of my knowledge, the information provided in this Enrolment Form is true and accurate.

Parent and/or Guardian’s Full Name\_\_\_\_\_

Signature\_\_\_\_\_ Date: \_\_\_\_\_

Nominated Supervisors Full Name (please print) \_\_\_\_\_

Signature\_\_\_\_\_ Date: \_\_\_\_\_



**BELLEVUE HILL KIDS CLUB**  
**BOOKING FORM**

Dear Parents,

Please complete the following Registration and Booking Form by ticking the appropriate box. Once your permanent booking has been set up you will be charged for those sessions regardless of your child's attendance including Public Holidays.

**Any changes to your Permanent Booking must be made in writing by completing a Change/Cancellation of Booking Form (one week's notice is required)**

Casual bookings can be taken in advance or on the day that you require care as long as the centre has a vacancy.

Please return this form with your Enrolment Form and the Direct Debit Request Form as soon as possible.

Please be aware that we cannot guarantee immediate start, you will be contacted after your forms have been processed

Thank you, Centre Coordinator

**BOOKING FORM**

Child's Name \_\_\_\_\_ Year/Class \_\_\_\_\_

will attend Kids Club for the following sessions.

I understand that I must complete a Change of Booking Form when wanting to make changes to my permanent booking.

Please tick how you will be paying this account:

- Direct Debit (I have completed a Direct Debit Request Form) (please print from the Forms Tab on our website)
- Directly into the centre bank account

Please tick the days of care you require.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>BEFORE CARE</b>					
<b>AFTER CARE</b>					
<b>CASUAL CARE</b>	Please circle if you would like to use the centre on a casual basis ONLY. Casual Bookings must be made in advance, please call or email the centre to book in. Places are limited				
Please write what date you would like your child to start at Kids Club                    /                    /					

Parent Signature \_\_\_\_\_

Date completed    \_\_\_\_/\_\_\_\_/\_\_\_\_