



Little Kids Academy

## ENROLMENT FORM

### Child's Details

Child's Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Other Names Child is known by \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M / F

Place Of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Religion \_\_\_\_\_ Primary Language \_\_\_\_\_

Medicare Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Health Care Fund \_\_\_\_\_ Number \_\_\_\_\_

### Names of other Siblings

1. \_\_\_\_\_ Age \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_

4. \_\_\_\_\_ Age \_\_\_\_\_

CRN (Centrelink Reference Number) \_\_\_\_\_

## **Parents' Details**

	<b>PARENT / GUARDIAN 1</b>	<b>PARENT / GUARDIAN 2</b>
<b><u>Full Name</u></b>		
<b><u>CRN</u></b>		
<b><u>Address</u></b>		
<b><u>Home Phone Number</u></b>		
<b><u>Work Phone Number</u></b>		
<b><u>Mobile Number</u></b>		
<b><u>Date of Birth</u></b>		
<b><u>Email Address</u></b>		
<b><u>Employer</u></b>		
<b><u>Work Address</u></b>		
<b><u>Work Phone Number</u></b>		
<b><u>Occupation</u></b>		
<b><u>Nationality</u></b>		
<b><u>Religion</u></b>		

**\*\* Are there any Court Orders restricting access to this child? YES / NO  
If yes - a copy of the orders must be attached to this enrolment form**

## **Emergency Contacts and Authorised to Collect**

**I authorise the staff to give the following people access to my child. I acknowledge that these contacts are over 18 years of age. Please ensure that these emergency contacts are willing and are able to collect your child in the event of an emergency where Parent / Guardian 1 and 2 are both unable to be contacted.**

	<b>Contact 1</b>	<b>Contact 2</b>	<b>Contact 3</b>
<b>Full Name</b>			
<b>Relationship To Child</b>			
<b>Address</b>			
<b>Home Phone Number</b>			
<b>Mobile Phone Number</b>			
<b>Employers Name</b>			
<b>Work Address</b>			
<b>Work Phone Number</b>			
<b>Emergency Contact (Please Tick)</b>			
<b>Authorised To Collect (Please Tick)</b>			

**NOTE: If a person other than those listed above is going to be collecting your child on a specific day, prior written authority from a Parent / Guardian is required.**

## **HEALTH and MEDICAL INFORMATION**

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Are your Child's Immunizations up to date? YES / NO

- Please attach immunization Records

Does your Child have any medical conditions? YES / NO

If yes, please provide details

\_\_\_\_\_

Does your Child take any regular medication? YES / NO

If yes, please provide details

\_\_\_\_\_

Has your Child suffered any significant illness in the past or been hospitalized for any reason? YES / NO

If yes, please provide details

\_\_\_\_\_

Does your child suffer from ANY allergies? YES / NO

If yes, please provide details

\_\_\_\_\_

If yes, does your Child have an Action Plan? YES / NO

\* A copy must be handed in with this enrolment form

Does your child have any specific dietary requirements? YES / NO

If yes, please provide details

\_\_\_\_\_

Are there any other Medical / Health issues that you think we should know about?

\_\_\_\_\_

## **General Information**

**Does your child have any special needs e.g. speech, hearing concerns? YES / NO**

**If yes, please full provide details including handling requirements and any independent agencies involved with the management of the specific need**

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**Are there any foods your child is not permitted to eat? YES / NO**  
**If yes, please list foods and state reason e.g. Allergy, Cultural**

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**Is your child able to feed independently? YES / NO**

**Does your child have a day sleep(s) YES / NO Duration \_\_\_\_\_**

**Does your child have a Nappy / Dummy / Bottle / Comforter during rest time?**

**Is your child In Nappies / Toilet Training / Able to use toilet independently**

**Is you child used to being with other children? YES / NO**

**How does your child respond to new situations? \_\_\_\_\_**

**Does your child get upset when left with other people? YES / NO**

**Does your child have any known fears e.g. noise or the dark? YES / NO**  
**If yes, please provide details**

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**Has your child previously attended another child care centre? YES / NO**

**What are some of your child's interest?**

- 1.
- 2.
- 3.

**What foods does your child like / dislike?**

**Likes \_\_\_\_\_**

**Dislikes \_\_\_\_\_**

**\*\* Babies:**

**Is your child on Breast Milk / Formula / Full Cream Milk**

**Other (please specify) \_\_\_\_\_**

**Has your child started solids YES / NO**

**Current Sleep / Nap Time Routine \_\_\_\_\_**

## Authorisations

By signing this Enrolment Form below, I am agreeing to the following:

A one off \$100 enrolment fee is payable by cash or debit card.

I give permission for the first aid officer, a registered medical practitioner, hospital or ambulance personnel to administer first aid if my child is injured.

I give permission for the transportation in an ambulance if my child is injury.

I give permission for the staff to administer Panadol to my child if he/she develops a temperature above 38 degrees.

In the event of a serious illness, accident or injury, I give permission for a Doctor/Dentist/ Ambulance to be called and agree to meet any associated costs.

I give permission for sunscreen to be applied to my child.

I give permission for my child to be photographed within the centre and for the photos to be displayed.

A \$200 bond is payable to secure my child's position at the centre and may be used with prior notice as a part or full payment for overdue fees. Once up to date, I understand this amount will be required to be paid back to equal the original bond amount.

I agree to pay all relevant fees in advance and in full every two weeks, via EFT (Direct Credit ) or Cash for which a receipt will be issued. Please note that cheques cannot be accepted.

I understand that failure to pay my fees, may result in my position being lost at the centre. Any third party collections agencies fees that are required to be enlisted to chase bad debt, will be passed on to me. A \$50 per week charge will be added to my fees for every week they are overdue.

I understand that should I wish to terminate my position or reduce my Child's days at Little Kids Academy, two weeks written notice is required, or payment in lieu there of will be charged. During the months of November and January of the following year, a written notice period of six weeks is enforced.

I understand that the centre is closed on all Public Holidays and that I will still be charged for these days, along with any sick days or holidays my child has.

I will not bring my child to school if they are unwell or suffering from any infectious diseases or illnesses. I will advise the staff if my child is not attending before 8:30am on their designated day.

If any of the information on this form changes, I will notify the Director of Little Kids Academy immediately.

\_\_\_\_\_ (Signed)

Parent / Guardian 1

Name:

\_\_\_\_\_ (Signed)

Parent / Guardian 2

Name:

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**OFFICE USE ONLY**

Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Days Attending: MON / TUES / WED / THURS / FRI

Birth Certificate Sighted: YES / NO

Enrolment Fee Paid: \$ \_\_\_\_\_

Immunization Records Copied: YES / NO

Bond Paid: \$ \_\_\_\_\_

Room: Nursery / Early Learners / Prep Fee Schedule: \$ \_\_\_\_\_ @ day