



Fun Kids Emu Plains

Enrolment Form - 2022

Emu Plains Public School
 Emerald Street
 Emu Plains NSW 2750
 T: 0468 860 307
 E: emuplains@funkids.com.au

Child's Details					
Family name:		Given name(s):		Preferred name:	
DOB: DD / MM / YYYY		Place of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:				Religion:	
Cultural background:			<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> N/A		
CRN:			Language(s) spoken at home:		
Name of school attending:			Year at school and class:		

Booking Details						
<input type="checkbox"/> Permanent Care		<input type="checkbox"/> Casual Care		<input type="checkbox"/> Permanent Care with Possible Casual Care		
Starting Date:	Monday	Tuesday	Wednesday	Thursday	Friday	
Before school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vacation care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Birth Certificate supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No			Immunisation Records supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Action Plans supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Consent given: <input type="checkbox"/> Photo <input type="checkbox"/> Personal information			

Parent/Guardian 1			Parent/Guardian 2		
Full name:			Full name:		
Relationship to child:			Relationship to child:		
DOB: DD / MM / YYYY			DOB: DD / MM / YYYY		
CRN (From Centrelink):			CRN (From Centrelink):		
Address:			Address:		
H:	M:	W:	H:	M:	W:
Email:			Email:		

Parent/Guardian 1			Parent/Guardian 2		
Occupation:			Occupation:		
Employer:			Employer:		
Work status:			Work status:		
Ethnic/cultural background:			Ethnic/cultural background:		
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> N/A			<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> N/A		
Photo ID number:			Photo ID number:		
<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> 18+ Card			<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> 18+ Card		
Parent/Guardian responsible for paying fees: <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2					

Emergency Contact 1			Emergency Contact 2		
Full names:			Full name:		
DOB: DD / MM / YYYY			DOB: DD / MM / YYYY		
Address:			Address:		
H:	M:	W:	H:	M:	W:
Email:			Email:		
Relationship to child:			Relationship to child:		
<input type="checkbox"/>	Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.		<input type="checkbox"/>	Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.	
<input type="checkbox"/>	Be contacted in the case of an emergency, injury, illness and to authorise medical treatment if parent/guardian is uncontactable		<input type="checkbox"/>	Be contacted in the case of an emergency, injury, illness and to authorise medical treatment if parent/guardian is uncontactable.	
<input type="checkbox"/>	Give consent for the administration of medication		<input type="checkbox"/>	Give consent for the administration of medication	
<input type="checkbox"/>	Give authorisation to Fun Kids staff to take my child off premises		<input type="checkbox"/>	Give authorisation to Fun Kids staff to take my child off premises	

Emergency Contact 3			Emergency Contact 4		
Full names:			Full name:		
DOB: DD / MM / YYYY			DOB: DD / MM / YYYY		
Address:			Address:		
H:	M:	W:	H:	M:	W:
Email:			Email:		
Relationship to child:			Relationship to child:		
<input type="checkbox"/>	Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.		<input type="checkbox"/>	Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.	
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<input type="checkbox"/>	Give consent for the administration of medication		<input type="checkbox"/>	Give consent for the administration of medication	
<input type="checkbox"/>	Give authorisation to Fun Kids staff to take my child off premises		<input type="checkbox"/>	Give authorisation to Fun Kids staff to take my child off premises	

Authorisations	
I, _____ hereby authorise the persons listed above to undertake the authorised responsibilities.	
Signature _____	Date <u>DD / MM / YYYY</u>

Living and Care Arrangements
<i>In order for our service to be able to provide your child with high quality education, care and protection and to ensure compliance with national legislation, please provide us with information about parenting and family arrangement for your child.</i>
Are you the parent of the child you are enrolling? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any Court Orders pertaining to custody or residence of your child? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide copies of any Court Orders)
Are there any Parenting Orders and/or parenting plans relating to any person's care of, responsibilities for and/or contact with your child <input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide copies of any Parenting Orders/Plans and relevant paperwork)
Does anyone else have parental responsibility 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide copies of any Parenting Orders/Plans and relevant paperwork)

Priority of Access

Commonwealth Government Priority of Access Guideline will be used by the service to allocate available places where there is a waiting list. A priority must be ticked which relates to your child

Priority 1 – a child at risk of serious abuse or neglect	<input type="checkbox"/> No <input type="checkbox"/> Yes
Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy the work/ training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'	<input type="checkbox"/> No <input type="checkbox"/> Yes
Priority 3 – any other child	<input type="checkbox"/> No <input type="checkbox"/> Yes
Within these main Priority Categories, priority is also given to children in	
Aboriginal and Torres Strait Islander families	<input type="checkbox"/> No <input type="checkbox"/> Yes
Families which include a disable person	<input type="checkbox"/> No <input type="checkbox"/> Yes
Families which include an individual whose adjusted taxable income does not exceed the lower income threshold, or who or whose partner is on income support	<input type="checkbox"/> No <input type="checkbox"/> Yes
Families from a non-English speaking background	<input type="checkbox"/> No <input type="checkbox"/> Yes
Socially isolated families	<input type="checkbox"/> No <input type="checkbox"/> Yes
Single parents families	<input type="checkbox"/> No <input type="checkbox"/> Yes

Medical Information

Doctor's Name:	Phone:	Address:
Dentist's Name:	Phone:	Address:
Health Fund Name:	No.	Medicare Number:

Immunisation

Has your child been immunised? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is it up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If your child has been fully vaccinated , please provide a copy of your child's official immunisation record which can be obtained from Medicare Online or the Australian Childhood Immunisation Register	

Medical Conditions

Has your child ever been diagnosed with:	
Anaphylaxis or being at risk of anaphylaxis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Asthma?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Epilepsy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
An allergy or intolerance?	<input type="checkbox"/> No <input type="checkbox"/> Yes
A special health care need/medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you marked yes for any of the above condition, you will need to provide the service with a corresponding medical management plan for that condition.	
<i>(Please list, including brief treatment summary. A Medical Action Plan and Risk Minimisation Plan will be required for asthma, diabetes, epilepsy, etc.)</i>	

Dietary Requirement or Restrictions

Does your child have any specific dietary requirements or restrictions?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you marked yes for the above question, please provide details with corresponding management plan and risk minimisation plan	

Health Background

We are committed to providing all children with access to a quality education and care program and we will reduce and remove barriers, where possible, we can achieve this goal. Please complete the following section to enable us to assist and support your child and family

Has your child been assessed, identifies and/or diagnosed with:

A disability or delay, including intellectual, sensory or physical impairment? No Yes

Issues with speech development, eye sight or hearing? No Yes

Learning development difficulties or disorder? No Yes

A complex condition, illness or disorder? No Yes

A behavioral and/or emotional difficulty or disorder? No Yes

A special gift or talent? No Yes

If you marked yes for any of the above questions, please provide the service with relevant paperwork, reports, information or plans. Our staff may also discuss the need to develop, with your input and approval, an Individual Education Plan(IEP), Additional Needs Care Plan, and/or Behaviour Plan, to best support your child

Getting To Know Your Child

Who lives with your child? Names and ages of siblings, names of grandparents, names of pets, etc.

Favourite activities and interests

Relevant cultural and/or religious information

Behaviour/personality (Is your child extremely confident? Do certain things worry/upset your child? Is your child shy or outgoing? Does your child have a tendency to run away? Does your child experience separation anxiety?)

Would you like your child to do homework during our care? Are there any activities in particular you would like your child to participate during our care?

Anything you would like us to know to best support your child and family

Family Profile

Professional skills or interests which you may be able to share with the Centre

Skills:	Special training:
Creative activities:	Other:
Special days/events celebrated <i>(please list)</i>	
What are you hoping your child will gain from their experiences while at Outside School Hours Care?	

Declaration and Consent

I/we authorise, consent to and/or give permission for:

Service staff applying and/or administering broad spectrum water resistant sunscreen	<input type="checkbox"/> No <input type="checkbox"/> Yes
Service staff applying and/or administering insect repellent (0% DEET)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Trained service staff providing appropriate first aid to my/our child where required	<input type="checkbox"/> No <input type="checkbox"/> Yes
Service staff seeking medical treatment from a registered medical practitioner, hospital and/or ambulance service in the event of an emergency involving my/our child	<input type="checkbox"/> No <input type="checkbox"/> Yes
Service staff seeking transportation of my/our child by an ambulance service in the event of an emergency I involving my child	<input type="checkbox"/> No <input type="checkbox"/> Yes
The service to communication with me/us using a variety of methods including SMS, emails and online ParentPortal (If available)	<input type="checkbox"/> No <input type="checkbox"/> Yes
The service to send me/us surveys related to the services/products that the service provides	<input type="checkbox"/> No <input type="checkbox"/> Yes
The service to photograph and/or video me/our child at the service for the purposes of documenting my/our child's learning	<input type="checkbox"/> No <input type="checkbox"/> Yes
The service to use and share my/our child's image and sound recording via:	
a. My/our child's portfolio (digital or hard copy)	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Visual displays/documentation within our service	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Service newsletters (printed and emailed)	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Informative emails to families	<input type="checkbox"/> No <input type="checkbox"/> Yes
e. CD/DVD given to families	<input type="checkbox"/> No <input type="checkbox"/> Yes
f. Social media	<input type="checkbox"/> No <input type="checkbox"/> Yes

Terms and Conditions

In consideration of the enrolment of my/our child in the service I/we do agree that:

Policies and Procedures	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<ul style="list-style-type: none">We will abide by any rules, regulation, policies and procedures of the service, knowing that copies are available to us at any time at the service	
Fees	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<ul style="list-style-type: none">I/we are responsible and liable to pay all fees and charges:<ol style="list-style-type: none">whilst my /our child is attending the serviceby the due date and in accordance with the service's fee schedulewhere childcare subsidy is not paidwhere my/our child is not collected by the service's closing time and I/we incur a late feewhen my/our child is absent from the service on a day where there is a permanent booking for whatever reason, including (but not limited to) public holidays, pupil free days, holidays, illness or exclusion due to an infection and/or vaccine preventable disease or illnessif my/our child receives medical treatment from a registered medical practitioner, hospital and/or ambulance service and/or transportation by the ambulance service, in the event of an emergencyfor the whole or part of the minimum notice period, where I/we cancel my/our child's enrolment without giving the service the minimum period of time required as noticeIf I/we do not pay the fees and charges by the due date, my/our child's enrolment may be suspended or cancelledIf we are concerned I/we will not be able to pay the fees owing by the due date I/we will speak to the service director as soon as possibleI/we understand that State and/or Commonwealth funding arrangements may change which may result in fee subsidies no longer being available. I/we understand that where Government fee subsidies are no longer available I/we will be required to pay the full feesI/we shall pay J&S Holdings Investments for all costs incurred by J&S Holdings Investments (including costs for which J&S Holdings Investments may be contingently liable) in any attempt to collect any monies owed by me/us to J&S Holdings Investments under this Agreement including debt collection agent costs, repossession costs, location search costs, process server costs and solicitor costs on a solicitor/client basis.	
Attendance	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<ul style="list-style-type: none">I/we will promptly notify the service if my/our child will be absent and the reason for the absenceI/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:<ol style="list-style-type: none">handed over to a member of the service staff, andsigned in on delivery to, and signed out on collection from, the service	
Sun Care and Health	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<ul style="list-style-type: none">I/we have read and understand the service's sun care and protection procedure, and exclusion due to illness procedure, and will comply with itI/we will notify the service in the event of my/our child having an infectious illness	
Child Protection	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<ul style="list-style-type: none">I/we understand that all the service staff and personnel will make a report to the appropriate authorities if they suspect that any child at the service has experienced 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	
Correct and Up to Date Information	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<ul style="list-style-type: none">I/we confirm that the information provided in this enrolment form is true and correctI/we will immediately inform the service, in writing, if there is any change to the information I/we have provided, including the emergency contacts listed	

Signature
Parent/Guardian Name.....

DD / MM / YYYY

Date