



Before + After School Care

Mullion Concepts Pty. Ltd.

ACN 117 518 582

ABN 78 117 518 582

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Service Approval: SE-00011880

INITIAL ENROLMENT FORM: 2016

Family Surname:

CHILD INFORMATION:

Table with 4 columns: Surname, Child 1, Child 2, Child 3. Rows include Child's Given Name and Grade/Class (2016).

CONTACT DETAILS FOR CHILD:

Form with fields: Child/Children reside with: (checkboxes for Both Parents, Mother, Father, Guardian), Home Address & Postcode, Email for invoices.

PARENT/ GUARDIAN INFORMATION:

Form with two columns: Parent/ Guardian 1 and Parent/ Guardian 2. Fields include Full Name, Relationship to Child (checkboxes for Mother, Father, Other), DOB, Home Address & Postcode, Email, Mobile, Home Phone, Work Phone, Occupation, CRN.

CARE REQUIRED:

Form with fields: Before School Care (checkbox), After School Care (checkbox), Position Required: (checkboxes for Permanent, Casual), Permanent Sessions Required: (table with days Monday-Friday for Before School Care and After School Care), START DATE: Term, Week, Date, Session: (checkboxes for BSC, ASC).

Staff Initial: _____

Child's 1 Full Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Grade/Class (2016):
Indigenous Status <input type="checkbox"/> Aboriginal <input type="checkbox"/> TS Islander <input type="checkbox"/> Aboriginal &TSI <input type="checkbox"/> N/A		CRN:
Is your child immunised? (Please provide copy of health record)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child suffer from any of the following:		
Allergies: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Dietary Intolerances : _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Epilepsy	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Other Medical condition: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO
If "YES", please include further information (eg triggers, signs & symptoms, management & treatment plans etc.)		
Is your child at Risk of ANAPHYLAXIS? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", Allergy: _____ Does this child have an Epipen/Anapen? <input type="checkbox"/> YES <input type="checkbox"/> NO An Epipen/Anapen has been provided to the Centre. <input type="checkbox"/> YES <input type="checkbox"/> NO An Anaphylaxis Action Plan has been provided. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have ASTHMA? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", Triggers: _____ Does this child have an Asthma Reliever Medication? <input type="checkbox"/> YES <input type="checkbox"/> NO Reliever Medication has been provided to the Centre. <input type="checkbox"/> YES <input type="checkbox"/> NO Does this child self-medicate? <input type="checkbox"/> YES <input type="checkbox"/> NO An Asthma Action Plan has been provided. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your child currently receiving any MEDICAL TREATMENT OR MEDICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", Medication form completed <input type="checkbox"/> YES <input type="checkbox"/> NO Plan or Doctor Letter has been provided. <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain and provide further information:	
Does your child have any additional PHYSICAL NEEDS? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", please explain.	
Does your child have any additional BEHAVIOURAL NEEDS? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", Has the child been diagnosed with ADD or ADHD? <input type="checkbox"/> YES <input type="checkbox"/> NO Do they have a behaviour management plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provided details of behavioural issues, specific triggers, methods of calming etc:	
Does your child have any additional EDUCATIONAL NEEDS? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", please explain.	

Staff Initial: _____

Child's 2 Full Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Grade/Class (2016):
Indigenous Status <input type="checkbox"/> Aboriginal <input type="checkbox"/> TS Islander <input type="checkbox"/> Aboriginal &TSI <input type="checkbox"/> N/A		CRN:
Is your child immunised? (Please provide copy of health record)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child suffer from any of the following:		
Allergies: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dietary Intolerances : _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Medical condition: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", please include further information (eg triggers, signs & symptoms, management & treatment plans etc.)		
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Does your child have any additional EDUCATIONAL NEEDS? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", please explain.	

Staff Initial: _____

Child's 3 Full Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Grade/Class (2016):
Indigenous Status <input type="checkbox"/> Aboriginal <input type="checkbox"/> TS Islander <input type="checkbox"/> Aboriginal &TSI <input type="checkbox"/> N/A		CRN:
Is your child immunised? (Please provide copy of health record)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child suffer from any of the following:		
Allergies: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Dietary Intolerances : _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Epilepsy	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Other Medical condition: _____	<input type="checkbox"/>	YES <input type="checkbox"/> NO
If "YES", please include further information (eg triggers, signs & symptoms, management & treatment plans etc.)		
Is your child at Risk of ANAPHYLAXIS? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", Allergy: _____ Does this child have an Epipen/Anapen? <input type="checkbox"/> YES <input type="checkbox"/> NO An Epipen/Anapen has been provided to the Centre. <input type="checkbox"/> YES <input type="checkbox"/> NO An Anaphylaxis Action Plan has been provided. <input type="checkbox"/> YES <input type="checkbox"/> NO	
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Does your child have any additional PHYSICAL NEEDS? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", please explain.	
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Does your child have any additional EDUCATIONAL NEEDS? <input type="checkbox"/> NO <input type="checkbox"/> YES	If "YES", please explain.	

Staff Initial: _____

EMERGENCY CONTACTS: (these CANNOT be the parents/guardians)

In the event your child has an incident, injury, trauma or illness, and we are unable to contact you, please indicate two people who you authorise to be notified and act on your behalf. By nominating the below people as your Emergency Authorities, you authorise them to:

- Collect and care for your child in the case of incident, injury, trauma or illness.
- Consent to medical treatment of, or to authorise administration of medication to the child
- Authorise an educator to take the child outside the centre (eg on an excursion).

Please ensure that the emergency contacts live locally (no more than 30 minutes away).

Emergency Authority 1		Emergency Authority 2	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Home Address & Postcode:		Home Address & Postcode:	
Mobile:		Mobile:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:

AUTHORITY TO COLLECT CHILD (AUTHORISED NOMINEE):

In addition to parents/guardians or emergency contacts, please list the people you have authorised to collect your child/children from the Centre.

Authorised Nominee 1		Authorised Nominee 2	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Home Address & Postcode:		Home Address & Postcode:	
Contact Number:		Contact Number:	
Authorised Nominee 3		Authorised Nominee 4	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Home Address & Postcode:		Home Address & Postcode:	
Contact Number:		Contact Number:	

LEGAL INFORMATION:

Are there any court orders, parenting orders or parenting plans relating to your child or access to your child? (e.g. AVO, custody orders etc.)

YES

NO

If "YES", please attach a copy of the relevant documentations.

NB: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre.

Staff Initial: _____

FAMILY STATUS & CIRCUMSTANCES:

The following information is required to give priority of access to the Centre. Please indicate which best represents your family circumstances. All information will remain private and confidential. NB. "Working" includes studying and/or training for work.

One parent family & parent is working	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Two parent family and both parents working	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is your family from an Aboriginal or Torres Strait Island background?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your family have a person with a disability?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is your family on a low income?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is your family from a non-English speaking background?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

CULTURAL/ RELIGIOUS INFORMATION:

Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other/s:	
Cultural background of the child and family:	
Are there any cultural or religious requirements that need to be observed while your child/children are at the Centre? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", please specify:	

MEDICAL / HEALTH INFORMATION:

Medicare Card Number:		
Medicare Reference Number for each child:	Name:	Ref No:
	Name:	Ref No:
	Name:	Ref No:

Name of Medical Practice:	
Name of Doctor:	
Address:	Phone:

Name of Dental Practice:	
Name of Dentist:	
Address:	Phone:

AUTHORISATION & PERMISSION

Please read this section carefully. Please indicate your consent by ticking the YES box.

MEDICAL TREATMENT:

In the event of illness, injury, trauma, accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the educators of Link Rd Kids to perform emergency First Aid treatment and obtain medical treatment for my child/children as deemed necessary from:

Doctor or registered medical practitioner	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Dental	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Hospital	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Ambulance service and transportation of my child by an ambulance service.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Staff Initial: _____

AUTHORISATION & PERMISSION (continued)

I hereby consent to the administration of the following medical treatment to my child/children, if deemed necessary by staff at the centre:

Sunscreen	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Band-Aid	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Hand Sanitiser	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Elastoplast	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Ice Pack	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Paracetamol*	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Antiseptic wipe	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	*in the event of a high fever of 37.7°C or higher				

MEDIA & PHOTOGRAPHY INFORMATION:

On occasions dvds/video footage may be shown at the centre. I hereby consent that I am happy for my child/children to view dvds/footage with a PG rating. YES NO

The centre uses photographs and videos of the children to:

- demonstrate the activities and experiences we provide
- provide visual documentation for parents of what their children participate in
- child observations – individual or group photos which might be used in their own or other children’s observations/ portfolios
- assist with evaluation of programming.

Photos and videos may be taken on the digital camera/mobile phone/iPad owned by the centre. Printing will be done either at the centre or a processing outlet. All photos will be saved and stored on the centre computer or hard drive. I hereby give permission for my child to be photographed or videoed while they are at the centre or on excursion. These images may be used:

To appear in photo displays around the Centre	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
To appear in the Centre Newsletter	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
For publicity and advertising purposes	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

I DO NOT consent to my child to be photographed or videoed while they are at the centre or on excursion. Parent initial

TRANSPORT:

On special occasions, transportation of the children may be necessary. You will be notified in advance if this is to occur. I hereby give permission for an educator of the centre to transport my child/children as required:

Via foot	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Via bus	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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I have read the above information and have given my permission as indicated.

Name Parent/Guardian:		Signature:		Date:	/ /
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Staff Initial: _____

TERMS AND CONDITIONS:

Please read the following information. The Children and Parent Agreements, along with the *Parent Information Booklet 2016* and the centre policies and procedures forms the agreement of your utilisation of our service.

CHILDREN'S AGREEMENT:

Parents, please take the time to sit with your children and go through the following rules and procedures. Children and parents are to sign to indicate that they have read, discussed, understood and agree to abide by the rules of the centre.

- Hands off – I must keep my hands, my feet and any other part of my body to myself. I must respect everyone's personal space.
- No put-down zone – I will treat other children and educators how I would like to be treated. I will not say or do unkind things to other people. I will use a friendly voice when speaking to others.
- Everyone has the right to feel safe and happy – I will use safe and sensible behaviour and language at all times.
- If there is a problem, tell an educator – I must tell an educator if there is a problem or something or someone is bothering me. If I don't tell an educator, they won't be able to help me fix the problem.
- I must listen to all educators at all times, and if I don't understand, ask them to explain.
- I must use acceptable language and behaviour. I must not swear or make rude gestures.
- I must stay where an educator can see me at all times. If there is no educator in that area, it is out of bounds.
- I must take care of all equipment, games and toys that belong to the centre, other children and myself.
- If I bring games or toys from home, I must look after them.
- I must help tidy up and pack away games and equipment that I play with before I start playing with new games and when it is time to go to school or go home.
- I must be polite and friendly to all children, educators, parents and visitors to the centre.
- I know that the educator's main job is to keep me and the other children and staff safe. If I break a safety rule or if I am behaving unsafely, the educator's will talk to me about my behaviour and I may end up in Reflective Time.
- I know that if I do not follow safety rules, if I do not listen to educators and if I consistently behave inappropriately, the educator's may complete a Behaviour Management Form (BMF). If I get three (3) BMFs I will no longer be welcome at the centre.

I agree to follow the rules of the centre. I am aware that if I break these rules I will accept the appropriate consequences.

Signature or Name: Child 1	Child 2	Child 3
Signature: Parent/Guardian 1		Parent/Guardian 2
Date:		

Staff Initial: _____

PARENT'S AGREEMENT:

Please read the *Parent Information Booklet 2016* and initial next to each point below as an indication you understand and agree to abide by the Terms and Conditions of the centre. Should you require more information or detailed policies, please refer to the *Parent Handbook* or the *Centre Policies*.

Parent/Guardian

- I am aware that I must be notify the centre, if for any reason, my child will not be attending their usual days, or on the other hand, need additional days. Initial: _____
- I am aware that should I not notify the centre that my child will not be attending the session, I will incur a "Search Fee" of \$5 per child, in addition to the usual fee for that session. Initial: _____
- I am aware that I must provide one week notice for cancellations, otherwise the full fees will be charged. Initial: _____
- I am aware that if I am permanently discontinuing and withdrawing my child from a permanent session I must give 2 full weeks notification in writing, or I am liable to pay the equivalent of 2 weeks fees to the centre. Initial: _____
- I am aware that fees must be paid for sickness unless a medical certificate is produced to the centre within one week of the day of absence. Initial: _____
- I am aware that I must register with Centrelink and obtain CRNs to receive the Child Care Benefit and Child Care Rebate (50% rebate). I have included both parent and children's CRNs and indicated on this enrolment form whether I will be claiming as reduced fee or lump sum payment. Initial: _____
- I am aware that I must check the accuracy of my account and contact management prior to the due date to discuss any discrepancies or queries otherwise the account will be final. Initial: _____
- I am aware that fees are to be paid via Direct Debit (Ezidebit), weekly, fortnightly or monthly. Initial: _____
- I am aware that the centre is a 'prescribed body' in accordance with the *Children and Young Persons (Care and Protection) Act 1998* and as such relevant information will be shared between the school and the centre regarding your child's safety, welfare or wellbeing. Initial: _____
- I am aware that should my child be participating in any extra-curricular activity during their scheduled session time, a permission note must be completed and returned to the centre, otherwise the centre will be unable to let my child out of their care, therefore my child will miss their activity. Initial: _____
- I am aware that I must contact the centre, as soon as possible, if I am delayed in collecting my child after 6pm and a late fine may be incurred. Initial: _____
- I am aware that by law, my child must be correctly signed in and out on the attendance roll each session. Initial: _____
- I am aware that I must inform the centre should someone other than myself be collecting my child/children. Initial: _____
- I am aware that my child must follow the rules and procedures established at the centre to ensure that all children and educators at the centre remain in a safe and happy environment. Initial: _____
- I am aware that should I have a problem, query or question regarding an issue that has arisen, or any other matter, I will discuss this with the Centre educators. Initial: _____

Staff Initial: _____

DECLARATION:

Having read and understood fully the content of this document, I acknowledge that:

- That the information provided in this application is true and correct to the best of my knowledge.
- The information provided in this Enrolment Form and any subsequent notification/information will be relied upon by the centre.
- I will notify the centre immediately, in writing, should there be any change in circumstances from the details as outlined in this enrolment form.
- Every care will be exercised in the management and safety of the children at the centre and agree to absolve Mullion Concepts Pty. Ltd. T/A Link Rd Kids from any liability in case of accident or illness that my child may incur as a result of his/her attendance at the centre.
- I agree to abide by the terms and conditions of the centre. Please see *Parent Information Booklet 2016*. For more detailed policies, please see *Parent Handbook* and *Centre Policies*. Parents will be notified of any new policies or changes to existing policies.

Name: Parent/Guardian 1		Parent/Guardian 2	
Signature: Parent/Guardian 1		Parent/Guardian 2	
Date:		Date:	

Registration & Insurance Fee 2016: \$45 per child

Office Use Only

Enrolment Form received:	Date:	Staff Initial:
Ezidebit Form received:	Date:	Staff Initial:
Details Updated in Kids Wizz:	Date:	Staff Initial:
Rego Fee Charged	\$	Date:
Confirmation email sent to parent:	Date:	Staff Initial:
Relevant Documents Received	Date	Staff Initial
Health Record		
Medical Action Plans		
Medication		
Special Needs		
Behavioural Plan		
Legal Orders		
Other:		

Staff Initial: _____