

Enrolment Form 2020

Please complete and return a form for each child.

CHILD INFORMATION (Please give names and details EXACTLY as registered with Centrelink records)

Family Name: _____ First name(s): _____

Date of Birth: _____ Age: _____ Gender: M / F _____

Child CRN: _____ School/Year Level: _____

Residential Address: _____

Suburb: _____ Post Code: _____

Postal Address (if same write AS ABOVE): _____

Cultural Background: _____ Aboriginal/Torres Strait Islander: Y / N _____

Country of Birth: _____ Language(s) spoken at home: _____

ATTENDANCE REQUIREMENTS Preferred start date of permanent booking: _____

Please tick if you require Casual Care or Permanent Care (If permanent booking, please also tick which days below)
Permanent bookings are considered to be on-going until cancelled or end date specified.

Session	Monday	Tuesday	Wednesday	Thursday	Friday	All
Before School Care	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER

(Please give full name and details EXACTLY as registered with Centrelink records)

Title: _____ Family Name: _____ First Name: _____

Date of Birth: _____ Relationship to Child: _____ Parent CRN: _____

Residential Address: _____

Suburb: _____ Post Code: _____

Postal Address (if same write AS ABOVE): _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Are you a single supporting parent/guardian: Y / N Are you working/studying: Y / N

If yes, Employer/Study Institution Name: _____

Employer/Study Institution Address: _____ Phone: _____

Cultural Background: _____ Country of Birth: _____ Languages(s) spoken at home: _____

Do you receive JET/JFA Assistance? Y / N (if yes, please attached supporting documentation)

Do you have other child(ren) enrolled at this service? Y / N Names: _____

Do you have child(ren) enrolled at another service? Y / N How many? _____

Commonwealth Government Priority of Access Guidelines - Priorities A priority must be ticked which relates to your child:

- First Priority:** a child at risk of serious abuse or neglect
- Second Priority:** 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'
- Third Priority:** any other child (higher priority children may take a child's place and 14 days notice will be provided for the child to vacate)

Categories Please tick the category which relates to your child or tick None Below

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families from a non-English speaking background
- Children in socially isolated families
- Children of single parents
- Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$41,902 for 2019-2020, or who or whose partner are on income support

PARENT/GUARDIAN INFORMATION (Please give full name)

Title: _____ Family Name: _____

First Name: _____

Date of Birth: _____ Relationship to Child: _____ Parent CRN: _____

Residential Address: _____

Suburb: _____ Post Code: _____

Postal Address (if same write AS ABOVE): _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Cultural Background: _____ Aboriginal/Torres Strait Islander: Y / N

Country of Birth: _____ Language(s) spoken at home: _____

Are you working/studying: Y / N If yes, Employer/Study Institution Name: _____

Employer/Study Institution Address: _____ Phone: _____

EMERGENCY CONTACTS / AUTHORISED NOMINEES I consent for the following contacts, to collect my child from service including in the event of any incident, injury, trauma & illness and to act as an Authorised Nominee consent to medical treatment of the child or to authorise the administration of medication to the child and to authorise an educator to take my child outside the service premises. (You must nominate at least one person other than parent/guardian aged over 18 years of age)

Contact 1 Title: _____ Family Name: _____ First Name: _____

Relationship to Child: _____ Tel: _____ Mob: _____

Address: _____

Contact 2 Title: _____ Family Name: _____ First Name: _____

Relationship to Child: _____ Tel: _____ Mob: _____

Address: _____

N.B. We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the BYK-KIDS staff, should attempt to collect your child from the service, permission will be refused.

AUTHORISATIONS I consent to the above named persons being able to authorise the approved provider, nominated supervisor or an educator to seek-

- (a) medical treatment from a registered medical practitioner, hospital or ambulance service; and
- (b) transportation of the child by ambulance service; and
- (c) to authorise the education and care service to take my child on regular outings.

Name: _____ Signature: _____ Date: _____

With whom does the child mostly reside? _____

Is this child involved in court orders, parenting plans or orders? Yes No

If yes, please provide current and any changes to court documents at all times to enable enforcement. Please list below any other specific instructions or information you can provide that would be helpful and assist us in the care of your child.

MEDICAL DETAILS & OTHER INFORMATION

Child's Doctor: _____ Address: _____ Phone: _____

Health Fund Name: _____ Health Fund Number: _____

Ambulance Membership No: _____ Medicare Number: _____

Exp date: _____

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Please complete and return a form for each child.

Does your child have any of the following:

- A.D.D. / A.D.H.D
- Allergies (see box below)
- Asthma
- Diabetes
- Physical needs
- Educational needs
- Epilepsy
- Haemophilia
- Heart problems
- Anaphylaxis
- Behavioural needs
- Any other special needs _____

Children with additional needs are to book in more than 2 weeks in advance to ensure correct staffing and funding can be organised. Please contact BYK-KIDS staff to discuss.

Please provide any medical management plans, assessments, other documentation or medication & equipment that are related to your child's needs, prior to commencement at BYK-KIDS.

Is your child on any medication? (Please complete a Medical Information & Authorisation Form)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been immunised? (Please provide immunisation record or Child History Statement from the Australia Childhood Immunisation Register prior to commencement at Sherpa Kids)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child wear?		<input type="checkbox"/> Prescriptions Glasses	<input type="checkbox"/> Hearing Aid		
Does your child have any of the following allergies? Please indicate severity e.g. High, Moderate, Low or Not Applicable					
1. Bee Sting	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> N/A	
Medication or Action to be taken:					<input type="checkbox"/> N/A
2. Food Allergy	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> N/A	
Names of food/s & action to be taken					<input type="checkbox"/> N/A
3. Allergy to Medication Please name medication & action to be taken:				<input type="checkbox"/> N/A	
4. Other Allergies Please describe & action to be taken (inc band-aids, latex etc)				<input type="checkbox"/> N/A	
Please provide information on any other dietary, cultural or religious considerations or special instructions regarding the health and well-being of your child (e.g. excessive fears)					<input type="checkbox"/> N/A

Child's Interests: (Please tick below)

- Art/Craft
- Music
- Drama
- Sports
- Structured Games
- Cooking
- Technology
- Construction
- Reading
- Board Games

Please provide any other information about child's interests/hobbies:

Please read and sign the following statements:

I hereby give permission to the Educators of the above BYK-KIDS program to administer medically prescribed medication to my child and I will sign a Medical information & Authorisation form. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold BYK-KIDS responsible. I also understand my child cannot attend BYK-KIDS if suffering from an infectious or communicable disease that has been identified by the Department of Health

Name: _____ Signature: _____ Date: _____

I hereby notify BYK-KIDS that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorisation form.

Name: _____ Signature: _____ Date: _____

I hereby give my permission for the BYK KIDS Educators to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.

Name: _____ Signature: _____ Date: _____

I understand the provider of the BYK-KIDS service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee.

Name: _____ Signature: _____ Date: _____

I understand BYK-KIDS Educators have no responsibility to my child until I or an authorised person has signed my child in/out for each session of care.

Name: _____ Signature: _____ Date: _____

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Please complete and return a form for each child.

I hereby give BYK- KIDS permission to transport my child off a BYK- KIDS designated site of operation if and when required and risk assessment plans will be undertaken for each occasion (e.g. evacuation, group trip).

Name: _____ Signature: _____ Date: _____

I acknowledge that photographs/video of my child or items of my child's work completed at the BYK-KIDS program may be used at a later date for local marketing and promotional purposes Yes No national marketing and promotional purposes Yes No I hereby give my consent and no further permission will be required.

Name: _____ Signature: _____ Date: _____

I acknowledge that the information contained herein is confidential and pursuant to the Privacy Act, will only be strictly used by the BYK-KIDS team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the program assessment process.

Name: _____ Signature: _____ Date: _____

I authorise that my child's school _____ has permission to release all personal information about my child to BYK-KIDS

Name: _____ Signature: _____ Date: _____

I hereby give my permission for the BYK- KIDS Educators to apply sunscreen supplied by BYK-KIDS, if no other sunscreen is provided. I understand closed in shoes should be worn at each session of care and on excursion days

Name: _____ Signature: _____ Date: _____

I hereby give permission for my child to watch G & PG rated movies and games.

Name: _____ Signature: _____ Date: _____

TERMS AND CONDITIONS

By signing below, I the Account holder, understand: (Please Tick)

- For a permanent booking, payment is required by Direct Debit, Ezi Debit all accounts must be paid with in 14 DAYS
- All payments must be made fortnightly viabank transfer or as instructed by the independent owner. A late fee of \$10 will be charged for overdue accounts
- The rate charged, is dependent on whether it is a 'permanent' booking or not. When a child attends extra days, which are outside of the confirmed permanent booking, these will be charged at the casual rate. Late fees are charged for late pickups, as specified in the Centre Policies and Procedures. Full fees are charged if Centrelink details are not provided or correct details are not provided.
- I am aware that any default by me for the payment of outstanding accounts may result in debt collection action. I agree to pay all costs associated with this action including debt collection agency and legal fees as charged to BYK-KIDS.
- I acknowledge that in order to keep my place at BYK-KIDS, I need to keep my account and payments up to date.
- Two weeks' notice, in writing, must be provided if a child is to be withdrawn from care or there is a change required to the days of care, otherwise a two-week fee is payable based on the previous booking.
- No refunds are given for absences for bookings normally required that day. CCS is paid for up to 42 allowable absences for each child each year. After this full fees are charged for each absence unless there are exceptional circumstances that DHS approve.
- The Priority of Access guidelines and will update BYK-KIDS with any changes that may affect my priority rating
- In the event that my payment is dishonoured for any reason then I shall be liable for any dishonour fees incurred by BYK-KIDS
- If I default in payment of any invoice when due, I shall indemnify BYK-KIDS from and against all costs and disbursements incurred by BYK-KIDS in pursuing the debt including legal costs on a solicitor and own client basis and BYK-KIDS collection agency costs.
- Without prejudice to any other remedies, if at any time I am in breach of any obligation (including those relating to payment) BYK-KIDS may suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions. BYK-KIDS will not be liable to me for any loss or damage that you may suffer because BYK-KIDS has exercised its rights under this clause.
- BYK-KIDS can collect, retain and use any information about me for the purpose of assessing credit worthiness or marketing products and services and disclose information, whether collected by BYK-KIDS from myself directly or obtained by BYK-KIDS from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by myself.
- I have the right to request from BYK-KIDS a copy of the information retained by BYK-KIDS and the right to request BYK-KIDS to correct any incorrect information about myself and my family held by BYK-KIDS
- I acknowledge by signing this form I understand and accept the Centre Policies and Procedures – policies are kept at the sign in and out desk
- I acknowledge all information I have provided on this form is true and correct and that I have provided Centrelink with this information. I am aware it is my responsibility to advise BYK-KIDS and Centrelink immediately of any change in the above information.

Name: _____

Signature: _____	Date: _____	Return forms to: BYK KIDS byk-kidsporthlincoln@byk-kids.com.au byk-kidsadmin@byk-kids.com.au
Office Use Only: Date Processed: _____ Staff Initial: _____		
All immunisation records, health records, management plans, court orders and other doc Staff Initial: _____		