

## Kingaroy Child Care Centre Enrolment Checklist



Date Completed: \_\_\_\_\_

<b>Upon Orientation</b>	<b>Yes</b>	<b>No</b>
I have received and read my copy of the parent handbook which contains the centre code of conduct.		
I have had a tour of the centre and am aware of the opening hours and closures.		
I have been introduced to centre staff and am aware of the management structure.		
I am aware of the payment structure and understand that fees billed weekly and must be paid by Friday of that week.		
I am aware that if my child is away/sick on their booked day I will be charged and I must call the service in the morning if they are absent for ANY reason.		
I am aware of what to pack for my child each day. This is including a <b>healthy lunch box</b> .		
I have completed an enrolment form and am aware of the drop off/pick up policy and authorized contacts.		
I am linked with centrelink for the purpose of CCS.		
I am aware of immunisation required for my child and have supplied a copy to the centre.		
I am aware of the centres assessment and rating process.		
I have been shown the sign in/out kiosks and informed that it is \$1 per minute for using care outside my booked sessional times.		
I have been shown the rooms programming and room routine.		
I have been informed about the centre animals		
I am aware that I am entitled to 4 of my child's week's holiday, at 50% off the gap per year, providing my account is up to date and at least 2 weeks' notice is given.		
I am aware of and agree to the centre bus information, priority access policy and sun smart policy		
I am aware if I need to change my child's day by choice I will need to give 2 week notice.		
If my child has a medical condition I have received a copy of the entire Medical Policy.		
There are children with anaphylaxis to egg/nut		

Parent Name: \_\_\_\_\_ Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

# CODE OF CONDUCT



## For Educators

- Educators shall behave honestly and with integrity.
- Educators shall avoid any act which may bring our profession into disrepute.
- Educators shall work in partnership with colleagues and community organisations to support the wellbeing of families.
- Educators shall treat colleagues and families with respect and courtesy and without harassment.
- Educators shall maintain a professional relationship with colleagues and parents. Where educators feel a colleague/parents behaviour competency or integrity is in question, they should discuss this with the colleague/parent. If no satisfactory outcome is achieved the complaint should be referred to those in position to correct the situation.
- Where an educator receives a complaint from a parent, they should listen carefully to the nature and substance of the complaint. Give due consideration and full account to its content and advise the parent of the formal and informal avenues to obtain consideration of the complaint. If an educator is in any doubt of the appropriate action, they shall seek guidance from senior educators.
- Educators shall not make improper use of
  - ❖ Information imparted to them
  - ❖ Their duties, status or authority.
- Educators shall work in ways that enhance human dignity and carry out their duties in a professional and conscientious manner.
- Educators shall ensure that they provide all children and young people with an adequate level of protection against harm.

## For Parents:

- Parents shall treat educators with respect and courtesy and without harassment.
- Parents shall become familiar with service policies and procedures.
- Parents shall work collaboratively with their child's teachers to ensure the best possible educational outcomes for their child.
- Parents shall avoid behaviour which may be perceived as belittling or intimidating.

**Failure to comply with this code of conduct may result in your child's care being ceased or in the case of educators your employment being terminated.**

## Behaviour considered a breach includes:

- Inappropriate language such as swearing, yelling or screaming at educators or management, using demeaning or non-supportive language, inappropriate written material, sexual material in any form on work premises or work functions.
- Inappropriate conduct such as the consumption of alcohol / drugs in the presence of children and young people.
- Inappropriate use of facilities and resources such as the personal usage of the company credit card, stealing work belongings or sending inappropriate emails.
- Any behaviour that is deemed to extend an educators professional boundaries as outlined in the child protection policy.
- Inappropriate contact with young children - no parent or educator shall strike a child as a method of discipline.
- Giving personal information about families / educators to people not authorised to have that information.
- Inappropriate gossip, malicious, negative talk and backstabbing is destructive and will not be tolerated.
- Inappropriate use of social media platforms that bring the company or work colleagues or our profession into disrepute e.g. discussing work policy's negatively on face book.
- Inappropriate use of passwords and unauthorized access to emails or social media platforms - hacking company computers or those of work colleagues.

**Reviewed March 2017**

Parent/Guardian 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_  
Parent/Guardian 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_  
Service Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

## CWA Agreement and Enrolment Form

### Child Details

**Date:** \_\_\_ / \_\_\_ / \_\_\_

**Centre Fee:** As per parent hand book and website.

### **General Information**

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender (please mark with X): Male  Female

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

Child's CRN: \_\_\_\_\_ Parents CRN: \_\_\_\_\_

### Parent/Guardian Details

#### **Primary Parent/Guardian**

Title (please mark with X):  Mrs  Mr  Ms  Miss  Other \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_ / \_\_\_ / \_\_\_

Phone numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Email address: (private) \_\_\_\_\_ Authorised to pick up (please circle) Yes / No

How did you hear about the centre: \_\_\_\_\_

What is the best way to contact you when your child is in our care? \_\_\_\_\_

How would you like to receive you invoice?  Paper  Email

#### **Employment Information**

Place of work: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

#### **Secondary Parent/Guardian**

Title (please mark with X):  Mrs  Mr  Ms  Miss  Other \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_ / \_\_\_ / \_\_\_

Phone numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Email address: (private) \_\_\_\_\_ Authorised to pick up (please circle) Yes / No

CRN: \_\_\_\_\_ (if applicable) Relationship to the child: \_\_\_\_\_

#### **Employment Information**

Place of work: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

## Emergency contact details

The following people will be contacted in the case of an emergency, medical treatment and excursions (other than the parent/guardian). This person can give consent for an Educator of the service to authorisation for medical treatment.

### Authorized Nominee

Title (please mark with X):       Mrs               Mr               Ms               Miss               Other\_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Relationship to the child: \_\_\_\_\_ Authorised to pick up child (please circle)      Yes / No

### Authorized Nominee

Title (please mark with X):       Mrs               Mr               Ms               Miss               Other\_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Relationship to the child: \_\_\_\_\_ Authorised to pick up child (please circle)      Yes / No

### Child Custody Information

If parents are separated/divorced, is there a legal document outlining who has custody of the child?      Yes / No

If yes, name the custodial parent: \_\_\_\_\_

Please supply the centre with copies of custody orders or access arrangements that are in place for your child.

### Health/Medical information about your child.

Family doctor's name: \_\_\_\_\_

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

Family doctor's telephone number: \_\_\_\_\_ Medicare number \_\_\_\_\_

Does your child have any allergies?      Yes / No      If yes, please list details below.

If you answer yes to any of the questions below you must provide a supporting letter from your local doctor.

Allergies to food: (please specify which foods and the signs/symptoms to be aware of, if any)

\_\_\_\_\_

Other allergies (please specify and note the signs/symptoms to be aware of, if any)

\_\_\_\_\_

Does your child have history of illnesses or injuries?      Yes / No (if yes, please specify)

\_\_\_\_\_

Does your child have any current medical conditions?      Yes / No (if yes, please specify)

\_\_\_\_\_

Is your child currently on any prescribed medications?      Yes / No (if yes, please specify)

\_\_\_\_\_

**CONFIRMATION OF ENROLMENT SESSION**  
**This is called a CWA -Compliant Written Agreement**



Family Account Name : \_\_\_\_\_

Children that this enrolment information relate to : \_\_\_\_\_  
*(If different for each child please use a second form)*

What are your current estimated activity hours?

Step	Hours of activity (per fortnight)	Maximum number of hours of subsidy (per fortnight)	✓
	Less than 8 hrs (for a family earning over \$65,710)	No eligibility	
	Less than 8 hrs (for a family earning up to \$65,710)	24 hours	
1	8 hours to 16 hours	36 hours	
2	More than 16 hours to 48 hours	72 hours	
3	More than 48 hours	100 hours	

I request regular hours of attendance      **YES**    **NO**

Plus possible additional casual days      **YES**    **NO**

**Requested attendance to commence from (commencement date)**

- Permanent       6 hour session  
 9 hour session  
 10 hour session  
 12 hour session
- Casual Care       Care is provided occasionally when agreed by the service and only if places are available.

Days and session times required: *(Please tick the days and times you require for that day)*

6 Hour Session	M	Tu	W	Th	F	9 Hour Session	M	Tu	W	Th	F
9:00 – 3:00						6:15 – 3:15					
						7:00 – 4:00					
						8:00 – 5:00					
						9:00 – 6:00					
						9:15 – 6:15					
						<b>10 Hour Session</b>	<b>M</b>	<b>Tu</b>	<b>W</b>	<b>Th</b>	<b>F</b>
						6:15 – 4:15					
						7:00 – 5:00					
						7:30 – 5:30					
						8:00 – 6:00					
						8:15 – 6:15					
						<b>12 Hour Session</b>	<b>M</b>	<b>Tu</b>	<b>W</b>	<b>Th</b>	<b>F</b>
						6:15 – 6:15					

Number of days per week: \_\_\_\_\_

Session hours per week: \_\_\_\_\_

Session hours per fortnight: \_\_\_\_\_ *(Weekly total above multiplied by 2)*

**If your total requested hours per fortnight is greater than your eligible hours please see the Office.**

I acknowledge:

- The total hours of care I am requesting and have considered how these fit within my eligible CCS hours.
- I will be responsible for full fees without subsidy for any hours used over my government allocation.
- That attendance outside of my selected times will result in additional charges which may or may not be covered by my CCS eligible hours.

Full name of enrolling Parent/Guardian eligible for CCS: \_\_\_\_\_

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

Date of Agreement: \_\_ / \_\_ / \_\_

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Service Authorised Staff Member Full Name: \_\_\_\_\_

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

Date of Agreement: \_\_ / \_\_ / \_\_

Booking change entered into Software by: \_\_\_\_\_

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

## Child Background Information



The following information pages will be shared with your child's educators. Confidential copies will be kept with your child's developmental profile in their room as well as on the main file for office use.

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

### **Routines at Home**

Day sleep (approx. time from & length): \_\_\_\_\_

Any special bedtime routines: (ways in which they are put to bed or positions they like to lie in)

\_\_\_\_\_

Are there any foods your child particularly likes? \_\_\_\_\_

Does your child have any fears: (e.g. noise, animals) Yes / No \_\_\_\_\_

Does your child get upset when left with other people? Yes / No \_\_\_\_\_

### **Cultural Background:**

Religion: \_\_\_\_\_

Cultural background: \_\_\_\_\_

Languages spoken by the child: \_\_\_\_\_

Languages spoken at Home: \_\_\_\_\_

Are there any words that we may need to know that have special meaning to your child (translate where necessary):

\_\_\_\_\_

Does your child have any disabilities or special needs (please detail)

\_\_\_\_\_

Has your child been in care before? (at another centre or at home with family) Yes / No (please specify)

\_\_\_\_\_

Are there any skills that you or family members have that you would like to contribute to the centre's program?

\_\_\_\_\_

Within the child care setting I would like my child to expand their: *(please tick)*

- Social skills- sharing, turn taking and problem solving.
- Greater language skills- speech.
- Nutrition and eating habits.
- Fine and gross motor skills.
- Emotional development.
- Cultural awareness

**For a child under 3 years of age** (please tick where appropriate and note comments where necessary)

Eating Routines  Feeds Self \_\_\_\_\_

Uses spoon or utensils \_\_\_\_\_

Uses cup \_\_\_\_\_

Uses bottle \_\_\_\_\_

Nappies \_\_\_\_\_

Toileting Routines  Being toilet trained \_\_\_\_\_

Toilet trained \_\_\_\_\_

Does your child have any allergies? Yes / No If yes, please list details below.

If you answer yes you must provide a supporting letter from your local doctor.

Allergies and Treatment

\_\_\_\_\_

\_\_\_\_\_

## Immunisation Details



To be eligible for Child Care Benefit, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be;

- fully immunised or is up-to-date according to the Australian Standard Vaccination Schedule;
- or on a catch up vaccination schedule,
- or you have an approved exemption for your child.

Please bring your child's immunisation record for the centre to copy and keep on file.  
(Office use only - Sighted and copied Yes / No)

### **Agreement Form**

#### **1. Emergency or accidents**

In the event of an emergency (000 will be called first), illness or accident (when the centre is unable to contact the parent / guardian or the authorised contact/s), I / we give the staff at the centre consent to provide medical or hospital attention for our child. I / we agree to pay any expenses incurred for medical treatment and transport.

#### **2. Administering of paracetamol**

I / we agree for centre staff to administer ONE dosage of paracetamol in the event of your child's body temperature rises above 38°C and we are unable to contact you or collection is still a while away. I / we understand that the staff will make contact with parents / guardians or the authorized contacts to inform them that paracetamol has been administered and if the child needs to be collected.

#### **3. Payment of fees**

I / we agree to maintain our fees as per the centres fee policy. We will ensure our fees are kept up to date by making regular payments.

#### **4. Sunscreen application**

I / we agree for the centre staff to apply sunscreen regularly to our child for outdoor play purposes.

I / we understand that the centre may use a variety of sunscreen brands from time to time. If your child requires special sunscreen, you agree to supply this product to the centre.

#### **5. Photo permission**

I/we agree for the centre staff to take photo of my Child for programming purpose, this is a legal requirement for the service.

#### **6. Professional photo**

I/we give permission for professional photos to be taken once a year.

**I have read and fully understand all of the above and agree to adhere to all conditions set out on this agreement form.**

Parent/Guardian (1): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian (1): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_



**Credit Information**  
**(This must be filled in please)**



**Parent 1**

Full name: \_\_\_\_\_

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

Postal address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name, address & phone no. of two family members (or close friends) not living with you:**

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

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

**Parent 2**

Full name: \_\_\_\_\_

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

Postal address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

**Name, address & phone no. of two family members (or close friends) not living with you:**

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

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

**Contact person for payment of account:** \_\_\_\_\_

**TERMS AND CONDITIONS**

- Kingaroy Child Care Centre issues statements of account every week and this statement includes charges for booked care of that week. I/we agree that this statement will be paid in full by the end of each week.
- I/we agree to pay interest at the rate of 2% above the maximum overdraft rate of Kingaroy Child Care Centre bankers for the time being in force on all accounts not paid within the above terms.
- I/we hereby certify that the above information is true and correct at the date of this application.
- I/we agree that any change to any of the above particulars is subject to written acceptance by the director or operations manager of Kingaroy Child Care Centre.
- I/we agree that all costs related to recovery of debts incurred, shall be my/our sole responsibility. These costs include debts incurred by Kingaroy Child Care Centre which will be 35% of total amount owing, plus any commission charged by our debt recovery agency/solicitors.
- Any queries or disputes regarding any charges levied must be brought to the attention of the centre director, operations manager or licensee within five (5) days of the issue of a statement. Note that matters regarding charges should not be discussed with any other members of staff.

Parent 1 Signature: \_\_\_\_\_

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

Parent 2 Signature: \_\_\_\_\_

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

# Photo Release Form



Throughout the year we take many photos for various reasons. Please read and sign this form if you are agreeable to your child's photo being used in the situations outlined below.

Child/rens name: \_\_\_\_\_

<b>Situations photos may be used</b>	<b>Tick if permission is granted.</b>
Photos on display in room and throughout centre	
Photos in other children's port folios that go home	
Photos and videos on USB gifted to all parents at end of year	
Photos and videos on the Kingaroy Child Care Centre Facebook page	
Photos and videos on the Kingaroy Child Care Centre website	
Take part in photo opportunity's from local newspapers etc and appear in the newspapers on Kingaroy Child Care Centres behalf	
Have photos on Kingaroy Child Care Centre displays in the local community (ie Kingaroy Show etc)	

By signing the form below you agree to the above and also to;

- Other parents may have photos of your children
- You **WILL NOT** place any photos on social media or give copies to others that contain any other child even if they are in the background.

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

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