ENROLMENT FORM

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Glenview State School Parents and Citizens Association
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Reviewed August 2010
**KIDZ BIZZ:**  
**SCHOOL AGE CARE ENROLMENT FORM**

Please complete this form if you wish to enroll you child[ren] into Kidz Bizz. Please ensure all information is correct and, where appropriate, corresponds exactly with information held by Centrelink. Missing information and/or unrecognized information will result in you receiving no fee assistance through the Government’s Child Care Benefit scheme. Please question any point you are unclear about with the Kidz Bizz Co-ordinator.

### Key Enrolment Information

- **Surname:**  
- **Middle Name:**  
- **First Name:**  
- **Child CRN:** (CRN = Customer Reference Number)  
  - [You will be charged Full Fee (no Government CCB Assistance) if NO or an UNRECOGNISED child CRN is provided].
- **Child’s D.O.B.:**  
- **Gender:**  
  - Female  
  - Male
- **Photos:**  
  - yes  
  - no
- **Home Address:**  
- **Suburb:**  
- **Postcode:**  
- **Home Telephone:**  
- **Mobile Number:**

### Programs

Please tick which School Age Care programs you would like to enroll your child onto, remembering not all programs may be available at this service.

- Before School Care  
- After School Care  
- Vacation Care  
- Pupil Free Day Care

### Supplementary Enrolment Information

The following information is required to enable us to complete legislated government returns outlining who uses our service.

- **Start School Date:** [DD/MM/YY]  
  - [An approximate date is sufficient].
- **City/Town of Birth:**  
- **Nationality:**  
  - [Optional Choice] Please tick if the child is of Aboriginal or Torres Strait Islander descent.
- **School Attends:**

### Parenting Orders

- Please tick if there are any current Parenting Orders that pertain to this child.
  
  Please forward a copy of necessary paperwork to the service.

**Health Details**

#### Immunisation Status

- Please mark this box if your child’s immunisation status is up to date. If your child’s immunisation status is not up to date your eligibility to receive Government fee assistance through CCB may be affected.

#### Allergies

- Does your child suffer from any allergies?  
  - No  
  - Yes [Specify Below]

To assist us look after your child should they have an allergic reaction whilst in our care please list the allergies your child has, the symptoms of the reaction and how you would like us to treat the reaction.

- **Allergy [1]:**  
  - **Allergy Description:**  
  - **Allergy Treatment:**

- **Allergy [2]:**  
  - **Allergy Description:**  
  - **Allergy Treatment:**

#### Asthma

- Does your child suffer from Asthma?  
  - No  
  - Yes [Specify Below]

To assist us look after your child should they have an Asthma attack whilst in our care please list the symptoms and how you would like us to treat the reaction. Please also provide details of any Asthma medication taken.

- **Symptoms:**  
- **Treatment:**  
- **Medication Taken:**

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Other Medical Conditions

Does your child suffer from any of the following medical conditions?

- ADD
- ADHD
- Aspergers syndrome
- Learning Difficulty
- Physical Disability
- Sensory Impairment
- Autism
- Heart Problems
- Behaviour Disorder
- Intellectual disability
- Epilepsy
- Phobias
- Other (Specify Below)

If you have indicated your child has a medical condition, please describe the condition and how you would like us to treat the condition.

Condition [1]:

Description:

Treatment:

Condition [2]:

Description:

Treatment:

If necessary continue on separate paper & provide a written treatment plan if one is available.

Additional Requirements

Swimming Ability

As water based activities can form part of our programs please indicate your child’s swimming ability.

- Can’t Swim
- Poor Swimmer
- Good Swimmer
- Excellent Swimmer

Dietary Requirements

Does your child have any dietary requirements?

- No
- Yes (Specify Below)

Details (if applicable):

Religious/Cultural Requirements

Does your child have any religious/cultural requirements?

- No
- Yes (Specify Below)

Details (if applicable):

Home Language:

Additional Information

Is there any other information we ought to know to enable us to offer quality care to your child?

Vacation Care – please complete the vacation care booking sheet to note actual sessions required. Excursion permission forms are required for all excursions.

Booking Details

School Child Attends:

Please tick the Before School or After School Care places you require for a particular day.

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Before School Care

After School Care

Care to Start On:

Addition Notes About Booking

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Parent/Guardian Details

[1] Parent/Guardian Details [Account Holder]

Surname: 
Middle Name: 
First Name: 
Relationship to Child: 
Family CRN: [CRN = Customer Reference Number] 
Parent’s D.O.B: [DD/MM/YY] 
Gender: □ Female □ Male
Billing Address: 
Suburb: 
Postcode: 
Home Tel. [If Different]: 
Mobile Telephone: 
Work Telephone: 
E-Mail: [Optional Choice] Please tick if you would like to receive statements via e-mail.
Tick the box above if you would like to receive written correspondence in a language other than English. [Specify Language Below]

[2] Parent/Guardian Details

Surname: 
Middle Name: 
First Name: 
Relationship to Child: 
Address [If Different]: 
Suburb: 
Postcode: 
Home Tel. [If Different]: 
Mobile Telephone: 
Work Telephone: 
E-Mail: [Optional Choice] Please tick if you would like to receive written correspondence in a language other than English. [Specify Language Below]

Child summary

School Age Children
Child [a]: 
Child [b]: 
Child [c]: 
Child [d]: 
Child [e]: 

Emergency Contact Detail

Please nominate two people over the age of 18, other than the parent[s], authorised to collect your child[ren] and two people who we can call in an emergency.
These may be the same people for both instances. Please list in the order you would like them to be contacted.

[1] Contact

Authorization: □ Collect child[ren] □ Emergency Call
Surname: 
First Name: 
Home Address: 
Suburb: 
Postcode: 
Home Telephone: 
Mobile Telephone: 
Relationship to Child: 

[2] Contact

Authorization: □ Collect child[ren] □ Emergency Call
Surname: 
First Name: 
Home Address: 
Suburb: 
Postcode: 
Home Telephone: 
Mobile Telephone: 
Relationship to Child: 

[3] Contact

Authorization: □ Collect child[ren] □ Emergency Call
Surname: 
First Name: 
Home Address: 
Suburb: 
Postcode: 
Home Telephone: 
Mobile Telephone: 
Relationship to Child: 

[4] Contact

Authorization: □ Collect child[ren] □ Emergency Call
Surname: 
First Name: 
Home Address: 
Suburb: 
Postcode: 
Home Telephone: 
Mobile Telephone: 
Relationship to Child: 

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Medical Contact Details

When seeking medical treatment, increasingly health professionals are requesting child care services provide the following information before treating a child. Please assist us provide timely treatment by providing the necessary information.

Medicare Number: 
Name of Health Fund: 
Doctor’s Surname: 
First Name: 
Surgery Address: 
Suburb: 
Postcode: 
Surgery Telephone: 

Parent/Guardian Involvement

We encourage parents/guardians to be involved in our programs. If you have any skills or hobbies you would like to share with the children in our care please list them below.

Parent/Guardian Involvement

We encourage parents/guardians to be involved in our programs. If you have any skills or hobbies you would like to share with the children in our care please list them below.

Parent Name: 
The parent/guardian of the following children:
Child 1 Name:
Child 2 Name:
Child 3: Name
Child 4: Name

☐ I have read, understand and agree to abide by the conditions as stated in the latest edition of the Parent Handbook.
☐ Agree to familiarize myself with the programs and inform staff if I do not wish for my child[ren] to participate in a particular activity.
☐ [If applicable] understand my child[ren] will be transported by bus or walk to and from school and excursions and I understand that when fitted, my child will be required to use a seat belt.
☐ For services on school sites, I give permission for staff to escort my child/ren to and from the classroom. I understand that older children will walk to and from the classroom by themselves.
☐ Give permission for staff to apply sunscreen [30+]
☐ Consent to Kidz Bizz staff providing a) first aid, or where appropriate, b) administering such emergency medical treatment as is reasonably necessary c) seeking medical attention, and that I will reimburse any necessary expenses incurred by the Service.
☐ Agree to collect or make arrangement for collection of my child[ren] if he/she becomes unwell at the service.
☐ Agree to inform Kidz Bizz of other children attending Long Day Care/ Family Day Care/ In home care or any other service where CCB is provided. I must notify the School age care service of any child care changes that may occur.
☐ I understand that CCB is payable for only 42 allowable absence each year and authorise Kidz Bizz to record an allowable absence on any day my child[ren] is/are enrolled but does not attend, unless I provide a valid reason [according to Government requirements].
☐ Agree to pay for all fees [including excursion fees] of the days my child is enrolled and does not attend unless notification is given by 8 am the morning of the care. Otherwise I agree that non-attendance must be charged for the booked sessions.
☐ Understand that fees are due and payable every week. I may be required to enter into a payment plan using our prescribed third party company Ezi Debit, if my fees are not paid by the due date or if I get in arrears.
☐ Understand that my child[ren]’s care can be cancelled if my fees fall into arrears by more than 7 days and I agree to pay all outstanding costs, including legal expenses, incurred by the service to collect payment of outstanding fees.
☐ Understand that in the event my child[ren] is sent home with a suspect infectious illness a medical clearance/certificate must be provided before my child[ren] may return to the Kidz Bizz.
☐ [If applicable] give permission for my child[ren] to play, under supervision, on the school-oval and/or local park.

Parent/Guardian Signature

Parent Signature: 
Date: 
PRINT Name: 

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