



Date of Entry to Kidzville Early Learning Centre:

**Waitlist Fee: \$50 to secure position on waitlist. Bond: 2 Weeks fees in advance to secure position offered.**  
**Please note that you have NOT secured a position until you have made payment**

CHILD'S DETAILS	
<b>Surname:</b>	<b>Given Name/s:</b>
<b>Gender:</b> male / female <i>(please circle one)</i>	<b>Preferred Name:</b>
<b>Address:</b>	
	P/C
<b>Date of Birth:</b>	<b>Age:</b> years        months
<b>Place of Birth:</b>	
<b>Religion:</b>	<b>Nationality:</b>
<b>Primary Language Spoken:</b>	<b>Primary Language Spoken at Home:</b>
<b>Religious and or Cultural Considerations</b>	
<b>Marital Status of Parents:</b> <i>(please circle one)</i> married / de facto / divorced / separated / widow / single	
<b>Child Lives With:</b> <i>(please circle one)</i> both parents / mother / father / other relative / other	

PARENTAL DETAILS	
Parent 1 Details	Parent 2 Details
<b>Name:</b>	<b>Name:</b>
<b>Other name :</b>	<b>Other Name:</b>
<b>Relationship to Child:</b>	<b>Relationship to Child:</b>
<b>Address:</b>	<b>Address:</b>
P/C	P/C
<b>Telephone: Home:</b>	<b>Telephone: Home:</b>
<b>Work:</b> <b>Mobile:</b>	<b>Work:</b> <b>Mobile:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Employer &amp; Employer Address:</b>	<b>Employer &amp; Employer Address:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Nationality/Religion</b>	<b>Nationality/Religion</b>
<b>Languages Spoken:</b>	<b>Languages Spoken:</b>

<b>Primary Caregiver's Full Name :</b>	
<b>Primary Caregiver's D.O.B :</b>	
<b>Primary Caregiver's CRN:</b>	

<b>Childs CRN:</b>	
<b>Percentage for Child 1 and 2</b>	
<b>Hours for Child 1 and 2</b>	

<b>Current days enrolled</b>				
Monday	Tuesday	Wednesday	Thursday	Friday
<b>Wait list days required</b> (please tick days required)				
Monday	Tuesday	Wednesday	Thursday	Friday

<b>CUSTODIAL ORDER</b> <i>If parents separated/divorced, is there a legal document outlining whom has custody of the child? (please circle one) Yes / No (If yes please attach a copy of the legal documentation.</i>	
<b>Date of Issue:</b>	<b>Certificate sighted by:</b>
<b>Custodian:</b>	
<b>Address:</b>	<b>Suburb:</b>
<b>Telephone:</b> Home: _____ Work: _____ Mobile: _____	
<b>Person(s) denied access:</b>	
<b>Name:</b>	
<b>Address:</b>	<b>Suburb:</b>
<b>Person(s) NOT to collect child:</b>	
<b>Name:</b>	
<b>Address:</b>	<b>Suburb:</b>
<b>Comments about access agreements:</b>	

<b>EMERGENCY CONTACTS</b>			
<i>Please list family and friends who can be contacted in an emergency if we are unable to contact parent. Please keep this list up to date.</i>			
Name	Relationship to Child	Phone Numbers	Address
		Home: Work: Mobile:	
		Home: Work: Mobile:	
		Home: Work: Mobile:	

<b>AUTHORISED PERSONS TO COLLECT YOUR CHILD FROM THE CENTRE</b>			
<i>Please note that only parents /Guardians and persons noted in this section may collect your child from Kidzville ELC unless prior notification is received .Photo identification, such as a drivers license, passport will be requested. Please keep this list up to date.</i>			
Name	Relationship to Child	Phone Numbers	Address
		Home: Work: Mobile:	
		(Continued next page)	

		Home:	
		Work:	
		Mobile:	
		Home:	
		Work:	
		Mobile:	

HOME ENVIRONMENT / FAMILIAL DETAILS			
<b>Ethnicity:</b>		<b>Cultural Identity:</b>	
<b>Important Cultural customs:</b>		<b>Important Religious customs:</b>	
<b>Siblings</b> ( <i>brothers and sisters</i> )			
<b>Name:</b>	<b>Age:</b>	<b>Name:</b>	<b>Age:</b>
<b>Name:</b>	<b>Age:</b>	<b>Name:</b>	<b>Age:</b>
<b>Name:</b>	<b>Age:</b>	<b>Name:</b>	<b>Age:</b>
<b>Other Members of the Household:</b>			
<b>Name:</b>	<b>Age:</b>	<b>Relationship to Child:</b>	
<b>Name:</b>	<b>Age:</b>	<b>Relationship to Child:</b>	
<b>Pets in the Household:</b>			
<b>Other Important Information:</b>			

CHILDS MEDICAL AND HEALTH INFORMATION	
<b>Family Doctor Name:</b>	<b>Phone:</b> <b>Address:</b>
<b>Family Dentist Name:</b>	<b>Phone:</b> <b>Address:</b>

Medical History	
Has your child had any of the following?	<i>(Please circle and add any further details)</i>
• asthma	<b>Yes / No</b>
• AIDS / HIV	<b>Yes / No</b>
• Allergies	<b>Yes / No</b>
• Autism	<b>Yes / No</b>
• Bronchitis	<b>Yes / No</b>
• Blood transfusions	<b>Yes / No</b>
• Been involved in serious accident	<b>Yes / No</b>
• Cerebral Palsy	<b>Yes / No</b>
• Chicken Pox	<b>Yes / No</b>
• Croup	<b>Yes / No</b>
• Cystic Fibrosis	<b>Yes / No</b>
• Defects in sight, speech or hearing	<b>Yes / No</b>
• Dental problems	<b>Yes / No</b>
• Diabetes	<b>Yes / No</b>
• Diptheria	<b>Yes / No</b>
• Emotional disturbance	<b>Yes / No</b>
• Epilepsy, fits or convulsions	<b>Yes / No</b>
• Eczema	<b>Yes / No</b>
• Fainting	<b>Yes / No</b>
• Glandular Fever	<b>Yes / No</b>
• Hepatitis	<b>Yes / No</b>
• Haemophilia	<b>Yes / No</b>
• Impetigo	<b>Yes / No</b>
• Leukemia	<b>Yes / No</b>
• Measles	<b>Yes / No</b>

<ul style="list-style-type: none"> <li>• Meningitis</li> <li>• Middle Ear Disease</li> <li>• Minimal Brain Dysfunction</li> <li>• Mumps</li> <li>• Muscular Dystrophy</li> <li>• Phenylketonuria</li> <li>• Operations</li> <li>• Problems at birth</li> <li>• Scarlet Fever</li> <li>• Temper Tantrums</li> <li>• Tonsillitis</li> <li>• Rheumatic Fever</li> <li>• Rubella</li> <li>• Whooping Cough</li> <li>• other medical considerations (eg. continuing medical treatment/medication)</li> </ul>	<b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b> <b>Yes / No</b>
<b>Medicare Number:</b>	<b>Child's position on card:</b>
<b>Private Health Fund (if any) :</b>	
<b>Any special needs / disabilities?</b> If your child has special needs, is there anything we can do to assist?	
<b>Information about Eating Habits</b> General Appetite: Food likes: Food dislikes: Does your child eat independently  <b>Special Dietary Requirements</b> <b>Yes / No (please circle)</b> If 'yes' please provide details:	
<b>Information about Sleeping Habits</b> What time does your child sleep during the day? What time does your child go to bed in the evening? What time does your child wake up in the morning? Do you have a special settling routine?	
<b>Immunisation Record:</b> <i>Please provide your BLUE Immunisation book upon enrolment</i> <i>Please complete separate Immunisation Details below on this form</i>	
<b>IMMUNISATION INFORMATION:</b>	
<b>Has your child been immunised?      Yes / No</b>	
<b>If no, please state reason:</b>	

**Immunisations ACIR report is attached to the enrolment form.**

Any other relevant information we need to know? e.g. Injuries, Allergies, Illness:

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**Information required for children under 3 years (please circle as appropriate)**

Diet/Feeding information :                      Bottle                      Cup                      Feed Self                      Spoon Fed

Food/s not tolerated: \_\_\_\_\_

Toilet Information :                      Nappies                      Being trained                      Trained

Sleeping Information :  
(Babies & Toddler only)                      Comforter                      Dummy                      Bottle

What time does your child sleep? \_\_\_\_\_ How long? \_\_\_\_\_

How does your child sleep? Eg. On Tummy/back/side \_\_\_\_\_

**PARENT PERMISSION**

• **Exclusion and Indemnity**

Name of Child concerned: \_\_\_\_\_

In consideration of the centre accepting the above named child into Kidzville Early Learning Centre, I/We undersigned hereby acknowledge that :

1. I give permission to the Centre Director or its assistants to contact the emergency contact person and to seek And provide for the provision of medical treatment, dental, hospital or ambulance service in the case of an accident or sudden illness for the said child. This includes the administration of anesthetics or prescribed medications as deemed necessary in cases of emergency or where I/WE or other nominated persons cannot be readily contacted.
2. I/WE AGREE the Centre Director or its assistants administering one dosage of Paracetamol in accordance with manufacturer's instructions in the event of my child's body temperature rising above 37.5 degrees Celsius. *(Centre Director will endeavor to contact the Parent/s before administering the dosage for verbal approval)*
3. I understand and accept that should the management/staff of the Centre consider my child contagious Or too ill to attend the Centre that this decision be regarded as final and my child will be collected promptly From the Centre.
4. I understand and accept that should my child have a contagious illness, I will not return my child to the Centre until the duration of the clearance period or until a medical certificate is issued by a qualified and registered practitioner.
5. I understand and accept that should my child not be immunized and there is an outbreak in the Centre of the vaccine-preventable disease, that he/she may be excluded from attendance by order of the New South Wales Department Of Health (Staying Healthy In Child Care Folder) and that the daily fee must still be paid for reservation of that space.

**Parent 1** Signature: \_\_\_\_\_ **Parent 2** Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

• **Asthma Authorisation**

To my knowledge my child \_\_\_\_\_ does/does not suffer from Asthma. However should he/she suffer an asthma attack, I give my permission for staff to administer emergency first aid according to the centre policy or call an ambulance.

**Parent 1** Signature: \_\_\_\_\_ **Parent 2** Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

• **Sun Protection**

Do you give permission for the centre to apply SPF 30+ Ultra Protect sunscreen lotion at the appropriate times, To all unprotected areas of skin on your child as they feel necessary: **YES / NO**

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

• **Permission for observations:**

Kidzville Early Learning Centre provides an educational program for each child through programming and observations. I understand that observations will be made on my child by the staff within the centre.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

• **Permission for short excursions**

Do you give permission for your child to participate in activities conducted within the Centre's program including short walking excursions **within the immediate local vicinity** while under the supervision of the Centre's staff.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

• **Permission for photographs:**

I consent to my child to be photographed by staff at the centre and his/her name and age being used for the following purposes:

- publicity for the centre
- centre program / evaluation
- group / individual records

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

• **Maintaining fees:**

**EasyPay Debit form is completed and returned with the Enrolment Form**

I agree to abide by the centre's policy of maintaining fees **two (2) weeks in advance**. I also understand that fees are to be paid for all days the child is absent or sick, including public holidays if so stipulated for which my child is enrolled whether or not he/she is in attendance. I also understand that if fees fall behind, my child's place at the centre may be in jeopardy. You are required to give notice of at least 2 weeks upon ceasing care at the centre. You are required to pay the outstanding fees in full.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

If at any time my child's account is overdue, I agree for the Centre Manager to contact me to discuss this issue and arrange for the outstanding payment to be made through EasyPay Debit Payment system. Any outstanding balance that remains so for a longer period than agreed upon will require further action including debt collection services.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that there may be times that additional costs are incurred through incursions and special activities. I am aware that these activities are optional and my child can be excluded from specific activities if requested. I accept that my account will be charged accordingly.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

- Policy and Enrolment Information:**

I have read the centre's Parent Handbook, discussed this with the Centre Manager, and agree to abide by the conditions and policies of the centre. I recognize the importance of the centre policies and procedures catering to State Regulations. I am aware that the licensed centre hours are between 7am and 6pm. I understand that it is my responsibility to drop my child off only after 7am, and have left the premises at pick up time by 6pm. Any late collection fees will be charged at \$2/minute and directly payable to the staff who had to stay behind. A phone call to the centre at such times is imperative. I understand the late fee charges can be increased after third repeat case without any valid explanation.

**Parent 1** Signature: \_\_\_\_\_ **Parent 2** Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

- Emergency Evacuation and lockdown procedure**

In the event of an emergency e.g. fire at the centre, the children will be required to evacuate the premises and will assemble at a central point of safety. The children will be fully supervised by staff. I understand this agreement and abide by it.

**Parent 1** Signature: \_\_\_\_\_ **Parent 2** Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

- Authorization for Medical, hospital, dental and ambulance Services**

**Parent 1** Signature: \_\_\_\_\_ **Parent 2** Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE – To be completed with Centre Manager and Parent/s**

Due to commence: \_\_\_\_\_

Bond paid: YES / NO Amount: \$ \_\_\_\_\_

Administration Fee paid: YES / NO Amount: \$ \_\_\_\_\_

Easy Debit Form discussed YES / NO

Immunisation Information Received: YES / NO

Child's Birth Certificate sighted: YES / NO

Orientation days arranged for: YES / NO

**Parent 1** Signature: \_\_\_\_\_ **Parent 2** Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

Centre Director/Assistant Signature: \_\_\_\_\_

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