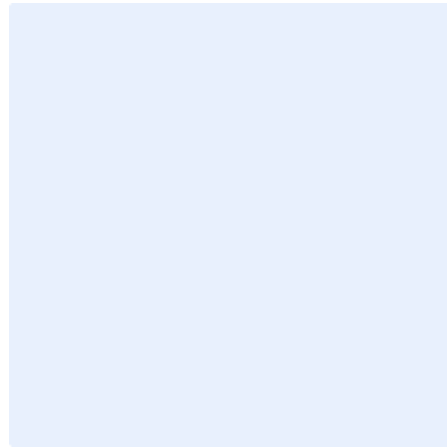


Child First Name:

[OBJ]

[OBJ]



DOCUMENT CHECKLIST

Please ensure that **ALL** of the following documents are submitted as part of this application.

Child Birth Certificate	<input type="checkbox"/>
Immunisation Records	<input type="checkbox"/>
Parent one CRN eligibility Letter	<input type="checkbox"/>
Photo Identification of all parents and emergency contacts	<input type="checkbox"/>
All other relevant documentation	<input type="checkbox"/>

Please tick to indicate that the documents have been submitted with the application

Completed by:

Date:

WWW.KIDSACTIVE.COM.AU

CNR LIFFEY & CAMPBELL RD, CANNING VALE

INFO@KIDSACTIVE.COM.AU

MON - FRI 6:30 AM TO 6:00PM

Kids Active requires this form to be completed and all documentation attached, prior to your child's first day of childcare with us. This information must be completed by one of the child's parents, who have lawful authority in relation to the child.

Please tick the child care service that your child will attend				
Outside School Hours Care	<input type="checkbox"/>	Vacation care programme	<input type="checkbox"/>	
Please circle the days and session that your child will require care				
Monday	Tuesday	Wednesday	Thursday	Friday
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
Start Date				
Number of children you are claiming CCB for				Enter number
Number of children attending other childcare services				Enter number.

CHILD DETAILS

Child CRN	Enter CRN.	◀ Please note: Parent and Child have their own CRN Number	
First Name		Second Name	
Last Name (Surname)		Preferred Name	
Date of Birth		Gender	
Home address			Post Code.
Country of Birth		Languages spoken at home	
ATSI status			
School		Class Room Number	

PARENT/GUARDIAN DETAILS

PRIMARY PARENT

CRN:	<i>Parent 1 is claiming CCB from Centrelink & child will come under Parent 1 CRN Please note Parent and child have their own individual CRN number</i>		
Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:		Country of Birth:	
Does the child live with you?			
Additional Comment:			
Home Address:			
Postcode:			
Home Phone:		Mobile Phone :	
Occupation:			
Organisation Name:			
Work Address:			
Postcode:			
Work Phone:		Email:	

SECONDARY PARENT

CRN:	<i>Parent 1 is claiming CCB from Centrelink & child will come under Parent 1 CRN Please note Parent and child have their own individual CRN number</i>		
Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:		Country of Birth:	
Does the child live with you?			
Additional Comment:			

Home Address: Postcode:	
Home Phone:	Mobile Phone :
Occupation:	
Organisation Name:	
Work Address: Postcode:	
Work Phone:	Email:

THIRD PARENT

CRN:	<i>Parent 1 is claiming CCB from Centrelink & child will come under Parent 1 CRN Please note Parent and child have their own individual CRN number</i>
Title:	First Name(s):
Surname:	
Relationship to Child:	
Date of Birth:	Country of Birth:
Does the child live with you?	
Additional Comment:	
Home Address: Postcode:	
Home Phone:	Mobile Phone :
Occupation:	
Organisation Name:	
Work Address: Postcode:	
Work Phone:	Email:

EMERGENCY/AUTHORISED PERSON CONTACTS

*In case of an emergency, Kids Active will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.
Please attach a copy of legal photo ID of each emergency/authorised person.*

CONTACT ONE

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address: Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
Tick boxes to authorise: Pick-up <input type="checkbox"/> Drop-off <input type="checkbox"/> Emergency <input type="checkbox"/> Excursion Approval <input type="checkbox"/>	
Contact One Signature X	

CONTACT TWO

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address: Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
Tick boxes to authorise: Pick-up <input type="checkbox"/> Drop-off <input type="checkbox"/> Emergency <input type="checkbox"/> Excursion Approval <input type="checkbox"/>	
Contact TWO Signature X	

CONTACT THREE

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address: Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
<i>Tick boxes to authorise:</i> Pick-up <input type="checkbox"/> Drop-off <input type="checkbox"/> Emergency <input type="checkbox"/> Excursion Approval <input type="checkbox"/>	
Contact THREE Signature X	

COURT/CUSTODIAL ORDERS

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?
YES NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?
YES NO

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers at Kids Active cannot enforce parents' requests.

MEDICAL INFORMATION

Family Doctor	First Name(s):	Surname:
Service or Centre Name:		
Address: Postcode:		
Contact Phone:		
Medicare Number:	Ambulance Cover: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health Insurance Fund: YES <input type="checkbox"/> NO <input type="checkbox"/>	Insurance Number:	
Health Insurance Name:		

CHILD HEALTH INFORMATION

Does your child suffer from any allergies? YES NO

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

Does your child have a diagnosed disability or special needs? YES NO

If yes, please provide relevant details below:

Does your child take prescribed medication or treatment on a regular basis?

YES NO

If yes, please provide relevant details below:

Does your child suffer from anaphylaxis? YES NO

If yes, please provide relevant details below:

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes? YES NO

If yes, please provide relevant details below:

MORE ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings:

NAME	AGE

Please provide the name and ages of any other close relations attending the same centre:

NAME	AGE

CULTURAL BACKGROUND

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KIDS ACTIVE ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

As parent/guardians you need to sign this form as an indication that you have read, understood and agreed to the terms.

Section	Agreement	Tick
Activities within the programme	I consent to my child participating in all programmed activities and will advise in writing should I wish for my child to be excluded from any given activity.	YES <input type="checkbox"/>
Administering medication	I agree that all medicine, whether prescribed or non-prescribed, will be administered by staff according to instructions given by a medical practitioner. I will fill out a form giving full details of dosage and times required based on medical advice	YES <input type="checkbox"/>
An unwell child	I understand that the centre will notify me immediately if my child is ill and I will arrange for the child to be collected from the centre immediately.	YES <input type="checkbox"/>
Applying Sunscreen	I give permission for Kids Active OSHC to apply SPF30+ sunscreen to any unprotected areas of my child's skin when activity will be conducted outdoors. I will alert staff of any sensitivities my child has to sunscreen.	YES <input type="checkbox"/>
Authorised contacts for collection	I give permission for the people listed as an Authorised Persons to continue as authorised unless I notify the Manager, in writing, of any changes.	YES <input type="checkbox"/>
Developmental Observations	I consent to my child being the subject of observations by centre staff for programming or and/or training purposes	YES <input type="checkbox"/>
Emergency Medical Attention	<p>If emergency medical care is required for my child I hereby authorise Kids Active Outside School Hours Care staff to act on my behalf in seeking medical or dental treatment either by a doctor, dentist or other person/body nominated below. I also give permission to Kids Active Outside School Hours Care staff to call an ambulance where necessary to seek hospital treatment at my expense.</p> <p>I agree that in the event of a sudden illness or accident, if I or my emergency contacts cannot be contacted, the centre Manager/Qualified Carer shall have the discretionary power to seek immediate medical attention for my child. In the event of my child receiving injuries requiring urgent medical treatment, I agree to pay all medical costs incurred on behalf of my child.</p>	YES <input type="checkbox"/>
Facebook/website	I consent to my child's photo being put onto the Kids Active Facebook page, Kids Active Website.	YES <input type="checkbox"/>
Fees	I understand and accept that fees must be paid for any days, including public holidays, for which my child is enrolled whether or not he/she is in attendance. I understand that if my child is not collected from the centre by closing time I will incur a late fee penalty.	YES <input type="checkbox"/>
First Aid	I consent to First Aid being administered to my child by a Kids Active staff member, should the need arise	YES <input type="checkbox"/>
High Temperature	I agree to make all necessary arrangements for my child to be collected immediately, in the event that he/she develops a temperature of 37.5 degree or higher	YES <input type="checkbox"/>

Leaving the Property	I give permission for my child to move out of the centre grounds when necessary for situations such as fire drills. I give permission for my child to be escorted to/from local parks, local school or libraries without express permission with the exception of excursions to areas not within walking distance	YES <input type="checkbox"/>
Notice period for leaving Kids Active OSHC	I am aware that two weeks attended notice and a Kids Active withdrawal form must be completed and given to the Centre Manager when terminating my child's place. If this is not done, I will incur the normal fee for this interim period.	YES <input type="checkbox"/>
Parent Handbook	I have read, understood and agree to the terms outlined in the Kids Active Handbook	YES <input type="checkbox"/>
Permission for photographs	I consent to my child being photographed for the following purposes: <ul style="list-style-type: none"> ▶ Inclusion in their individual portfolios and other children's portfolios ▶ Programming of educational activities ▶ Displays in the centre ▶ Materials sent home with families, including emailed materials 	YES <input type="checkbox"/>
Policies and procedures	I agree that it is my responsibility to read and abide by all the terms and conditions of enrolment as outlined by Kids Active OSHC centre policies and procedures. I agree to abide by all the conditions of enrolment.	YES <input type="checkbox"/>
School drop off and collection	I give permission for the management and staff of Kids Active OSHC to arrange and provide transport for my child to and from the nominated school, escorted by centre staff in accordance with Regulation 99 of the Education and Care Service National Regulation 2012.	YES <input type="checkbox"/>
Shuttle service	I give permission for my child to be collected from or dropped off at my home or a local address specified in writing by a parent/guardian, at the times nominated by Kids Active OSHC, on the day/s that my child is in care. I am aware that this service is provided at the centres discretion and may be denied or become unavailable at any time.	YES <input type="checkbox"/>
Use of areas on the premises	I consent to my child participating in all programmed activities scheduled on the following Kids Active premises: <ul style="list-style-type: none"> ▶ MPR 1,2,3,4 ▶ Outdoor grass area ▶ Sports playground ▶ Nature garden ▶ Library ▶ Recreation room and will advise in writing should I wish for my child to be excluded from any given activity.	YES <input type="checkbox"/>
Child Care benefit	I am aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes and I am aware that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements	YES <input type="checkbox"/>

Priority of Access Guidelines	<p>I understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:</p> <p>First priority: Child at risk of serious abuse or neglect Second Priority: Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act Third priority: Any other child</p>	YES <input type="checkbox"/>
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<u>PRIMARY PARENT / GUARDIAN</u>
I/We have read, understood and agree to abide by the conditions of this contract.
Print Name:
Signature:
Date:

<u>OFFICE USE ONLY</u>
Kids Active Centre Manager
Print Name:
Signature:
Date:
Enrolment Approved: