



Free Range Kids Childcare Enrolment Booklet

Laidley 1 Phone: 07 5465 1342
Email: info@freerangekids.com.au

Laidley 2 Phone: 07 5465 2007
Email: frklaidley2@bigpond.com

Gatton Phone: 07 5460 1080
Email: uqgchildcare@uq.edu.au

www.freerangekids.com.au

Office use only:

- Proof of birth supplied?
- Copy of immunisation register supplied?
- Health Care Card supplied (kindy funding only)

Centre (please circle): Laidley 1 / Laidley 2 / Gatton

Booking Details

Preferred commencement date: ___/___/___

Room Name

Days/Times Booked
(please indicate the likely drop off and pick up times)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you hear about our centre? (Newspaper, signage, word of mouth etc) _____

Child Details

Child's Surname:

Child's Christian Names:

Preferred Name:

Child's Sex: Male Female

Date of Birth:

Are you from: Aboriginal / Torres Strait Background
(please circle)

(copy of birth certificate or passport is required)

Child's Resides with: Parent 1 Parent 2

(Please tick both if both parents are living with the child)

Are there any custodial arrangements or injunction orders relevant to the child. Yes No

If yes, a copy of the order must be provided to the Centre. Copy Provided? Yes No

Parent's Information

Parent /Guardian 1 (Enrolling Parent)

Parent/Guardian 2

Name:

Name:

Date of Birth

Date of Birth

Address

Address

Telephone Home:

Telephone Home:

Mobile:

Mobile:

Email address

Email address

(for accounts to be sent to)

Work details

Work details

Telephone Work

Telephone Work

Address

Address

Organisation

Organisation

CCB and CCMS Information

To ensure that you are linked to our centre through the Childcare Management System (CCMS) and to have Childcare Benefit (CCB) applied to your childcare fees, you must contact Centrelink to confirm that they have correct name and date of birth for both the parent and child who are registered for CCB.

Parent CRN

Child CRN

Do you have a pension or health care card? Yes / No

Card No: exp /

If yes a current copy must be provided and a new copy provided upon expiry to claim discount in Kindergarten program.

Has this child attended another childcare centre this financial year? Yes / No

Is this child attending multiple childcare centres? Yes / No

Verification of Details held by Centrelink

I confirm that:

1. The information I have provided is true and correct and that I have provided Centrelink with this same information
2. I am responsible for communication this information with Centrelink
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment
4. I understand that if any details are incorrect then full fees are payable by me directly to the centre until the details are corrected with Centrelink

Name _____ Signature _____ Date _____

Other Children in Care

If you have other children in care who are registered for CCB at another service, please complete the following information to ensure that you have the correct CCB percentage applied to your account.

Details of Other children in Care

1 Full Name Date of Birth

2 Full Name Date of Birth

3 Full Name Date of Birth

School Information: When will this child be enrolled in Primary School?

For Vacation Care children: When did your child start Primary School?

Emergency Contact Form

Child's name: _____

Parent / Guardian

Name: _____

Name: _____

Signature _____

Signature _____

Emergency Contact 1

Name: _____

Relationship to child: _____

Telephone: _____

Home: _____

Mobile: _____

Work: _____

Most preferred contact number: Home phone Mobile Work

Street Address _____

Suburb: _____

State: _____

Postcode _____

This person is authorised to collect my child from the centre.

This person is authorised to give permission for medical treatment and to sign medication and incident reports.

Emergency Contact 2

Name: _____

Relationship to child: _____

Telephone: _____

Home: _____

Mobile: _____

Work: _____

Most preferred contact number: Home phone Mobile Work

Street Address _____

Suburb: _____

State: _____

Postcode _____

This person is authorised to collect my child from the centre.

This person is authorised to give permission for medical treatment and to sign medication and incident reports.

Emergency Contact 3

Name: _____

Relationship to child: _____

Telephone: _____

Home: _____

Mobile: _____

Work: _____

Most preferred contact number: Home phone Mobile Work

Street Address _____

Suburb: _____

State: _____

Postcode _____

This person is authorised to collect my child from the centre.

This person is authorised to give permission for medical treatment and to sign medication and incident reports.

Emergency Contact Form

In the unlikely event of an emergency your Child's Doctor and/or Dentist details may be required.

Doctors Name _____

Dentists Name _____

Phone _____

Phone _____

Fax _____

Fax _____

Address _____

Address _____

Suburb and Postcode _____

Suburb and Postcode _____

Known Allergies _____

Regular Medications _____

(please complete allergy action plan attached)

Health and Medical Information

Does your child have any additional / special need? _____

Yes / No

(If yes, please complete an Additional / special needs Action Plan attached)

An Additional/Special need may include a wide range of physical, sensory and learning disabilities, as well as ongoing illness or diagnosed conditions, such as asthma, anaphylaxis, allergies or other medical conditions. All additional needs require an action plan to be completed.

Immunisation Details

To be eligible for Childcare Benefit, your children must meet the immunisation requirements. Free Range Kids Childcare Centres only accepts children who are fully immunised (up to what is appropriate for their age) in accordance with the Australian Vaccination Schedule.

You are required to provide proof of immunisation to the centre director, so please remember to bring this along with you on your orientation day.

In the event that there is a suspected or identified vaccine preventable disease, partially immunised children will be excluded from the centre for the period recommended exclusion period.

Agreement & Consent to Terms

Child's Name _____ Date of Birth _____

1. Emergency or Accidents

In the event of an emergency, 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 seek and provide Medical or Hospital attention for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport. I / We consent to educators at Free Range Kids Childcare to administering Ventolin and / or epipen injection for _____ when this is considered reasonable necessary in an 'emergency'.

2. Permission for publication:

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays, Advertising, Facebook and/or publications (eg. Newsletters)

3. Permission for Observation:

I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / We will be asked for further permission.

4. Payment of Fees

I / We agree to maintain our fees as per the centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Ezi Debit or Centrepay. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's option. I/we authorise the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined by the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account. I/We understand that a \$10 administration charge will be added to my account in the event of a Direct Debit payment declining.

5. Permission for Evacuations

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centres Evacuation Plans and Procedures for information.)

6. 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, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/We agree to supply this product to the centre.

7 Insect Repellent:

I / We agree for Centre Staff to apply Insect Repellent to our child where necessary for indoor or outdoor purposes. I / We understand that the Centre may use a variety of insect repellent brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special repellent I/we agree to supply this product to the centre.

8. Child Care Benefit (Lump Sum Claims)

I / We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Benefit as reduced fees on a weekly basis

9. Parent Handbook

I / We acknowledge that we have received and read the Centre's Parent Handbook. I / We understand any changes to this Handbook will be displayed on the Parent Communication Boards in the Centre foyer and rooms

10. Centre Policies

I / We acknowledge that the Centre Policies are available in the Centre's foyer at all times to review. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Boards in the Centre foyer.

11. Cancellation of Care

I / We understand that two week's written notification is required in advance when cancelling care. I understand that if my child is absent at the end of this notice period, Child Care Benefit cannot be applied to my account and I will be liable for the full fee.

12. Fees for Public Holidays

I / We understand that Public Holidays are charged at the normal daily fee rate and that complimentary make-up days will not be available.

13. Late Fees

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$25 per family for anywhere in the first 15 minutes. An additional \$25 will be charged per 15 minute block thereafter. The time used for calculation is from when you exit the centre not when you arrive.

14. Priority of Access

I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk of serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government; and Third Priority – all other children.

15. Infectious Diseases / Clearance Certificates

I / We understand that our child will be excluded from the Centre if they contract or are suspected of contracting a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a clearance certificate' is issued from a Doctor. Please refer to our Centre Policies for further information.

16. Non Immunisation

I / We understand that if our child is NOT fully immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information).

17. Presence of Visitors and Volunteers

I / We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I / We consent to our child being in the presence of visitors and/or volunteers under the Centre Staff supervision.

18. Food/Meals supplied by parent/guardian

I / We understand that if we are providing any food for our children it is at our own risk. We take full responsibility for the meals, the hygiene, the preparation and the food safety requirements surrounding the meals that we provide. Please ensure any food provided has not been reheated prior to being sent with your child to the centre.

By signing this form I/We declare and confirm:

- I / we are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 18 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.

Signature of Primary Parent/Guardian: _____ Date _____

Signature of Secondary Parent/Guardian: _____ Date _____

Orientation Feedback Form (Please complete)

We value your input in relation to your family's orientation at our Centre.

Did we provide you with the necessary information and support to assist you and your child to settle into our centre?

What did you like about your orientation?

Were there any areas that you felt could be changed to make your orientation better?

Please provide suggestions for improvements to the orientation process?

Any additional comments?

Thank you for taking the time to complete this form. Your feedback is appreciated and will help us continue to welcome new families to our centre.

Asthma Action Plan



My child _____ Does / Does not have asthma.

Parent Signature: _____

Asthma is a medical condition that changes all the time.

Please complete the information below as thoroughly as possible in order for staff to effectively manage your child's individual asthma condition

Child's Date of Birth: _____

Is your child's asthma triggered by anything in particular? Yes / No
Eg. during cane season, weather related. If so, please list: _____

PHASE 1 - taking preventative measures to control the condition

Does your child regularly take medication to control their asthma condition? Yes / No

Name of medication: _____

Dose: _____

How often: _____

Method of application: _____

PHASE 2 - Responding to irregular / worsening signs of Asthma symptoms

Name of medication: _____

Dose: _____

How often: _____

Allergy / Additional needs Action Plan

My child _____ Does / Does not have an allergy
Does / Does not have an additional need

Parent Signature: _____

My child is allergic to: _____

My child's additional need is: _____

Details of Child's Medical Condition

(Information for staff eg. details of additional need, allergy, triggers, symptoms)

* _____
* _____
* _____
* _____
* _____
* _____

Action Plan (Step by step actions to be taken in an event). If anaphylactic, please attach a Doctor's Action plan

* _____
* _____
* _____
* _____
* _____
* _____

Parent or Guardian contact details: _____

Parent or Guardian signature: _____ Date: _____

Medical contact details: _____

Doctors Signature: _____ Date: _____

All About Me...

Our staff use this information to assist the transition of both you and your child to our Centre.
Please provide as much detail as possible.



My Name	
I call my	
I have siblings and their names are	
I have pets and their names are	
I have allergies (please complete action plan)	
I have dietary restrictions (please provide details)	
I have been in care before (please provide details)	
I have special words for ... (food, body parts, comforter etc)	
I am frightened of	
I really enjoy (games, toys etc ...)	
My favourite songs include	
My favourite foods are	
Foods I dislike are	
Other interesting things about me	
My family would like me to learn more about	
I am toilet trained (please provide details)	

Cultural Form

Home culture of our families are respected.

Management and staff encourage family members to share aspects of their family like. Sharing cultures of families enriches the lives of children, staff and families.

Country of Origin	
Language spoken at home	
Can your child speak English?	
Can your child understand English?	
Mothers cultural background	
Father's cultural background	
What family members live at your home? Eg. grandparents, siblings, etc	
Sharing your child's culture - are you able to share any information related to your family's culture? This could be photographs, art / craft activities, music, food, etc...	
Would you like your child to participate in Celebrations?	
Are there any Celebrations you would like your child to be exempt from?	
Any other information you would like to share?	

Nursery / Toddler Information (children 6wks to 2.5 years)



To enable our carers and teachers to provide an appropriate routine for your child, it is important that we have as much information about each child as possible.

General Information

Child's Name: _____

Has your child been in child care or family day care before? Child Care Family Day Care

Does your child have a comforter, if yes please provide details: _____

The things your child enjoys doing includes _____

Songs your child enjoys singing _____

Does your child have any known fears? No

Yes Please specify: _____

Feeding (if applicable)

Is your child currently on formula, milk or breast milk? Formula Milk Breast Milk

What are your child's bottle times? 1 _____ 2 _____ 3 _____ 4 _____

Does your child liked to be nursed when having a bottle? Yes No

Does your child have his or her bottle warm? Yes No

How would you prefer us to warm the child's bottle? Microwave Tepid water

Does your child have reflux or any other feeding concerns? No Yes please specify: _____

Eating

Does your child have any dietary restrictions or allergies? No Yes please specify: _____

Does your child like to feed themselves? Yes No

Does your child have a small, medium or large appetite? Small Medium Large

Toileting

Is your child in nappies? Yes No

Is your child toilet trained? Yes No

is your child toilet training? Yes No

If yes, please provide details to assist us with toilet training at the Centre? _____

Sleeping (Please indicate the usual times your child sleeps throughout the day)

Sleep 1 From: _____ To: _____

Sleep 2 From: _____ To: _____

Sleep 3 From: _____ To: _____

How does your child go to sleep? _____

Does your child have a comforter to go to sleep? No Yes please specify: _____