



Free Range Kids Early Learning Centre  
Enrolment Booklet  
Outside School Hours Care

**Laidley 2 Phone: 07 5465 2007**  
Email: [frklaidley2@bigpond.com](mailto:frklaidley2@bigpond.com)

**Gatton Phone: 07 5460 1080**  
Email: [uggchildcare@uq.edu.au](mailto:uggchildcare@uq.edu.au)

[www.freerangekids.com.au](http://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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

Days/Times Booked **Before School Care**  
**After School Care**

Which school does your child attend? \_\_\_\_\_

When did your child start Primary School? \_\_\_\_\_

I authorise Free Range Kids to regularly transport/escort my child to and/or from school.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**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)

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:

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:

**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.  
 This person is authorised to authorise an educator to take my child outside the service.

**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.  
 This person is authorised to authorise an educator to take my child outside the service.

**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.  
 This person is authorised to authorise an educator to take my child outside the service.

**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 \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Suburb and Postcode \_\_\_\_\_

Suburb and Postcode \_\_\_\_\_

Known Allergies \_\_\_\_\_

Regular Medications \_\_\_\_\_

**(please complete allergy action plan attached)**

Medicare Number: \_\_\_\_\_

**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. (to be completed only by the Director) **Health Record has been Sighted**

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**

**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 medical treatment for the child from a registered medical practitioner/hospital/Ambulance service and transportation of our child by an ambulance service. I / We agree to pay any expenses incurred for Medical treatment and Transport. I / We consent to educators at Active Kids Early Learning Centre 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: **(please tick options below)**

- Room programming, including digital formats to be shared with Centre families
- Centre displays
- Company website
- Advertising / marketing materials
- Facebook / other social media sites
- Publications, eg, Newsletters

**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?

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What did you like about your orientation?

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

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Please provide suggestions for improvements to the orientation process?

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Any additional comments?

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*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 Cultural/Religious needs or requirements? Any other information you would like to share?	