

# Hunter Kids Northlakes

## Enrolment Form 2023

Please complete and return a form for each child.



### CHILD INFORMATION (Please give names and details EXACTLY as registered with Centrelink records)

Family Name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child CRN: \_\_\_\_\_ School/Year Level: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address (if same write AS ABOVE): \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Aboriginal/Torres Strait Islander: Y / N

Country of Birth: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

### ATTENDANCE REQUIREMENTS Preferred start date of permanent booking: \_\_\_\_\_

Please tick if you require Casual Care  or Permanent Care  (If permanent booking, please also tick which days below)  
**Permanent bookings are considered to be on-going until cancelled or end date specified.**

Session	Monday	Tuesday	Wednesday	Thursday	Friday	All
Before School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### FAMILY/GUARDIAN INFORMATION – ACCOUNT HOLDER

(Please give full name and details EXACTLY as registered with Centrelink records)

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Personal CRN: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address (if same write AS ABOVE): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a single supporting family/guardian: Y / N Are you working/studying: Y / N

If yes, Employer/Study Institution Name: \_\_\_\_\_

Employer/Study Institution Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Languages(s) spoken at home: \_\_\_\_\_

Do you receive Additional Child Care Subsidy? Y / N (if yes, please attached supporting documentation)

Do you have other child(ren) enrolled at this service? Y / N \_\_\_\_\_

Names: \_\_\_\_\_

Do you have child(ren) enrolled at another service? Y / N How many? \_\_\_\_\_

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### FAMILY/GUARDIAN INFORMATION (Please give full name)

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Personal CRN: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address (if same write AS ABOVE): \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Aboriginal/Torres Strait Islander: Y / N \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Are you working/studying: Y / N \_\_\_\_\_ If yes, Employer/Study Institution Name: \_\_\_\_\_

Employer/Study Institution Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACTS / AUTHORISED NOMINEES** I authorise the following contacts, to collect my child from service including in the event of any incident, injury, trauma & illness and to act as an Authorised Nominee and consent to medical treatment of the child or to authorise the administration of medication to the child and to authorise an educator to transport, arrange transportation or take my child outside the service premises. *(You must nominate at least one person other than family/guardian aged over 18 years of age)*

**Contact 1** Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact 2** Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Address: \_\_\_\_\_

**N.B.** We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the Hunter Kids educator, should attempt to collect your child from the service, permission will be refused.

**AUTHORISATIONS** I consent to the above named persons being able to authorise the approved provider, nominated supervisor or an educator to seek-

- (a) *medical treatment from a registered medical practitioner, hospital or ambulance service; and*
- (b) *transportation of the child by ambulance service; and*
- (c) *to authorise the education and care service to transport, arrange transport or take my child on regular outings.*

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

Is this child involved in court orders, parenting plans or orders?  Yes  No

Provide details of the court orders, living arrangements and residence, parenting plans or orders relating to powers. Duties, responsibilities, contact with or authorities of any person in relation to access or contact with the child, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, please provide a copy of current court documents to enable enforcement.

### MEDICAL DETAILS & OTHER INFORMATION

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Fund Name: \_\_\_\_\_ Health Fund Number: \_\_\_\_\_

Ambulance Membership No: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

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Please complete and return a form for each child.

### Does your child have any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> A.D.D. / A.D.H.D          | <input type="checkbox"/> Epilepsy                      |
| <input type="checkbox"/> Allergies (see box below) | <input type="checkbox"/> Haemophilia                   |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Heart problems                |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Anaphylaxis                   |
| <input type="checkbox"/> Physical needs            | <input type="checkbox"/> Behavioural needs             |
| <input type="checkbox"/> Educational needs         | <input type="checkbox"/> Any other special needs _____ |

Children with additional needs are to be booked in with one weeks notice to ensure correct ratios and support and funding can be organised. Please contact Hunter Kids Approved Provider to discuss.

**Please provide any medical management plans, assessments, other documentation or medication & equipment that are related to your child's needs, prior to commencement at Hunter Kids.**

Is your child on any medication? (Please complete a Medical Information & Authorisation Form)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been immunised? (Please provide immunisation record or Child History Statement from the Australia Childhood Immunisation Register prior to commencement at Hunter Kids)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child wear?		<input type="checkbox"/> Prescriptions Glasses		<input type="checkbox"/> Hearing Aid	
Does your child have any of the following allergies? Please indicate severity e.g. High, Moderate, Low or Not Applicable					
1. Bee Sting	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A	
Medication or Action to be taken:					<input type="checkbox"/> N/A
2. Food Allergy /Dietary Intolerance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:		<input type="checkbox"/> N/A
Names of food/s & action to be taken					<input type="checkbox"/> N/A
3. Allergy to Medication Please name medication & action to be taken:					<input type="checkbox"/> N/A
4. Other Allergies Please describe & action to be taken (inc bandaids, latex etc)					<input type="checkbox"/> N/A
Please provide information on any other dietary, cultural or religious considerations or special instructions regarding the health and well-being of your child (e.g. excessive fears)					<input type="checkbox"/> N/A

### Child's Interests: (Please tick below)

- |                                    |                                     |                                       |                                  |   |
|------------------------------------|-------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Music      | <input type="checkbox"/> Drama        | <input type="checkbox"/> Sports  | <input type="checkbox"/> Structured Games |
| <input type="checkbox"/> Cooking   | <input type="checkbox"/> Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games      |

Please provide any other information about child's interests/hobbies:

### Please read and sign the following statements:

I hereby give permission to the educators of the above Hunter Kids program to administer medically prescribed medication to my child and I will sign a Medical information & Authorisation form. I understand that the educator will record each administration of medication. I acknowledge that all care will be taken and will not hold Hunter Kids responsible. I also understand my child cannot attend Hunter Kids if suffering from an infectious or communicable disease that has been identified by the Department of Health

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

I hereby notify Hunter Kids that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorisation form.

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

I hereby give my permission for the Hunter Kids educators to treat my child if a minor or major accident occurs. In the case of a more urgent matter I understand an ambulance will be called and child treated and transported by ambulance if required first then I will be notified and agree to meet any expenses incurred.

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

I understand the provider of the Hunter Kids service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee.

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

I understand Hunter Kids educators have no responsibility to my child until I or an authorised person has signed my child in for each session of care.

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

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Please complete and return a form for each child.

I hereby give Hunter Kids permission to transport, arrange transport or take my child off a Hunter Kids designated site of operation if and when required and risk assessment plans will be undertaken for each occasion (e.g. evacuation, group trip, excursion).

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

I acknowledge that photographs/video of my child or items of my child's work completed at the Hunter Kids program may be used at a later date for local marketing and promotional purposes Yes  No  I hereby give my consent and no further permission will be required.

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

I acknowledge that the information contained herein is confidential and pursuant to the Privacy Act, will only be strictly used by the Hunter Kids team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the program assessment process.

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

I authorise that my child's school \_\_\_\_\_ has permission to release all personal information about my child to Hunter Kids.

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

I hereby give my permission for the Hunter Kids educators to apply sunscreen supplied by Hunter Kids, if no other sunscreen is provided. I understand closed in shoes should be worn at each session of care and on excursion days

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

I hereby give permission for my child to watch G & PG rated movies and games.

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

### TERMS AND CONDITIONS By signing below I, the Account holder, understand: (Please Tick)

- For a permanent booking, payment is required by Direct Debit – forms are available from the Approved Provider..
- If you do not wish to pay by Direct Debit then we require all payments to be made weekly or fortnightly via bank transfer or as instructed by the Approved Provider.
- The rate charged, is dependent on whether it is a 'permanent' booking or not. When a child attends extra days, which are outside of the confirmed permanent booking, these can be charged at the casual rate. Late fees are charged for late pickups, as specified in the Centre Policies and Procedures. Full fees are charged if Centrelink details are not provided or correct details are not provided.
- I am aware that any default by me for the payment of outstanding accounts may result in debt collection action. I agree to pay all costs associated with this action including debt collection agency and legal fees as charged to Hunter Kids.
- I acknowledge that in order to keep my place at Hunter Kids, I need to keep my account and payments up to date.
- Two weeks' notice, in writing, must be provided if a child is to be withdrawn from care or there is a change required to the days of care, otherwise a two-week fee is payable based on the previous booking child care subsidy is not payable on these absences.
- No refunds are given for absences. CCS is paid for up to 42 allowable absences for each child each year. After this, full fees are charged for each absence unless there are exceptional circumstances that Services Australia approve.
- Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of five percent (5%) per day after as well as before any judgment.
- In the event that my payment is dishonoured for any reason then I shall be liable for any dishonour fees incurred by Hunter Kids.
- If I default in payment of any invoice when due, I shall indemnify Hunter Kids from and against all costs and disbursements incurred by Hunter Kids in pursuing the debt including legal costs on a solicitor and own client basis and Hunter Kids' collection agency costs.
- Without prejudice to any other remedies, if at any time I am in breach of any obligation (including those relating to payment) Hunter Kids may suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions. Hunter Kids will not be liable to me for any loss or damage that you may suffer because Hunter Kids has exercised its rights under this clause.
- If any account remains overdue after thirty (30) days then an amount of the greater of twenty dollars (\$20.00) or ten percent (10%) of the amount overdue (up to a maximum of two hundred dollars (\$200.00)) shall be levied for administration fees which shall become immediately due and payable.
- Hunter Kids can collect, retain and use any information about me for the purpose of assessing credit worthiness or marketing products and services and disclose information, whether collected by Hunter Kids from myself directly or obtained by Hunter Kids from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by myself.
- I have the right to request from Hunter Kids a copy of the information retained by Hunter Kids and the right to request Hunter Kids to correct any incorrect information about myself and my family held by Hunter Kids
- I acknowledge by signing this form I understand and accept the Centre Policies and Procedures.
- I acknowledge all information I have provided on this form is true and correct and that I have provided Centrelink with this information. I am aware it is my responsibility to advise Hunter Kids and Centrelink immediately of any change in the above information.

Name: \_\_\_\_\_

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

Office Use Only: Date Processed: \_\_\_\_\_ Educator Initial: \_\_\_\_\_

All immunisation records, health records, management plans, court orders and other documentation have been sighted where applicable

Educator Initial: \_\_\_\_\_

Return forms to: Hunter Kids  
Email: hunter20kids@gmail.com  
Contact: Elaine McCourt 0410 647 153  
Website: www.hunterkids.com.au