



Kellyville Ridge Pre-School & Long Day Care  
4 Kilby st Kellyville Ridge 2155  
Ph:(02) 8814 5305  
Fax:(02) 8814 5306  
E-mail: Kellyville@longdaycare.net  
www.longdaycare.net

Dear Parent,

Thank you for your interest in our service. As part of the enrolment process it is important to record as much information as possible with regards to personal details, allergies and emergency contacts in the event of an emergency, along with Centrelink details.

Accompanying this completed document we require copies of the following associated paperwork;

- Child's Birth Certificate
- Immunisation Details (Up to date Immunisation Statement from Medicare)

To secure your child's position we require;

- Payment of Administration Fee(\$50.00)
- Payment of Refundable Bond (\$200.00)
- Two Weeks in Advance of Fees (Scheduled Fee x Number of days enrolled x 2 wks)

Upon acceptance of a place at our centre we require two weeks fees in advance to secure your place. Upon commencement we require weekly payments of fees and this will be Direct Debited from your account at the end of each week. This ensures ongoing continued care.

You can find a copy of our Current Fee Schedule located in the Foyer and also on your ChildCarers Parent Portal upon commencement you will be provided with login details.

It is important to contact Centrelink prior to commencement on 136 150 to register for the Childcare Subsidy (CCS) that maybe available to your family. Without these details our service will require you to pay the full fee's as per our current Fee Schedule for your child.

As part of our enrolment process for new families we also provide at no charge the option for two orientation days. Typically each orientation day occurs between 10 am to 12 pm. The purpose of these orientation days are to provide a smooth transition from home to our care allowing your child to become familiar with our service prior to commencement is important to us that you and your child is comfortable on the start day.

Should you have any questions regarding any aspect of our service please do not hesitate to contact us.

All the management and staff sincerely look forward to being of service to you.

Warmest Regards

Licensee  
Neal Meharg

# Enrolment Form

ALL INFORMATION SUPPLIED ON THIS FORM IS TREATED AS CONFIDENTIAL

Days Required:	<b>Monday, Tuesday, Wednesday, Thursday, Friday</b>
Centre Operating Hours : 7:00 am till 6:30 pm	Enrolment Start Date: _____
Admin Fee: \$50 Refundable Bond Fee: \$200	Payment Date: _____
How did you hear about us? : _____	

## **Child's Details**

Child's Family Name: \_\_\_\_\_ Child's Given Name \_\_\_\_\_

Other Name Child is Known By: \_\_\_\_\_ Child's Centrelink CRN \_\_\_\_\_

Child's Former Name if Applicable: \_\_\_\_\_ Ethnic or Cultural Identity \_\_\_\_\_

Place of Birth \_\_\_\_\_ Male / Female (Please Circle) Child's D.O.B \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Religion \_\_\_\_\_

Languages Spoken at Home \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Healthcare Number: \_\_\_\_\_

Is there anyone who is prohibited from having contact with or collecting the child? \_\_\_\_\_

If "Yes" – please give details \_\_\_\_\_

**Who is the Centrelink Primary Parent for CCS:** Mother / Father (Please Circle)

Who should the fees be billed to: \_\_\_\_\_

## **Mother's Details**

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Other Name Known By: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Mother's CRN: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full –Time or Part – Time: Mon / Tues / Wed / Thurs / Fri (Please Circle)

Hours of Work \_\_\_\_\_

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**Father's Details**

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Other Name Known By: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Father's CRN: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full –Time or Part – Time: Mon / Tues / Wed / Thurs / Fri (Please Circle)

Hours of Work \_\_\_\_\_

**Emergency Contact (other than parent)**

Please note in this section you are required to provide at least two emergency contacts. These people must be contactable.

1. Full Name: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

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

2. Full Name: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

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

**Other People Permitted To Collect Your Child From Care:**

(You may list more than one person, but must notify in writing any changes)

Name / Address / Phone / Relationship to Child

Name / Address / Phone / Relationship to Child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for the emergency contacts and others listed above to collect my child from care.

\_\_\_\_\_

Parent / Guardian

**FAMILY DETAILS**

**Custody or Access Arrangements**

Marital status of parents \_\_\_\_\_ Does another parent have access? \_\_\_\_\_

Details of court orders affecting custody of your child (copy must be provided) \_\_\_\_\_

Is there anyone who must not have access to your child? \_\_\_\_\_

Is either parent sick or incapacitated (if yes, give details) \_\_\_\_\_

**Other Adults Living at Home:**

Name:

Relationship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any religious or cultural celebrations / taboos relating to your child's upbringing that we should honour in our handling of your child?

\_\_\_\_\_

\_\_\_\_\_

Have there been changes to your family recently? (Please circle)

Moved House / Parent Ill / Birth of a Child / Parent Unemployed Death of a Person Close to Child / Separation from Parent

Other \_\_\_\_\_

Has this affected your child in anyway? \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD**

**Background**

What are your expectations for your child? \_\_\_\_\_  
\_\_\_\_\_

Has your child been left with other people? i.e., Family, Friends, Childcare Centre **Yes / No**

How did they cope with this? \_\_\_\_\_  
\_\_\_\_\_

How does your child respond to unfamiliar situations? \_\_\_\_\_

Confidently / Tearfully / Withdraws / Very Excited / Observes but joins in later (Please Circle)

What type of activities interest your child? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties?  
Yes / No (**Please circle**)

Are you working on any skills with your child at home? Yes / No \_\_\_\_\_  
\_\_\_\_\_

**Any Other Information**

**Toilet**

Is your child toilet trained? Yes / No \_\_\_\_\_

If yes, what term is used at home for toileting? \_\_\_\_\_

Does your child sit on the toilet? \_\_\_\_\_

**Sleep**

Would you like your child to have sleep? Yes / No \_\_\_\_\_

How long does your child sleep during the day? \_\_\_\_\_

Does your child have a favourite toy or security object? Yes / No \_\_\_\_\_

What is it called? \_\_\_\_\_

Other Comments? \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD - Cont**

**Food**

Can your child feed themselves? Yes / No \_\_\_\_\_

Does your child use a cup with lid / bottle / cup / spoon (please circle)

Has your child any food allergies? Yes / No \_\_\_\_\_

\_\_\_\_\_  
Name any food / fluids your child is not allowed to have and reasons why? E.g. foods your child may not be able to eat due to religious reasons or from personal choice please be specific.

\_\_\_\_\_  
Does your child require a special diet? Yes / No \_\_\_\_\_

\_\_\_\_\_  
Any other relevant feeding problems? Yes / No \_\_\_\_\_

**Babies**

Exact details of formula \_\_\_\_\_

Solids your child has had \_\_\_\_\_

Feeding times \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

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

Private Health Fund \_\_\_\_\_ Health Fund Number: \_\_\_\_\_

Immunisation Record **(Please provide Medicare statement including dates)**

Your child's immunisation records must be shown to the centre for photocopying prior to your child's first day of attendance. Records must always be kept up to date at all times. Your child's immunisation records will be recorded and kept in a separate file in the office.

Immunisation records sighted (copy taken) Yes / No **(Please Circle)**

Has your child ever been hospitalised? Yes / No **(Please Circle)**

If yes, what for? \_\_\_\_\_

**Asthma**

Does your child suffer from or ever suffered from asthma? (Even just one attack) Yes / No

*Please see the Authorised Supervisor for an asthma pack.*

**Fits**

Has your child ever had a febrile convulsion? Yes / No \_\_\_\_\_

If so, what were the circumstances? \_\_\_\_\_

For long – term medication please speak to the Authorised Supervisor.

**Allergic Reactions**

Is your child allergic to anything? Yes / No \_\_\_\_\_

If so please supply a letter from the doctor.

Is there a history of allergic reactions in your family that we should be aware of, that may affect your child?

Is there any other medical or diet information about your child we should be aware of?

Describe any dislikes, fears or phobias your child may have: \_\_\_\_\_

**MEDICAL INFORMATION - Cont**

**If your child is an Anaphylaxis, please see the Authorised Supervisor.**

Has your child ever had a reaction to any medication? Yes / No

How did they react? \_\_\_\_\_

Is your child allergic to any medication? Yes / No

If yes, which medication \_\_\_\_\_

Is your child allergic to Panadol? Yes / No

**I do give permission for the staff to administer Panadol to my child if they feel it is necessary  
(after consultation with parent if possible)**

\_\_\_\_\_

**Signature (Parent / Guardian)**

**Date**

I give permission for Kellyville Ridge Preschool & Long Day Care for information concerning my child to be displayed in the centre – e.g. allergy charts, eat / sleep charts etc.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Additional Parent Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PARENT'S AUTHORISATION**

**I confirm:**

That my details in this enrolment form, as well as the details of the child I am enrolling are correct.  
I have agreed to days of care within the service and understand the start and end times of these sessions of care.  
That care may be provided on a casual or flexible basis where available at my service at my request.  
I understand I am liable to pay fees for the care of my child as indicated in the centres fee schedule which is subject to change over time based on advice from the provider and acceptance by me.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I / We give permission for Kellyville Ridge Preschool & Long Day Care staff to exchange information with doctors, therapists, etc. about my child

**Child's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby authorise staff of Kellyville Ridge Preschool & Long Day Care to seek and provide any emergency with medical, dental, ambulance, hospital or any other such service seen fit should \_\_\_\_\_ suffer any illness or injury whilst at the said premises. Also, if after every reasonable effort to contact me / us has failed and if the doctor considers immediate medication, anaesthetic or minor surgery is necessary, they have my / our permission to administer same.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I will also abide by the policies and procedures of Kellyville Ridge Preschool & Long Day Care and cooperate with staff in regard to any issues involving my child.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

1. All information recorded on this form is true and correct.
2. I / We will, if required, produce evidence to support this information.
3. I / We undertake to advise the centre of any changes to the information on this form.
4. If a person other than the parent is picking up my child, I / We will notify staff in writing, prior to the person arriving at the centre.
5. I / We are aware of the fee policy and that Kellyville Ridge Preschool & Long Day Care is authorised to terminate my child's position in care if fees are not kept up to date.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for my child to be applied with sunscreen in accordance with the manufacturer's directions whilst at the centre.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for students from Universities and TAFE to record observations of my child for the purposes of practical studies. I understand that the student will need me to fill in a form for this, and that this information will remain confidential and only Christian names will be used.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for Kellyville Ridge Preschool & Long Day Care for information concerning my child to be displayed in the centre – e.g. allergy charts, eat / sleep charts etc.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for Kellyville Ridge Preschool & Long Day Care to take photographs and video's of my child to be displayed in the centre and in the parent portal.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I \_\_\_\_\_ give permission for Kellyville Ridge Preschool & Long Day Care Authorisation to seek and carry out Urgent Medical, Dental or Hospital treatment or to transport to a medical facility via Ambulance.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Special Note – Priority of Access**

The Priority of Access Guidelines must be used by approved services to allocate available childcare:

- Places where there are more families requiring care than places available.
- When filling vacant places, a service must fill them according to the following priorities:

**Priority 1** – a child at risk of serious abuse or neglect

**Priority 2** – a child of a single parent or parents who satisfy the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'

**Priority 3** – any other child.

Within these main categories, priority should also be given to the following children:

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$45,114 for 2017-18, or who or whose partner is on income support
- Children in families from a non-English speaking background
- Children in socially isolated families
- Children of single parents.

(a) The Licensee may request written documentation of employment, training or job seeking details in order to ascertain the priority of access.

(b) Requiring a child to vacate a place

Under the Priority of Access Guidelines

**A child care service may require a Priority 3 child to vacate a place to make room for a higher priority group.**

The service can do so if the parents are:

- notified when the child first entered care that the service followed this policy
- given at least 14 days notice of the need for their child to vacate.

Above Referenced From:

Australia Government Department of Education and Training

<https://www.education.gov.au/priority-filling-child-care-places>



### Direct Debit Request - Authorisation Form

#### Customer Details

First Name:  Surname:

Phone:  Mobile:

Date of Birth:  /  /

Address:

Suburb:  State:  Postcode:

Phone Number:  Email Address:

#### Select from the Following

New Account  Change Debit Limit  Change Account Details

#### Payment Details

**Payment Limit Amount:**  *This is the maximum amount to deduct at each centre where a balance occurs*  
so.00 or Blank = No Limit

**Surcharge:** Visa/MasterCard:  1.65% AMEX:  4.40% Bank Account:  N/A Admin Fee:  \$2.20

**Payment frequency:**  Weekly (default)  Fortnightly  4-Weekly  Monthly

**Day of the week:**

**Day of the month:**

**First Payment Date:**  /  /

#### Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):

Account Name:

BSB Number:

Account Number:

I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

#### Credit Card

Please charge my payments to my:  Visa  MasterCard  AMEX

Card number:

Expiry Date:  /

Name on Card:

#### Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

Authorising Signature (s)

Date  /  /

## Terms and Conditions

### DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

#### INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 184532 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

#### RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

#### CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

#### VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

#### CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

#### NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

#### DISHONOURED PAYMENTS

I/We acknowledge that:

- (a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- (b) Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

#### ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

#### DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

#### OTHER AUTHORISATIONS

I/We authorise:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

#### INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact  
Debitsuccess Pty Ltd.  
PO BOX 5567, Stafford Heights QLD 4053  
Phone: 1800 956 959  
E-mail: qkclients@debitsuccess.com