



Enrolment Form

Application Details

Date of Enrolment Application	_____ / _____ / _____	Requested Commencement Date	_____ / _____ / _____
Preferred Centre	<input type="checkbox"/> North Perth	<input type="checkbox"/> Kyilla	<input type="checkbox"/> Nedlands <input type="checkbox"/> City West

Child Details

Child's Given Name/s				Child's Surname		
Date of Birth				Gender		
Child Centrelink Reference Number (CRN)	----- (three numbers)	----- (three numbers)	----- (three numbers)	----- (one letter)		
Address (Street No)	(Street Name)					
Suburb					Postcode	
Child's Country of Birth				Language/s Spoken at Home		
Religion				Ethnicity		
Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please tick)			
Name of siblings and D.O.B's	(Sibling 1 Name)	(D.O.B)	(Sibling 2 Name)	(D.O.B)	(Sibling 3 Name)	(D.O.B)
Has your child attended childcare previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please tick) If so, when?			

Child's Attendance Details (please tick the routine days you require)

*Kidz Galore policy requires a two day per week minimum attendance per child

Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
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North Perth Tel: (08) 9242 5667
kgnp@kidzgalore.com.au
 144 Eton Street, North Perth 6006

Nedlands Tel: (08) 9389 7750
kgnd@kidzgalore.com.au
 64-66 Melvista Ave, Dalkeith 6009

Kyilla Tel: (08) 9444 4240
kgky@kidzgalore.com.au
 13 Haynes Street, North Perth 6006

City West Tel: (08) 6144 2601
kgcw@kidzgalore.com.au
 102 Railway St, West Perth 6005



Parent/Guardian information

Parent/Guardian One who is registered with Centrelink

1 st Parent/Guardian Surname		1 st Parent/Guardian Given Name	
Centrelink Reference Number (CRN)		1 st Parent/Guardian Date of Birth	
Relationship to child		Country of Birth	
Address (Street No.)	(Street Name)		
Suburb		State	Postcode
Phone (H)		Mobile	
Email Address			
Occupation		Workplace/Company Name	
Work Address (Street No.)	(Street Name)		
Suburb		Postcode	Phone (W)
Religion		Ethnicity	
Are you of Aboriginal or Torres Strait Islander Decent? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>			

Parent/Guardian Two

2 nd Parent/Guardian Surname		2 nd Parent/Guardian Given Name	
Country of Birth		2 nd Parent/Guardian Date of Birth	
Address (Street No.)	(Street Name)		
Suburb		State	Postcode
Phone (H)		Mobile	
Email Address			
Occupation		Workplace/Company Name	
Work Address (Street No.)	(Street Name)		
Suburb		Postcode	Phone (W)
Religion		Ethnicity	
Are you of Aboriginal or Torres Strait Islander Decent? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>			

Additional Details

What is your main reason for using the Centre?	(e.g. Working Parent, Studying, Job Training, Other)
Talents/hobbies that can be shared with children	
Primary Email Address	
Would you like your account and centre newsletter sent to this email address?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Alternative/Secondary email address for accounts and centre newsletter:	

Family Arrangements & Custody Details

Which option best describes your situation? Both parents/guardians at home , Sole parent/guardian , shared custody , other

If the child's parents/guardians are separated or divorced, are there any court orders relating to the powers and responsibilities of the parents/guardians in relation to your child and access to your child? Yes , No , or Not Applicable

If No - go to Emergency/Authorised Person Contacts

If Yes - Please complete the following:

Who has legal custody of the child? Parent One , Parent Two , Both , Other (if other please provide details below)

Parent One Access Arrangements Full Access , Limited Access Comments:

Parent Two Access Arrangements Full Access , Limited Access Comments:

Please provide a copy of the court order with this Enrolment Form.

Emergency & Authorised Contact Persons

Please note:

1. In the case of emergency, Kidz Galore will contact the parents/guardians first. If contact is unsuccessful we will contact the following people in the order listed below.
2. Your child will not be allowed to leave with any person not on this list.
3. The people on this list may be required to produce photo identification such as a drivers licence.
4. People on this list must be aged 18 years and older.

Authorised Person One

Authorised Contact Two

First Name <input style="width: 80%;" type="text"/>	Surname <input style="width: 80%;" type="text"/>	First Name <input style="width: 80%;" type="text"/>	Surname <input style="width: 80%;" type="text"/>
Address <input style="width: 98%;" type="text"/>		Address <input style="width: 98%;" type="text"/>	
Phone (H) <input style="width: 60%;" type="text"/>	(W) <input style="width: 30%;" type="text"/>	Phone (H) <input style="width: 60%;" type="text"/>	(W) <input style="width: 30%;" type="text"/>
Mobile <input style="width: 98%;" type="text"/>		Mobile <input style="width: 98%;" type="text"/>	
Relationship to your child <input style="width: 98%;" type="text"/>		Relationship to your child <input style="width: 98%;" type="text"/>	
This person is authorised to:		This person is authorised to:	
Pick-up & drop-off your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Pick-up & drop-off your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Give permission for excursions	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Give permission for excursions	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Consent to medical treatment for your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Consent to medical treatment for your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Authorise for medication to be given to your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Authorise for medication to be given to your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Be contacted in an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Be contacted in an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
This person is fully vaccinated against Covid-19	<input type="checkbox"/> Yes <i>(Please tick)</i>	This person is fully vaccinated against Covid-19	<input type="checkbox"/> Yes <i>(Please tick)</i>

Authorised Person Three

Authorised Contact Four

First Name <input style="width: 80%;" type="text"/>	Surname <input style="width: 80%;" type="text"/>	First Name <input style="width: 80%;" type="text"/>	Surname <input style="width: 80%;" type="text"/>
Address <input style="width: 98%;" type="text"/>		Address <input style="width: 98%;" type="text"/>	
Phone (H) <input style="width: 60%;" type="text"/>	(W) <input style="width: 30%;" type="text"/>	Phone (H) <input style="width: 60%;" type="text"/>	(W) <input style="width: 30%;" type="text"/>
Mobile <input style="width: 98%;" type="text"/>		Mobile <input style="width: 98%;" type="text"/>	
Relationship to your child <input style="width: 98%;" type="text"/>		Relationship to your child <input style="width: 98%;" type="text"/>	
This person is authorised to:		This person is authorised to:	
Pick-up & drop-off your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Pick-up & drop-off your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Give permission for excursions	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Give permission for excursions	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Consent to medical treatment for your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Consent to medical treatment for your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Authorise for medication to be given to your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Authorise for medication to be given to your child	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
Be contacted in an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Be contacted in an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>
This person is fully vaccinated against Covid-19	<input type="checkbox"/> Yes <i>(Please tick)</i>	This person is fully vaccinated against Covid-19	<input type="checkbox"/> Yes <i>(Please tick)</i>

Each person listed above is an Authorised Person in respect of the authorities you have indicated.

Child's Medical & Health Information

Child's Doctor and Contact Details

Name of Doctor	Clinic/Practice	
Address		Phone No
Do you have private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Health Insurer
Medicare Number	Do you have ambulance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Immunisation Details

Is your child up to date with the recommended immunisation schedule for the child's age?

Yes No *(Please tick)*

Please note: If an outbreak of vaccine preventable illness occurs and your child has not received medical immunisation, your child will not be able to attend the centre during this time (normal fees and charges however will still apply).

Special medical conditions/requirements. Please tick if your child has any of the following:

Regular medical attention or medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Management Plan completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma or recurrent chest infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Management Plan completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies (e.g. foods, medications, animals)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Management Plan completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anaphylaxis (EpiPen)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Management Plan completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed as at risk of anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Management Plan completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Management Plan completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fits or convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Skin condition/s	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Eyesight condition/s	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Hearing condition/s	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Speech condition/s impediments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Physical disability or delays including intellectual, sensory or physical impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Any other specific health conditions we need to know about?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	

Please list any previous illnesses or operations (including infectious diseases)

Does your child require any specific cultural, religious, dietary or special care requirements?

Does your child have any behavioural difficulties we should know about?

Is your child toilet trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Toilet trained since:
Toileting support required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Note: You may be required to complete an Emergency Health Management Plan for your child to ensure staff are appropriately equipped to manage your child's special health needs.

Consent Form

Please Note: All sections of this Consent Form must be completed to comply with the Education and Care National Regulations

<p>Medical: In the event I am unable to be contacted, I give my permission for Kidz Galore to administer first aid, seek a registered medical, dental, hospital or ambulance service in the case of an emergency. I agree to pay any expenses incurred for medical treatment or transport.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Health: I give permission for health information regarding to my child be displayed at Kidz Galore (i.e. child's room and kitchen for allergy information).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Allergy Disclaimer: I give permission for Kidz Galore staff to give my child foods where the packaging states 'may contain traces of' or 'made on the same equipment as' for the following allergens: eggs, dairy, peanuts, tree nuts, seafood, sesame, soy, fish, contains gluten. (with the exception of children with pre-existing allergies)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Immunisation: I certify that I have provided a true immunisation record for my child;</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Transport: In the event of an emergency I give my permission for Kidz Galore to transport my child as required as per regulations. Individual forms are completed for excursions and school transport.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Excursions: I give permission for my child to participate in short walking excursions from Kidz Galore (within 1km radius) and understand that excursions requiring vehicle travel will not occur without separate written authority.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Observations: I give permission for Kidz Galore staff and students to make documented observations of my child for programming purposes whilst in their care.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Room Transitions: I give permission for my child to be enrolled or transitioned into an age group that is up to 6 months higher or lower than their actual age based on my child's development as per regulation 123(5). I am aware of this regulation and authorise my child to attend their care session in the room based on my child's development. Staff ratios are 0-2 years (1:4), 2-3 years (1:5) and 3-5 years (1:10).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Birthday Celebrations: I give permission for my child to be involved in birthday celebrations including eating birthday cake prepared by our chefs.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Ointment, creams and applications: I give permission for staff to apply the following if required:</p> <ul style="list-style-type: none"> - Sunscreen - Band-Aids - Stingoes and insect repellent - Nappy cream - Teething gel (if applicable) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: Initial: Initial: Initial: Initial:
<p>Water play: I give permission for Kidz Galore to involve my child in any water play experiences provided while attending the centre.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
<p>Religious/Cultural Celebrations: I give permission for my child to participate in religious/cultural celebrations such as Christmas, Easter, Jewish celebrations, Chinese New Year etc.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----

Photography Permission

I give permission for Kidz Galore to take photographs of my child for the following purpose/s:

For my child's individual observations (learning journeys) included within my child's portfolio	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
Weekly Parent Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
Publications and wall displays within my child's respective Kidz Galore centre	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----
I am aware that my child's photographs may be displayed in other enrolled children's learning journeys/portfolios	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>	Initial: -----

Accounts, Fees & Charges

Please 'tick' and initial that you understand and agree to the following in regards to your account, fees and charges:

I give permission for Kidz Galore to send my account electronically via email to the email addresses provided and will inform the relevant centre of any changes to my primary contact email.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I understand I must contact Centrelink to ensure I am registered for Childcare Subsidy (CCS). Full fees will be charged until we receive notification from the Centrelink.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I am aware that Kidz Galore is under no obligation to apply CCS payments to accounts until they are received from Centrelink. This is a Centrelink recommendation.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I agree to pay the weekly fee on the due day as determined by the centre's payment requirements. Preferred method of payment is direct deposit set up by parents.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I am aware that accounts are to be kept 2 (two) weeks in advance. Any failure to pay due fees may result in cancellation of care of my child at the centre. I understand that my fees must be up to date at the end of the year to ensure my child's position at the centre for the following year.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I understand that normal fees are charged for Public Holidays and when my child is absent through illness, infectious disease or holidays and understand that no makeup days will be granted.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I understand that 2 (two) weeks written notice must be given prior to withdrawing my child's enrolment at Kidz Galore. Full fees may be charged in accordance with Centrelink guidelines for non-attendance during the notice period.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I am aware that usual fees are payable for days where absences are taken (holidays, absent days and sick days). Each child is entitled to 42 days of non-attendance subsidised by the Government (including public holidays) per financial year. Absences exceeding this will require a doctor's certificate to claim CCS.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I understand that a late collection fee of \$20 per every 15 minutes will be charged if I am late to pick up my child from Kidz Galore.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
If my child is not collected by closing time and no contact is able to be made with the family, the Department of Child Protection will be contacted.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----
I declare that the information in this enrolment form is true and correct and undertake to immediately inform the centre in the event of any change to this information.	<input type="checkbox"/> Yes <i>(Please tick)</i>	Initial: -----

PANADOL Permission

In the event that your child becomes unwell, Kidz Galore requires verbal consent prior to administration of Panadol. This consent may be given by a Parent/Guardian or an Authorised Contact who has been as authorised to consent to the administration of medication. If verbal consent has not been given, Kidz Galore will endeavour to contact your child's regular GP for verbal consent. However, as per regulation 93 of the *Education and Care Services National Regulations 2012*, Kidz Galore may contact a suitable registered medical practitioner or an emergency service to provide verbal consent for the administration of Panadol.

This form is in place to ensure staff have written permission to administer Panadol to your child in the event that staff are unable to make contact with you and a registered medical practitioner or emergency service has provided verbal consent to administer Panadol.

Child's Name: -----

Medication: --- **PANADOL (Paracetamol)** -----

Quantity to be administered: -----

Parent/Guardian signature: -----

Date: ----- / ----- / -----

Registration & Conditions of Attendance Agreement

Please read agreement and sign overleaf:

- I acknowledge having received and read the Parent Handbook and understand any changes will be displayed on the centres notice board or I will be informed via centre newsletters and communication.
- I agree to comply with all Government requirements in relation to the centre and its services.
- I am aware that Kidz Galore complies with the Government Priority of access guidelines being:
 - Priority 1 – a child at risk of serious abuse or neglect.
 - Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work, training or study requirements.
 - Priority 3 – any other child.

Further information regarding these guidelines can be obtained from the DEEWR website (www.deewr.gov.au)

- I am aware that it is a legal requirement that I must sign my child in and out of the centre daily or full fees will be charged as per requirements from the FAO and an additional fine may be issued.
- I am aware that it is my responsibility to notify the centre manager in writing of any changes to my child's enrolment status e.g. Court orders, contacts, attendance and collection details.
- I am aware that my child cannot attend care sessions at Kidz Galore without all documentation provided and complete. I have provided a copy of my child's immunisation record and birth certificate and understand this is a Government regulation and must be provided before my child can start care.
- I am aware of the fees policy and fee schedule (please see fee schedule displayed in your centre)
- I am aware that care sessions are charged as a 12 hour flat rate, from 06:30 to 18:30.
- I am aware that my child will be excluded from care at Kidz Galore if he/she has contracted a contagious disease or condition. I understand that a 'medical clearance certificate' from a medical practitioner is required before my child can return to care.
- I understand that the Parents/Guardians/Authorised contacts are responsible for their children in the car park and surrounding areas and that it is an offence to leave young children unattended in the car.
- I have read this contract and received relevant information about the service offered by this centre for the care of my child.
- Kidz Galore retains the right to cease care to any child or adult who displays behaviour which possesses a threat to other children, staff or families at the Centre.
- Non-compliance with any part of Kidz Galore's policies and procedures may result in cancellation of care.

I _____ completed this enrolment form and declare that the information provided is current.

I agree to the conditions of use of the Centre, its Handbook and this Agreement.

I understand that all information regarding my child is confidential and will only be used for the care, education and assistance of my child. I understand that I am able to access a copy of information pertaining to my child at any time. I agree to pay my Childcare fees as outlined above.

1 st Parent/Guardian Signature		Date	----- / ----- / -----
2 nd Parent/Guardian Signature		Date	----- / ----- / -----

Prior to submitting this form, please ensure you have included the following:

- Copy of child's birth certificate
- Child's up to date Medicare immunisation record
- Both parents' Covid-19 vaccination certificates

Please submit enrolment form in person, or email to: kgcw@kidzgalore.com.au

Thank You