

## Centre Information Form

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Centre Name: Imagine Childcare and Kindergarten

Centre Address: 13 Benowa Road, Southport QLD 4215

Centre Telephone Number: (07) 5591 4745

Centre Email Address: [imaginechildcare@imagineelc.qld.edu.au](mailto:imaginechildcare@imagineelc.qld.edu.au)

Hours/Days of Operation: 6.30am – 6.00pm, Monday to Friday, 52 weeks per year

Daily/Weekly Fees: From: 18<sup>th</sup> January 2021

Room	1 -3 days	4 days	5 days
Nursery	\$126	\$125	\$123
Tiny Tot's	\$124	\$123	\$121
Toddlers	\$124	\$123	\$121
Junior Kindy 1 & 2	\$123	\$122	\$120
Pre-Kindy	\$123	\$122	\$120
Kindergarten 1 & 2	\$123	\$122	\$121

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### What to Bring

- A hat for outdoor play;
- A drink bottle (water only);
- Formula/ Breast Milk (if applicable);
- Comforter for rest time (if applicable);
- Sheets for rest time in a material bag or pillowcase (we supply sheets and blankets in Nursery only);
- Spare changes of clothes and underpants;

*Please ensure all items are clearly named.*

### Department Contact

Imagine Childcare and Kindergarten is licensed by the Department of Education and Training. The Department of Education and Training is contactable at Level 1, 340 Hope Island Road, Hope Island or via email Address: [southeastregion.eccec@det.qld.gov.au](mailto:southeastregion.eccec@det.qld.gov.au) or via phone: (07) 5656 6688 to answer any questions or concerns you may have in regards to child care regulations.

In the absence of the Approved Provider the Head of Operations will be appointed to act in place of. The Head of Operations can be contacted on (07) 5585 4901.

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## Enrolment Form

### Information About The Child

*Document Name: Enrolment Form*  
*Next Revision Date: 1<sup>st</sup> July 2021*

*Last Revision Date: 24<sup>th</sup> June 2019*  
*Authorised By: Kids in Care Operations*

Child's Given Name:.....

Child's Surname:.....

Child's Preferred Name:.....

Gender:  Male  Female Date of Birth: ..... /..... /.....

Address:.....

State:..... Postcode:.....

Child's CRN:.....

Child's Medicare Card Number:..... Expiry Date: ..... /.....

Child's Health Care Card Number:..... Expiry Date: ..... /.....

Cultural Background of the child: .....

Language(s) spoken at home:.....

Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick one box only)

- No, not Aboriginal or Torres Strait Islander       Yes, Aboriginal  
 Yes, Aboriginal and Torres Strait Islander       Yes, Torres Strait Islander

### The Child's Booking Information

- Monday     Tuesday     Wednesday     Thursday     Friday

Approximate Arrival and Departure Times:.....

Proposed Start Date:.....

Proposed Classroom:.....

### Days Required for School Aged Care – Before/After School Care and Vacation Care

#### Before School Care

- Monday     Tuesday     Wednesday     Thursday     Friday

#### After School Care

- Monday     Tuesday     Wednesday     Thursday     Friday

#### Vacation Care

- Monday     Tuesday     Wednesday     Thursday     Friday

### Definitions

A **Parent** includes a guardian of the child and a person with parental responsibilities for the child under a decision or court order.

**Parental responsibility** is a term defined under section 61C of the Family Law Act 1975, which means “all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.

### Parent / Person with Parental Responsibility Information 1

Full Name:.....

Relationship to Child:       Mother    Father    Guardian    Other:.....

Parent / Guardian CRN:.....      Date of Birth: ..... / ..... / .....

Address:.....

State:.....      Postcode:.....

Home Phone:.....      Mobile:.....

Email:.....

Occupation:.....      Employer:.....

Work Phone: .....      Work Address: .....

Cultural Background / Nationality:.....

Language Spoken at Home:.....

### Parent / Person with Parental Responsibility Information 2

Full Name:.....

Relationship to Child:       Mother    Father    Guardian    Other:.....

Parent / Guardian CRN:.....      Date of Birth: ..... / ..... / .....

Address:.....

State:.....      Postcode:.....

Home Phone:.....      Mobile:.....

Email:.....

Occupation:.....      Employer:.....

Work Phone: .....      Work Address: .....

Cultural Background / Nationality:.....

Language Spoken at Home:.....

### Definitions

An **Emergency Contact** can be any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.

**Authorised nominee** is a person who has been given permission by a parent or family member to collect the child from the education and care service.

### Authorisation Contact Information 1 (Other than Parent/ Guardian)

Full Name:.....

Relationship to Child:.....

Address:.....

State:..... Postcode:.....

Home Phone:..... Mobile:.....

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This person is an emergency contact who can be notified of an emergency involving my child.  | <input type="checkbox"/> This person is an authorised nominee who has authorisation to collect my child from the education and care service.   | <input type="checkbox"/> This person is authorised to consent to medical treatment of the child or to authorise the administration of medication to the child. This person is authorised to give the approved provider, nominated supervisor or educator consent to seek medical treatment from a registered medical practitioner, hospital or ambulance service or transportation of the child by an ambulance service. |
| <input type="checkbox"/> This person has authority to authorise taking the child outside the service on excursions or regular outings by giving written consent (ie. permission form) | <input type="checkbox"/> This person is authorised to authorise an educator to take the child outside the education and care service premises. |  |

### Authorisation Contact Information 2 (Other than Parent/ Guardian)

Full Name:.....

Relationship to Child:.....

Address:.....

State:..... Postcode:.....

Home Phone:..... Mobile:.....

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This person is an emergency contact who can be notified of an emergency involving my child.  | <input type="checkbox"/> This person is an authorised nominee who has authorisation to collect my child from the education and care service.   | <input type="checkbox"/> This person is authorised to consent to medical treatment of the child or to authorise the administration of medication to the child. This person is authorised to give the approved provider, nominated supervisor or educator consent to seek medical treatment from a registered medical practitioner, hospital or ambulance service or transportation of the child by an ambulance service. |
| <input type="checkbox"/> This person has authority to authorise taking the child outside the service on excursions or regular outings by giving written consent (ie. permission form) | <input type="checkbox"/> This person is authorised to authorise an educator to take the child outside the education and care service premises. |  |

### Court Orders, Parenting Plans or Parenting Orders

Are there any Court Orders, Parenting Plans or Parenting Orders relating to the powers, duties, responsibilities, child's residence, contact with the parent or other persons or authorities of any person in relation to the child or access to the child?  No  Yes

If you have selected **yes**, please provide original court order/parent plan documents to the Approved Provider. It is the parent's responsibility to ensure up to date orders/plans are provided to management.

**Your Child's Medical Information**

**Doctor**

Name of Doctor/Medical Service: .....

Telephone: .....

Address of Doctor/Medical Service: .....

Name of Private Health Fund: .....

Private Health Fund Number: .....

**Maternal Health Nurse**

Maternal & Child Health (MCH) Centre: .....

**Immunisation Details**

Has your child been immunised?  Yes  No

Birth  2 months  4 months  6 months  12months  18months  4 years

A copy of your child's immunisation records must be provided to the centre and updated after each immunisation.

**Dentist**

Name of Dentist/Dental Service: .....

Telephone: .....

Address of Dental Surgery: .....

**Your Child's Health Information**

Does your child have any medical conditions or special/additional needs?  Yes  No

Please specify: .....

Does your child visit a specialist?  Yes  No

Please specify the specialist and frequency of visits: .....

If yes, please provide a brief summary of the medical condition/special need and any management procedures with respect to the condition/need.

.....  
 .....  
 .....  
 .....

Has your child been diagnosed with:

Anaphylaxis:  Yes  No

- Asthma:  Yes  No
- Allergies:  Yes  No
- Diabetes:  Yes  No
- Epilepsy:  Yes  No
- Intolerance:  Yes  No
- Other:  Yes  No If yes, please specify:.....

If you have ticked yes, to any medical conditions above please outline a brief summary of the condition below and provide an original Action Plan that has been completed by your Doctor or Specialist. Updated action plans throughout your time at our centre will need to be given to the Centre Director. Upon and throughout your enrolment you will be required to actively participate in establishing a risk minimisation plan and communication plan for the specific medical condition mentioned in this enrolment form, in conjunction with the Centre Director.

Brief Summary of medical condition, including allergens, triggers, reactions and responses:

.....

.....

.....

.....

Does your child have a developmental delay or disability including intellectual, sensory or physical?

- Yes  No

Please provide additional information: .....

.....

Does your child have any other medical conditions, special needs or cultural/religious considerations that have not been mentioned above?  Yes  No

Please provide additional information: .....

.....

Does the child have any dietary restrictions?  Yes  No

Please provide additional information: .....

.....

Do you give consent for your child's photo with their medical conditions, special/additional needs, dietary requirements, etc, to be displayed in their room and kitchen (if dietary)?  Yes  No

## Parent Agreement

I, ..... (Print full name)

A person of parental responsibility of the child referred to in this enrolment form consent to;

- The designated Authorised Nominee's/Emergency Contact Persons to act upon my behalf in the event of an emergency. I authorise the child care service to obtain medical treatment for the child from a medical practitioner, hospital or ambulance service and understand that I am liable for any costs incurred;
- My child to be transported by an ambulance service in the event of an emergency and I understand I am liable for any costs incurred;
- Collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- Centre staff to transport my child by bus to and from school if required;
- Centre staff to apply sunscreen to my child for outdoor play;
- Photos to be taken of my child for observational tools;
- My child participating in face painting activities on special event days;

I/ we agree to:

- Regular fee payments by Debit Success ensuring my account is kept in advance;
- Pay full fee's until child care benefit has been received by the centre;
- Notify the centre should my child not attend their regular day of care;
- Notify the centre in writing 2 weeks prior to cancelling my child's enrolment and agree to pay all outstanding fees;
- Pay for public holidays, absent days and the required fee for holidays;
- Notify the centre should any of the parent/ guardian or Authorised Nominee/ emergency contact details change;
- Provide for sighting my child's original birth certificate to the director. (WA only)

I the Nominated Supervisor of the centre have sighted the child's Health Record (Health Record means a record that documents a child's health and development assessment and immunisations) and have obtained a copy of the child's immunisation schedule.

Parent / Guardian Signature:..... Date: ..... /..... /.....

Parent / Guardian Signature:..... Date: ..... /..... /.....

Nominated Supervisor Signature:..... Date: ..... /..... /.....

**Confidentiality of enrolment records:**

*The Approved Provider of the Children's Service must ensure that information on the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in Education and Care Services National Regulations (regulation 161(1) (a))*

I ..... (your name) declare as the person with parental responsibility of the child referred to in this enrolment form, that the information provided is true and correct and undertake to immediately inform the children's service in the event of any change to this form.

Parents Signature: ..... Date: ..... /..... /.....



## Social Media Permission Form

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Photographs are often taken of the children while they are at the Centre. These photos and digital forms (TV and Video Footage) are used as observational tools, displays and promotions. These are used both in the centre and outside the centre e.g. including but not limited to; Advertising, Facebook, Welcome Videos, Brochures and Information Booklets.

Please tick the appropriate statement that will apply to your child:

I/We **DO** give permission for our child's photos and or videos to be published on **Facebook** and or any other promotional and advertising material for the centre.

I/We **DO NOT** give permission for our child's photos and or videos to be published on **Facebook** and or any other promotional and advertising material for the centre.

I/We **DO** give permission for our child's photos and or videos to be published on **Kindy Hub**.

I/We **DO NOT** give permission for our child's photos and or videos to be published on **Kindy Hub**.

Childs Name.....

Classroom Name:.....

Parents/Guardians Name.....

Signature.....

Parents/Guardians Name.....

Signature.....

### \*Please note

While we endeavour to take photographs of individual children, sometimes more than one child may appear in an image. Please be aware that parents may tag or share photos containing images of their own child, but other children may also be present in the same image. By signing our social media permission slip, you are agreeing to the above policy, and acknowledge that photographs of your child/ children may be shared by other parents/ individuals on our Facebook page.

## Child Profile Information

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### Belonging in our Centre

To enable our educators to provide appropriate care and educational programs, it is vital for us to have as much information about each child as possible.

Can your child speak and understand English?  Yes  No

Are there any other languages spoken at home?  Yes  No *If yes please specify:*.....

Would you and your child benefit from an interpreter?  Yes  No

Are there any cultural or religious practices we should be aware of, that you would like your child to be involved in?  Yes  No *If yes please specify:*.....

Does your child live with non-immediate family members (ie grandparents, aunt)?  Yes  No *If yes please specify:*.....

What are your child's current sleep times and sleeping routine? .....

.....

.....

Does your child have a comforter (Doll/ Teddy/ Bottle/ Dummy etc) for sleep? .....

.....

.....

At what time does your child have a bottle?.....

.....

.....

Is your child's appetite: Very good / Good / Fair / Poor *(Please circle relevant answer)*

Does your child eat: Puree Foods / Mashed / Chopped *(Please circle relevant answer)*

Does your child need assistance to eat?.....

Does your child have any strong dislikes to food? .....

What is your child's favourite food? .....

Does your child usually drink from a: Bottle / Spout Cup / Open Lid Cup *(Please circle relevant answer)*

If your child has a bottle do they have: Breast Milk / Formula / Cow's Milk / Other:.....

Does your child use the toilet or are they currently toilet training? Please provide additional information about your child's toileting needs:.....

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### Parent Participation and Special Talents



Centre and Senior Management

## Enrolment Pack Checklist

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This checklist has been designed to make sure during the Orientation Process the Centre Director goes through all sections of the enrolment form with the families to ensure all sections have successfully been completed and all additional information/documentation such as parenting plans, court orders and medical action plans have been provided upon enrolment.

### Parent Enrolment Pack Checklist

- All sections of the enrolment form been completed and signed
- I have contacted Centrelink and asked them to be assessed for Child Care Benefit (CCB)
- Debit Success form has been completed and returned
- Court orders and parenting plans have been given to the Centre Director
- Action plan for medical conditions has been given to the Centre Director
- Copy of immunisation schedule has been given to the Centre Director
- Copy of the child's Health Care Card has been given to the Centre Director

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### Office Use Only

#### Director Checklist

- All sections of the enrolment form been completed and signed
- Debit Success form has been completed and received
- Court orders and parenting plans have been received
- Action plan for medical conditions has been received
- Risk Minimisation Plan and Communication Plan for medical conditions have been created in conjunction with the parent
- Immunisation schedule and health record has been provided to the Nominated Supervisor
- Copy of the child's Health Care Card has been given to the Centre Director (if applicable)
- Enrolment has been entered in to QikKids

#### Additional Reminders

- Locker label has been created / Parent pocket has been created / added to birthday chart

Child's Portfolio commenced with the child's 'All about me' page

Director Signature:..... Date: ..... /..... /.....