

## Enrolment Form 2020: Arena Joondalup

### Child Details

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Child's Home Address			
Is your child of Aboriginal or Torres Strait Islander descent?			Yes/No
Is your child attending another childcare centre service?			Yes/No
School your Child Attends:			
Child's Class:		Teachers Name:	

### Attendance Days and Times Required

### Intended Start Date:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Arrival Time</b>					
<b>Departure Time</b>					

### Parent Details (This is the parent who is linked for CCS Purposes)

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Your Drivers Licence Number			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation			
Place of Work			
Work Address			
Work Starts		Work Finishes	
Country of Birth		Language Spoken at Home	
Preferred method of contact (please circle)		Home Phone / Work Phone / Mobile / Email	
Are you of Aboriginal or Torres Strait Islander descent?			Yes/No
Do you have a disability?			Yes/No

Are you the Primary Care Giver?	Yes/No
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**Second Parent    Yes    No**

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Your Drivers Licence Number			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation			
Place of Work			
Work Address			
Work Starts		Work Finishes	
Country of Birth		Language Spoken at Home	
Preferred method of contact (please circle)	Home Phone / Work Phone / Mobile / Email		
Are you of Aboriginal or Torres Strait Islander descent?			Yes/No
Do you have a disability?			Yes/No
Are you the Primary Care Giver?			Yes/No

**Family Status**

Please circle the options that best describes your situation?			
Both parents at home	Sole parent	Shared custody	Other

**Custody Arrangements**

If you are separated or divorced, who has legal custody of the child?			
Parent 1	Parent 2	Both	Other

**Family Status**

Parent 1 Access Arrangements?	Full	Limited
Parent 2 Access Arrangements?	Full	Limited
Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Please provide documentation to the centre.	Yes/No	
Are there any other court orders relating to the child's residence or child's contact with a parent or other person? Please provide documentation to the Centre.	Yes/No	

**Emergency Contacts & Authorisations (A Minimum of two contacts are required) Must be a minimum of 18 Years of age**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

**Emergency Contacts & Authorisations**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

**Emergency Contacts & Authorisations**

Name			
Relationship to Child			
Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
This person has the authority to (please circle):			
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No

**Health & Medical Information**

Medicare Number			
Medical Centre Name			
Name of Doctor		Phone	
Address			
Private Health Insurer			
Do you have private Ambulance Cover?			Yes/No
<b>Does Your Child Have:</b>			

Any allergies: eg. food, medication, animals, insects, plants? If YES please provide relevant medical management plans, risk minimization plans to the Centre.	Yes/No
Any special dietary requirements?	Yes/No
Any problems with hearing, sight, speech?	Yes/No
Any health problems, operations, illnesses, disabilities?	Yes/No
Does your child take any regular medication?	Yes/No
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes/No
Are there any behaviour issues that we should be aware of?	Yes/No
Does your child socialise well with other children?	Yes/No

### Routines

Are there any aspects of your cultural, ethnic, and/or religious background that you would like us to be aware of?	Yes/No
Are there any religious activities the staff should be aware of?	Yes/No

### How did you hear about us?

Word of Mouth, Recommended, Website, Newspaper, Face Book, Other	If Other, please state:
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### Payment Information

- Kidz Biz require all payments for childcare fees, to be made through our Debit Success service. Debit Success Forms to be returned with Enrolment Form. Fees are to be paid on a weekly basis
- Fees are to be paid 1 week in advance upon commencement at Kidz Biz.
- Two weeks written notice must be given if your child will be ceasing attendance. If this is not done then two weeks will be added to your final account to compensate this period. Please note that FULL FEES will apply where no notice is given.
- Casual days off, sick days and public holidays are still payable, for all permanent positions.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.
- Families' non-compliance with any part of our fee & centre's policy may result in immediate cancellation of the child's position.

How would you like to receive your invoice?	Emailed	Hard copy
Please complete the attached Debit Success form and return to the centre office before commencing care.		
I have handed the Debit Success form in	Yes / No	

### Authorisations

<p>I consent to Kidz Biz Sport &amp; Recreation staff seeking medical attention for my child in an emergency situation.          In the event of requiring transportation by ambulance I consent to Kidz Biz Sport &amp; Recreation to call an ambulance and a staff member will accompany the child in the ambulance to the hospital. I agree to pay all costs incurred in ambulance call out and medical costs.          I understand that Kidz Biz Sport &amp; Recreation will attempt to contact the parent / emergency contact prior to obtaining medical assistance.          I do / do not have ambulance cover.</p>	
Signed:	Date:
<p>I consent to Kidz Biz staff applying a minimum of SPF 30+ sunscreen on my child each day.</p>	
Signed:	Date:
<p>I give permission for my child to have photos taken at the Centre. I understand that photos may be displayed within the centre.</p>	
Signed:	Date:
<p>I give permission for my child to have photos taken that may be used on the Kidz Biz website on the Internet or by the local newspaper.</p>	
Signed:	Date:
<p>I give permission for the staff and training childcare students to take observations of my child for use in the development of centre programs and learning experiences for the children at the centre. These observations may include photographs.</p>	
Signed:	Date:
<p>I understand that Kidz Biz Sport &amp; Recreation requires written authorisation from a parent/guardian before any child is transported in any vehicle, with the exception of an emergency situation.</p>	
Signed:	Date:
<p>I understand that my child will not leave the Centre unless collected by a parent, or a person authorised by the parent/s, to do so. In the case of an emergency, the Nominated Supervisor can authorise a person to take my child from the Centre, if all authorised contacts are uncontactable, and the Nominated Supervisor believes this person has due regard to the well being of my child.</p>	
Signed:	Date:
<p>I give permission for my child to watch PG movies, and understand I would be notified prior to this of the movie that my child would be watching.</p>	
Signed:	Date:
<p>I give permission for my child to have incursions within the Arena grounds that are not specific licensed areas. i.e. Swimming Pool; Premier Suite, Ovals, Leisure Gardens</p>	
Signed:	Date:
<p><b>Kidz Biz Sport &amp; Recreation Care- Arena, Joondalup retains the right to refuse entry to any child or parent, who displays aggressive behaviour that poses a threat to children, educators or other service visitors that attend this service.</b>  <b>Payment of Fees: Where childcare fees are in arrears by 3 weeks, your child's care position will be cancelled in that week. Upon full payment of the debt, including 1 week in advance, the child may recommence care, if a position is available.</b>  <b>Any debt collection service fees incurred will be passed onto the debtor.</b></p>	

I / We \_\_\_\_\_ / \_\_\_\_\_  
Have read and understand all information provided in this enrolment form and agree to the terms and policies of Kidz Biz Sport & Recreation

Signed:

Date:

**Kidz Biz Sport & Recreation is a separate entity to HBF Arena, Joondalup.**

Immunisation Records and Birth Certificate Sighted: YES / NO

Nominated Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Certified Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewed: September 2019

Aboriginal and Torres Strait Islander Peoples as the Traditional Custodians of this land and pay respect to Elders past and present in the spirit of reconciliation.