

Enrolment forms will not be accepted unless accompanied by (unless you have supplied previously):

- Your child's current Immunisation Record
- Your child's Birth Certificate/Extract
- Excursion permission slip



ADMIN

DEPOSIT PAID :

QIKKIDS ENROLLED:

STAFF INTIAL: _____

Have you registered for the NEW Child Care Subsidy yet? YES NO

PARENT'S NAME	PARENT'S DATE OF BIRTH		PARENT'S CRN
CHILD'S NAME	CHILD'S DATE OF BIRTH	AGE	CHILD'S CRN

ADDRESS _____
 _____ P/CODE _____ GENDER: MALE OR FEMALE (Circle)

PARENT/GUARDIAN No 1

NAME _____ DATE OF BIRTH _____

TELEPHONE (HM) _____ (WK) _____ (MOB) _____

ADDRESS (if different) _____

EMAIL ADDRESS _____ Would you prefer to receive info in this format YES NO

PLACE OF EMPLOYMENT _____

PARENT/GUARDIAN AUTHORIZED TO COLLECT CHILD - YES NO

PARENT/GUARDIAN No 2 (if applicable, both parents details must be completed)

NAME _____ DATE OF BIRTH _____

TELEPHONE (HM) _____ (WK) _____ (MOB) _____

ADDRESS _____

PLACE OF EMPLOYMENT _____

PARENT/GUARDIAN AUTHORIZED TO COLLECT CHILD - YES NO

****MANDATORY FIELD** OTHER PERSONS AUTHORISED TO COLLECT OR TO BE CONTACTED INCASE OF EMERGENCY (Please note that no child shall be allowed to leave the premises unless accompanied by an authorised adult)**

NAME _____

TELEPHONE (HM) _____ (WK) _____ (MOB) _____

ADDRESS _____ (Post Code) _____

NAME _____

TELEPHONE (HM) _____ (WK) _____ (MOB) _____

ADDRESS _____ (Post Code) _____

CONTACT PERSON AUTHORIZED TO COLLECT CHILD - YES NO

ARE THERE ANY COURT ORDERS RELATING TO GUARDIANSHIP, CUSTODY OR ACCESS TO THE CHILD?

NO continue to next question YES please supply details

CHILDS SWIMMING ABILITY

My child is currently in swim STAGE _____ of the RLSSA swim & survive and Dept. of Education Program.

PLEASE PROVIDE PROOF OF YOUR CHILDS SWIM STAGE

EXCURSIONS

I give permission for my child to participate in programmed excursions to different locations within a short walking distance of the Natural-iste Community Centre. Excursions may include visits to Dunsborough ovals & playgrounds. **YES** **NO**

IMMUNISATION

Is your child’s immunisation up to date? **YES** **NO**

DOES YOUR CHILD HAVE A BEHAVIOUR MANAGEMENT PLAN AT SCHOOL?

If **YES** please supply details _____

MEDICAL INFORMATION

Does your child suffer from any Allergies? **YES** **NO**
Asthma? **YES** **NO**
Other - (specify) **YES** **NO**

If **YES** please supply medical action plan from your doctor _____

MEDICAL TREATMENT AUTHORISATION

In the event of an emergency involving an accident or illness, I give permission for medical attention to be sought for my child and transported to the nearest available hospital or emergency Centre.

SIGNED _____ **DATE** _____

Family Medicare No: _____ () Family Doctor: _____ Telephone: _____

CULTURAL, RELIGIOUS and other INFORMATION

Are there any religious, cultural or other considerations relevant to the enrolment and care of your child?

NO continue to next question **YES** please supply details _____

LANGUAGES: What are the primary, and secondary languages spoken at home _____

Do you give permission for your child to watch a PG rated movie, deemed appropriate during the program?

NO **YES**

Do you give permission for your child to be photographed by centre staff whilst participating in the programs activities? Photos may be used for promotional or licensing purposes.

NO **YES**

How did you hear about us? Newspaper Friend Facebook Internet Radio School

Cost \$77.00 per child per day (less childcare subsidy) \$20 non-refundable deposit required upon enrolment. I wish to enrol my child in the days circled below. Full Payment (less the Childcare Subsidy) is required ON or before Monday 5th July 2021. If payment is not received I understand my booking will be cancelled. I am aware that if I do not give a full 24hrs notice that my child will not be attending any booked day, no credit or refund will be available. I am aware the hours of care are from 8am until 5:30pm. **I am aware that if I am late to collect my child I will be charged \$15.00 for every 15 minutes I am late.** Please note all enrolment information will be sent to the family assistance office.

CIRCLE DAYS REQUIRED	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	CLOSED Public holiday	Excursion 28th Sept Payment Due	29th Sept	30th Sept	1st Oct
WEEK 2	4th Oct Payment Due	Excursion 5th Oct	6th Oct	7th Oct	8th Oct

PAYMENT CARD DETAILS : PAYMENT AMOUNT : _____

VISA MASTERCARD

CARD NUMBER

EXPIRY

NAME OF CARD HOLDER : _____

SIGNED: _____