

## ENROLMENT FORM 2019

All new and existing Families **must** reapply for placement each year. No bookings will roll over to the next year. Existing students, including siblings of existing students, will take priority while keeping within priority guidelines. Please be aware that places may fill up before the closing date.

**\*Only fully completed forms will be accepted\***

Child's Basic Details							
Child 1	First Name		Surname				
	CRN		D.O.B		2019 Grade		Gender M / F
Child 2	First Name		Surname				
	CRN		D.O.B		2019 Grade		Gender M / F
Child 3	First Name		Surname				
	CRN		D.O.B		2019 Grade		Gender M / F

Centrelink	
<p>In order to receive the government's Child Care Subsidy, all CRN holders must supply a DATE OF BIRTH (DOB) to IASC. Our primary account holder must be the parent or guardian registered with Centrelink. Since the 2 July 2018 there is a new child care package. The package includes a new Child Care Subsidy, which replaces the Child Care Benefit and Rebate. It will be paid directly to our service and will make child care more affordable for most families.</p> <p><b>Please indicate below whether or not you will be receiving the Child Care Subsidy from Centrelink.</b></p>	
<input type="checkbox"/> I understand the above terms and agree to receive the Child Care Subsidy if eligible from Centrelink.	<input type="checkbox"/> I opt-out of receiving Child Care Subsidy

Guardian Details			
Guardian 1 Primary Account Holder Y / N	First Name		Surname
	Guardian CRN		Guardian D.O.B
	Email		Mobile
	Home phone		Work phone
	Home address		
	Occupation		Place of work
Guardian 2 Primary Account Holder Y / N	First Name		Surname
	Guardian CRN		Guardian D.O.B
	Email		Mobile
	Home phone		Work phone
	Home address		
	Occupation		Place of work

You must provide AT LEAST two (2) contact numbers for each guardian i.e. mobile and work phone numbers in case of an emergency. Work information is very important to us we may need to use it in the case of an emergency or if your child fails to arrive at After School Care. If your child is absent and we cannot contact you to ascertain that they are safe, we are required to notify the Police.

**Please tick the permanent session you require below:**

Please note that if you are filling in the application and will only be using vacation care you will still be required to enrol into vacation care days when they become available. You will **not** be allocated vacation care spaces based on this enrolment form.

Childs Name	Session	Mon	Tues	Wed	Thurs	Fri	Will <b>only</b> use vacation care:
1.	Before school						
	After school						
2.	Before school						
	After school						
3.	Before school						
	After school						

**PLEASE NOTE:** You will be notified of your 'permanent' bookings for Before School Care and After School Care before the end of Term 4 2018.

**BOOKINGS:** Full fees will be charged for these 'permanent' bookings weekly by "Debit Success" for the full 40 weeks (4 school terms) unless you cancel your 'permanent' booking with 2 weeks' notice. **The start date for bookings is 29<sup>th</sup> of January 2019.** No fee is payable for gazetted public holidays.

**ABSENCES:** All absences (including sickness) must be communicated to the service as soon as possible. An additional administrative fee of \$10 (non-notification fee) will be charged to families if the service does not receive notice of the absence before the child is due to attend. This is for locating and ensuring the safety of your child, we have a legal obligation to account for all children who are booked into the service on any given day.

<b>Priority of Access</b>	
IASC follows the "Priority of Access Guidelines" set by the Australian Government. To allow the service to comply with these guidelines please tick one priority area in Section One. Within the main Priorities (Section One) consideration is given to sub-categories. The below sub-categories are not in prioritised order and all sub-categories are considered relevant.	
<input type="checkbox"/> Priority 1 – a child at risk of serious abuse or neglect	
<input type="checkbox"/> Priority 2 – a child of single or joint parents who (both) satisfies, the work/training/study test under section 14 of the A New Tax System (Family Assistance Act 1999)	
<input type="checkbox"/> Priority 3 – any other child	
<b>Sub-categories</b> - Please note that sub categories can be applied by coordinators discretion	
<input type="checkbox"/> Children in Aboriginal and Torres Strait Islander families	
<input type="checkbox"/> Children in families which include a disabled person	
<input type="checkbox"/> Children in families which include an individual whose taxable income percent under clause 7 of Schedule 2 to the Family Assistance Act is 100 percent	
<input type="checkbox"/> Children in families with a non-English speaking background	
<input type="checkbox"/> Children in socially isolated families	
<input type="checkbox"/> Children of single parents	
<b>Service specific categories</b>	
<input type="checkbox"/> Children with a current (2018) permanent after or before school care booking within the service; or siblings of a child with a current (2018) permanent after or before school care booking.	
<input type="checkbox"/> Children attending, or due to attend, Indooroopilly State School in 2019.	
Guardian 1 – Do you work casual or shift work? - please provide a letter from the employer indicating this	Y / N
Guardian 2 – Do you work casual or shift work? - please provide a letter from the employer indicating this	Y / N

**Emergency Contacts:** The people listed below will be authorised to collect your child/ren from the service upon the sight of the listed persons photo identification. These people will **NOT** include the guardians listed above. If a contact will be picking up the children regularly (an au-pair or nanny) please email the service to let us know. **Previous year's contacts will be deleted from the system.**

	Emergency Contact 1			Emergency Contact 2		
First Name:						
Last Name:						
Relationship:						
Mobile (or home phone):						
We give authorisation for this emergency contact to:	Collect the children from the service:	Y	N	Collect the children from the service:	Y	N
	Consent to medical treatment:	Y	N	Consent to medical treatment:	Y	N
	To be notified in the event of an emergency when the guardians cannot be immediately contacted:	Y	N	To be notified in the event of an emergency when the guardians cannot be immediately contacted:	Y	N

Detailed Child Information						
<b>Child 1 (NAME):</b>						
Does this child have an allergy?  <b>If NO move to next question</b>	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> If the allergy is food related can the child eat foods with "may contain traces of" Y / N  Please supply allergy plan and medication <b>before</b> the child starts at the service.	<input type="checkbox"/> Allergy non-anaphylaxis <input type="checkbox"/> If the allergy is food related can the child eat foods with "may contain traces of" Y / N <input type="checkbox"/> Will the child require treatment or medication at the service? If so, please provide treatment <b>before</b> the child starts at the service and supply an administration of medication form.	<input type="checkbox"/> Other Please explain below.			
Does this child have a medical condition?  <b>If NO move to next question</b>	<input type="checkbox"/> Asthma Please supply an asthma plan and treatment to the service.	<input type="checkbox"/> Behavioural Please state below	<input type="checkbox"/> Other Please state below			
Is this child fully immunized?	Y / N Please provide a copy of this child's immunisation record for first time enrolment.					
Does this child require medication that the service will be required to administer?	Y / N Please explain below.					
Dietary requirements <b>If NO move to next question</b>	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Pork	<input type="checkbox"/> No Beef	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Lactose free	<input type="checkbox"/> Other
Please note that we <b>do not</b> supply Halal food at the service.						
What is this child's primary language?		What are this child's hobbies?				
Please provide details that may help us support and contribute to your child's <b>social, cultural, religious or other interests, views, individual needs and abilities.</b>						
<b>Child 2 (NAME):</b>						
Does this child have an allergy?  <b>If NO move to next question</b>	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> If the allergy is food related can the child eat foods with "may contain traces of" Y / N	<input type="checkbox"/> Allergy non-anaphylaxis <input type="checkbox"/> If the allergy is food related can the child eat foods with "may contain traces of" Y / N <input type="checkbox"/> Will the child require treatment or medication at the service? If so, please provide treatment <b>before</b> the child starts at the service	<input type="checkbox"/> Other Please explain below.			

	Please supply allergy plan and medication <b>before</b> the child starts at the service.		and supply an administration of medication form.			
Does this child have a medical condition?  <b>If NO move to next question</b>	<input type="checkbox"/> Asthma Please supply an asthma plan and treatment to the service.		<input type="checkbox"/> Behavioural Please state below		<input type="checkbox"/> Other Please state below	
Is this child fully immunized	Y / N Please provide a copy of this child's immunisation record for first time enrolment.					
Does this child require medication that the service will be required to administer?	Y / N Please explain below.					
Does this child have a dietary requirement? <b>If NO move to next question</b>	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Pork	<input type="checkbox"/> No Beef	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Lactose free	<input type="checkbox"/> Other
Please note that we <b>do not</b> supply Halal food at the service.						
What is this child's primary language?		What are this child's hobbies?				
Please provide details that may help us support and contribute to your child's <b>social, cultural, religious or other interests, views, individual needs and abilities.</b>						
<b>Child 3 (NAME):</b>						
Does this child have an allergy?  <b>If NO move to next question</b>	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> If the allergy is food related can the child eat foods with "may contain traces of" Y / N  Please supply allergy plan and medication <b>before</b> the child starts at the service.		<input type="checkbox"/> Allergy non-anaphylaxis <input type="checkbox"/> If the allergy is food related can the child eat foods with "may contain traces of" Y / N <input type="checkbox"/> Will the child require treatment or medication at the service? If so, please provide treatment <b>before</b> the child starts at the service and supply an administration of medication form.		<input type="checkbox"/> Other Please explain below.	
Does this child have a medical condition?  <b>If NO move to next question</b>	<input type="checkbox"/> Asthma Please supply an asthma plan and treatment to the service.		<input type="checkbox"/> Behavioural Please state below			
Is this child fully immunized	Y / N Please provide a copy of this child's immunisation record for first time enrolment.					
Does this child require medication that the service will be required to administer?	Y / N Please explain below.					
Does this child have a dietary requirement? <b>If NO move to next question</b>	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Pork	<input type="checkbox"/> No Beef	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Lactose free	<input type="checkbox"/> Other
Please note that we <b>do not</b> supply Halal food at the service.						
What is this child's primary language?		What are this child's hobbies?				
Please provide details that may help us support and contribute to your child's <b>social, cultural, religious or other interests, views, individual needs and abilities.</b>						

Medical Contacts			
When seeking medical treatment, health professionals are increasingly requesting child care services to provide the following information before treating a child. Please assist us to provide timely treatment by providing the necessary information. This information is especially important if during an emergency, paramedics need to contact your Family Doctor.			
Medicare Number:		Private Health Fund:	
Doctor Surgery Name:		Surgery Contact Number:	
Hospital preference:			

Parenting Orders		
Are the parents separated or divorced?	Y / N	
Are there any Consent Orders?	Y / N	Please provide a certified copy to the office.
Are there any Domestic Violence Orders?	Y / N	Please provide a certified copy to the office.
If yes to any of the above please answer the following:		
Which parent has custody?		
Does the child/ren have contact with the other parent?	Y / N	
Can the other parent collect the child/ren?	Y / N	
Please note that we cannot prevent a parent from picking up a child, however we will contact yourself and the police in this circumstance.		

Additional Information	
Are you interested in becoming a committee member?	Y / N
Do you consent to your child/rens photos being used for <b>in service</b> documentation and displays?	Y / N
If you are unable to sign your child/ren in to either Before School care or Vacation care do you give permission for an Authorised IASC staff member to sign your child/ren into the service?	Y / N
Do you consent to your child having their face painted by staff if they wish to participate in face painting activities?	Y / N
We encourage parents and guardians to be involved in our program. If you have any skills or hobbies that you could share with the children please list them. This could include your profession, which the children may find interesting.	

Bond and Admin Payment			
Please complete so that Bond payment (for first time enrolment) and Admin payment (annually) can be taken.			
Each year all families must enrol their child/ren into the service and a non-refundable annual enrolment fee of \$20/child or \$30/family will be charged at the time of enrolment.			
Each child enrolled in the service also requires a \$100 per child refundable bond payment for their <b>first year</b> of enrolment - generally this will apply to new children entering the service. If a bond was paid in a previous enrolment period, this will carry over when the 2019 enrolment form is received.			
<b>We do not accept cash payment</b>			
Guardian Name:		Guardian CRN:	
Enrolment Fee (circle):	First child \$20 / Family \$30	Total bond to pay:	
Credit card name:		Credit Card Expiry Date:	___/___
Credit Card Details:	-----		
Signature:		Date:	
OFFICE USE	Entered by:	Date:	

<b>Conditions of Enrolment</b>		
Please initial each item to signal your agreement and acknowledgement. If these items are not initialled, the enrolment will not be accepted. If only one guardian is able to initial then they acknowledge the agreement of both guardians.		
	1	2
I/we, the undersigned, state that I have read, understand and agree to abide by the conditions of enrolment as stated in the current edition of the Family Handbook and below. I am aware that I have full access to the service's policies and procedures.		
I/we understand that permanent placements are subject to the Australian Government Priority Access Guidelines. (As included in this form)		
I/we understand that permanent placements are allocated for all 40 weeks of the school year and that absent days will still be charged. Cancellations to permanent bookings must be made in writing with two weeks' notice.		
I/we understand that I am required to sign my child/ren in /out as appropriate using the QikKids electronic kiosk program. I will keep my PIN private and not give it to anyone, including family. I will provide, in writing, the details of anyone other than myself who will be collecting my child/ren so they can be issued with a PIN. This person must show photo ID and must use the kiosk system. Should QikKids Kiosk be unavailable I will sign my child/ren in/out on a paper roll.		
I/we understand that it is my responsibility to notify the service if my child/ren will not be attending. It is a requirement to notify the service <b>directly</b> .		
I/we understand that the service will take no responsibility for any loss or damage to children's personal belongings.		
I/we consent to my child watching movies, television shows rated G or PG that staff deem appropriate.		
I/we agree that the management committee reserves the right to cancel any enrolments on the basis of non-adherence to the Program Rules or Policies and Procedures.		
I/we understand that the centre is unable to care for children who are sick or have a contagious illness and I agree to collect or make arrangements for the collection of my child/ren if he/she becomes unwell at the service.		
I/we understand that the centre follows the Staying Healthy: Preventing infectious diseases in early childhood education and care services guidelines. Including the exclusion periods for illnesses and responsibilities of staff and guardians.		
I/we understand that it is a condition of enrolment that my child be able to successfully toilet themselves and be able to clean themselves up in the event of a toileting accident (please contact the service if this cannot be met).		
I/we agree that in case of sudden illness or accident, where the guardians cannot be contacted, the staff shall act as agents for the guardians and have discretionary power to seek and provide immediate medical attention.		
I/we understand that it is my responsibility to update enrolment details i.e. address, phone numbers, work, medical information etc as soon as changes occur.		
I/we confirm that my child/ren are not at risk of running away.		
I/we understand that my child/ren can be excluded from the service for inappropriate behaviour or behaviour that threatens the safety or well-being of any child or person in the Service.		
I/we understand that at times staff may liaise with school teachers and admin in regard to my child/ren's health, safety and behaviour.		
I/we understand that I will always follow the Parent Code of Conduct whilst in the Service at all times.		
I/we understand that my child/ren may be required to leave the service because of priority of access considerations as detailed in section 6.3, of the Child Care Service Handbook 2013-2014 (Department of Social Services).		
I/we consent for staff to provide basic first aid or to seek medical treatment for your child/ren from a registered medical practitioner, hospital or ambulance and for your child/ren to be transported in an ambulance. Please be aware that you will be responsible for any medical or transportation fees incurred.		
<b>Parent / Guardian Name:</b>	<b>Parent / Guardian Signature:</b>	<b>Date:</b>
1.		
2.		

## PARENTS TO REMOVE AND KEEP THIS COPY

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	<b>1</b>	<b>2</b>
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I/we understand that my child/ren can be excluded from the service for inappropriate behaviour or behaviour that threatens the safety or well-being of any child or person in the Service.		
I/we understand that at times staff may liaise with school teachers and admin in regard to my child/ren's health, safety and behaviour.		
I/we understand that I will always follow the Parent Code of Conduct whilst in the Service at all times.		
I/we understand that my child/ren may be required to leave the service because of priority of access considerations as detailed in section 6.3, of the Child Care Service Handbook 2013-2014 (Department of Social Services).		
I/we consent for staff to provide basic first aid or to seek medical treatment for your child/ren from a registered medical practitioner, hospital or ambulance and for your child/ren to be transported in an ambulance. Please be aware that you will be responsible for any medical or transportation fees incurred.		