

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. 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>Please indicate below whether or not you will be receiving the Child Care Subsidy from Centrelink.</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

The **Primary Account Holder** will be the guardian whose CRN is used to receive the Child Care Subsidy and is registered with Centrelink. Only one parent can be the Primary Account Holder. If no parent is indicated, guardian 1, or the guardian with the CRN, will be used.

Guardian Details				
Guardian 1 Primary Account Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name:		Surname:	
	Relationship to Child:		Guardian D.O.B:	
	Guardian CRN:		Mobile:	
	Home phone:		Work phone:	
	Home address:			
	Email:		Occupation:	
	How many hours of work/study per week:		Place of work:	
Guardian 2 Primary Account Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name:		Surname:	
	Relationship to Child:		Guardian D.O.B:	
	Guardian CRN:		Mobile:	
	Home phone:		Work phone:	
	Home address:			
	Email:		Occupation:	
	How many hours of work/study per week:		Place of work:	

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 only 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 29th 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.

Priority of Access
Service specific categories
<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.
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 the following Section.
<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"/> Yes, the guardian/s (each) work 30 hours a fortnight or more.
OR
<input type="checkbox"/> Yes, the guardians/s meet the criteria in an alternate way (please state): _____
<input type="checkbox"/> Priority 3 – any other child
Sub-categories - Please note that sub categories are applied by coordinators discretion. The below sub-categories are not in a prioritised order.
<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

Emergency Contacts: The people listed below will be authorised to collect your child/ren from the service upon the sight of the listed person's 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 when the enrolment is processed. Please consider all current and future pick up's.**

	Pick Up / Emergency Contact 1			Pick Up / Emergency Contact 2		
First Name:						
Last Name:						
Relationship to child:						
Mobile (or home phone):						
	Can this contact consent to medical treatment:	Y	N	Can this contact consent to medical treatment:	Y	N

Detailed Child Information

Child 1 (NAME):						
Does this child have an Allergy?						
Please explain the allergy.	<input type="checkbox"/> Anaphylaxis (must provide treatment)	<input type="checkbox"/> Non-anaphylaxis allergy	<input type="checkbox"/> Other	<input type="checkbox"/> No		
	If the allergy is food related can the child eat with food with "may contain traces of..."?				Y / N	
	Will the child require treatment in the service? Please supply allergy plan and medication before the child starts at the service.				Y / N	
Does this child have a medical condition?						
Please explain the condition	<input type="checkbox"/> Asthma (must provide treatment)	<input type="checkbox"/> Behavioural	<input type="checkbox"/> Other	<input type="checkbox"/> No		
	Please supply any treatment plan and medication to the service					
Dietary requirements	<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"/> No
	<input type="checkbox"/> Other - Please explain					
Please note that we do not supply Halal food at the service.						
Is this child fully immunized?	Y / N	Please provide a copy of this child's immunisation record for first time enrolment.				
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 social, cultural, religious or other interests, views, individual needs and abilities.						

FOR MULTIPLE CHILDREN PLEASE SEE ADDITIONAL
"DETAILED CHILD INFORMATION" AT THE BACK OF THE FORM

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:	
Hospital preference:		Private Health Fund Number:	
Surgery Contact Number:		Doctor Surgery Name:	

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 in service 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 first year 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.			
We do not accept cash payment			
Please be advised that this fee will be taken when the enrolment is processed			
Enrolment Fee (circle):	First child \$20 / Family \$30	Total bond to pay:	\$_____ or N/A
Credit card name:		Credit Card Expiry Date:	__ / __
Credit Card Details:		Card Type: (circle)	MasterCard / Visa
Signature:		Date:	
OFFICE USE	Entered by:	Date:	

Conditions of Enrolment

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 directly .		
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.		
Parent / Guardian Name:	Parent / Guardian Signature:	Date:
1.		
2.		

PARENTS TO REMOVE AND KEEP THIS COPY

Conditions of Enrolment
Please initial each item to signal your agreement and acknowledgement. If these items are not initialled then the enrolment will not be accepted. If only one guardian is able to initial then they acknowledge the agreement of both guardians.
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.
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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 directly .
I/we understand that the service will take no responsibility for any loss or damage to children's personal belongings.
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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.

Indooroopilly State School – 'Centenary' Hall, 1 Russell Terrace (Cnr Moggill Road)

Phone: (07) 3327 2334 Mobile: 0417 731 483 Email: admin@iasca.org.au

Detailed Child Information						
Child 2 (NAME):						
Does this child have an Allergy?						
Please explain the allergy.	<input type="checkbox"/> Anaphylaxis (must provide treatment)	<input type="checkbox"/> Non-anaphylaxis allergy	<input type="checkbox"/> Other	<input type="checkbox"/> No		
	If the allergy is food related can the child eat with food with "may contain traces of...?"			Y / N		
	Will the child require treatment in the service? Please supply allergy plan and medication before the child starts at the service.			Y / N		
Does this child have a medical condition?						
Please explain the condition	<input type="checkbox"/> Asthma (must provide treatment)	<input type="checkbox"/> Behavioural	<input type="checkbox"/> Other	<input type="checkbox"/> No		
	Please supply any treatment plan and medication to the service					
Dietary requirements	<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"/> No
	<input type="checkbox"/> Other - Please explain					
Please note that we do not supply Halal food at the service.						
Is this child fully immunized?	Y / N Please provide a copy of this child's immunisation record for first time enrolment.					
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 social, cultural, religious or other interests, views, individual needs and abilities.						

Detailed Child Information

Child 3 (NAME):						
Does this child have an Allergy?						
Please explain the allergy.	<input type="checkbox"/> Anaphylaxis (must provide treatment)	<input type="checkbox"/> Non-anaphylaxis allergy	<input type="checkbox"/> Other	<input type="checkbox"/> No		
	If the allergy is food related can the child eat with food with "may contain traces of..."?			Y / N		
	Will the child require treatment in the service? Please supply allergy plan and medication before the child starts at the service.			Y / N		
Does this child have a medical condition?						
Please explain the condition	<input type="checkbox"/> Asthma (must provide treatment)	<input type="checkbox"/> Behavioural	<input type="checkbox"/> Other	<input type="checkbox"/> No		
	Please supply any treatment plan and medication to the service					
Dietary requirements	<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"/> No
	<input type="checkbox"/> Other - Please explain					
Please note that we do not supply Halal food at the service.						
Is this child fully immunized?	Y / N Please provide a copy of this child's immunisation record for first time enrolment.					
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 social, cultural, religious or other interests, views, individual needs and abilities.						