



Registration/Enrolment Form

33 Hulbert St, HOVE SA 5048

ABN :47461134348

Email: katecocks@ihug.com.au or admin@katecocks.com.au

Tel: 08 8296 7676



Service Type: Long Day Care

Child Details:

First Name: _____

Middle Name: _____

Last Name: _____

Date Of Birth: _____

Gender: Male Female

Child CRN: _____

Childs' home Address (if different to enrolling parent/guardian) *

Home Address: _____

Suburb & Postcode _____

Primary Guardian Details:

First Name*: _____

Middle Name: _____

Last Name*: _____

Guardian CRN: _____

Relationship: _____

Date Of Birth: _____

Mobile Phone*: _____

Work/Home Ph: _____

Occupation: _____ Email (required) _____

Primary Guardian Address*:

Home Address: _____

Suburb & Postcode _____

Contact in Emergency (please circle) Yes No

Pickup Authority (please circle): Yes No

Other Guardian Details – KidsXap Separate Login:

First Name: _____

Middle Name: _____

Last Name: _____

2nd Guardian CRN: _____

Relationship: _____

Date Of Birth: _____

Mobile Phone: _____

Work/Home Ph: _____

Occupation: _____ 2nd Email (required) _____

Secondary Guardian Address:

Home Address: _____

Suburb & Postcode _____

Contact in Emergency (please circle) Yes No

Pickup Authority (please circle): Yes No

See Account Details Yes No

Consent to Medical Treatment/Authority Yes No

Child Name: _____

Authorised Nominees

In the event that the child is involved in an accident and suffers injury, trauma or illness and a parent or guardian cannot be contacted, please list at least **two to four** people who the parent authorises to collect and care for the child named in this Registration/Enrolment Form. Please note that an Authorised Nominee needs to be over 18 years old

1st Authorised Nominee

First Name: _____ Last Name: _____

Relationship to the child: _____

Mobile Phone: _____ Work/Home Ph: _____

Home Address: _____ Suburb & Postcode _____

Please circle the relevant responses for the questions below for the nominee

Do you give consent for the above person to pick up or drop off your child on your behalf? Yes No

Does the parent authorise the above person to consent to medical treatment and/or to authorise administration of medication to the child on the parent's behalf? Yes No

Does the parent authorise the above person to authorise an educator to take the child outside the education and care service premises? Yes No

Would you like the person to be an emergency contact? Yes No

2nd Authorised Nominee

First Name: _____ Last Name: _____

Relationship to the child: _____

Mobile Phone: _____ Work/Home Ph: _____

Home Address: _____ Suburb & Postcode _____

Please circle the relevant responses for the questions below for the nominee

Do you give consent for the above person to pick up or drop off your child on your behalf? Yes No

Does the parent authorise the above person to consent to medical treatment and/or to authorise administration of medication to the child on the parent's behalf? Yes No

Does the parent authorise the above person to authorise an educator to take the child outside the education and care service premises? Yes No

Would you like the person to be an emergency contact? Yes No

Child Name: _____

Authorised Nominees (Continued)

3rd Authorised Nominee

First Name: _____ Last Name: _____

Relationship to the child: _____

Mobile Phone: _____ Work/Home Ph: _____

Home Address: _____ Suburb & Postcode _____

Please circle the relevant responses for the questions below for the nominee

Do you give consent for the above person to pick up or drop off your child on your behalf? Yes No

Does the parent authorise the above person to consent to medical treatment and/or to authorise administration of medication to the child on the parent's behalf? Yes No

Does the parent authorise the above person to authorise an educator to take the child outside the education and care service premises? Yes No

Would you like the person to be an emergency contact? Yes No

4th Authorised Nominee

First Name: _____ Last Name: _____

Relationship to the child: _____

Mobile Phone: _____ Work/Home Ph: _____

Home Address: _____ Suburb & Postcode _____

Please circle the relevant responses for the questions below for the nominee

Do you give consent for the above person to pick up or drop off your child on your behalf? Yes No

Does the parent authorise the above person to consent to medical treatment and/or to authorise administration of medication to the child on the parent's behalf? Yes No

Does the parent authorise the above person to authorise an educator to take the child outside the education and care service premises? Yes No

Would you like the person to be an emergency contact? Yes No

Child Name: _____

Does your child have any disabilities (please circle): Yes No

If yes: Start Date of Disability: _____ End Date: _____

Details: _____

Does your child have any special needs (please circle): Yes No

If yes Start Date of Special Needs: _____ End Date: _____

Details: _____

PRIORITY OF ACCESS GUIDELINES FOR CENTRE BASED LONG DAY CARE SERVICE SET BY COMMONWEALTH GOVERNMENT 2000

Please circle which would apply to the child in this Registration/Enrolment form

First Priority A child at risk of serious abuse or neglect

Second Priority A child of a single parent who satisfies, or parents who both satisfy the work/training/study test under Section 14 of the Family Assistance Act

Third Priority Any other child

Within these main categories, priority should also be given to the below listed children. To allow us to determine your child (ren)s priority position on our waitlist, please tick the following categories if they apply to your child. If you require an explanation of any of the categories below, please call our centre. (please tick which would apply)

- Children in Aboriginal and Torres Straight Islander families
- Children in families which include a disabled person
- Children in families on lower incomes Health care card to be sighted
- Children in families with a non English speaking background
- Children in socially isolated families
- Children of single parents

If you have ticked one of these boxes, please provide details below:*

Important Authority:

Do you Authorise Kate Cocks Community Children's Centre staff to update your records on KidsXap or any other software that is used when providing amended details to the original enrolment of your child listed on this form. These details could include Immunisation details, consent details, address or phone number changes, name changes, Authorise Nominee changes, banking detail changes, Disability, Medical, Diet or Health detail updates.

If you consent to the above paragraph, please sign and date here _____

Declaration and Consents (please circle all that apply)

Participation

Do you give permission for your child to participate in celebrations or events such as birthday, Christmas, Easter? Yes No

Sunsmart

Our service follows SunSmart health recommendations. Please apply SPF 30+ broad spectrum water resistant sunscreen to your child before attending the education and care service. In the event that your child doesn't have sunscreen when attending we ask you to complete this authority for a staff member to apply sunscreen to your child

If your child is sensitive or allergic to some sunscreens, please provide a sunscreen that can be applied to your child.

Authority for staff to administer sunscreen provided by the service. Circle which one would apply:

I give permission for the staff at the service to apply, as appropriate, SPF 30+ broad spectrum, water resistant sunscreen to all exposed body parts of my child Yes No

Or My child is sensitive to some sunscreens. I will provide the centre with a suitable sunscreen for my child. Yes No

Photographs

Do I give permission for my child's name and or photo to be used for the centre displays, in group photos and development profiles (We do not have any intentions of posting information on Social Media) Yes No

I give permission for my child's name and or photo to be used for the centre's promotional events, including media Yes No

Declaration and Consent to Emergency Medical Treatment

I, a person with lawful authority/parent responsibility of the child referred to in this enrolment form.

Declare that the information in this enrolment form is true and correct and undertake to immediately inform the education and care service in the event of any change to this information: Yes No

I, agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the education and care service: Yes No

I, consent to the staff of the education and care service seek, or where appropriate, administering such emergency medical treatment is reasonable or necessary Yes No

I, declare that I will reimburse any necessary expenses incurred by the service. Yes No

Child Name: _____

Declaration and Consent

In completing this form, I understand and consent to the following arrangements; Please initial all that apply.

Kate Cocks CCC will collect some personal information on me. Some might be provided by government or other agencies, but most information I supply at interview or by filling out forms. Generally, information collected from outside will be checked with me to make sure it is correct. Initial _____

Some of the information collected may be health information, which KCCCC will handle with particular care. All information will be used to assist my child at the service. Initial _____

Some information may be given to other organisations (such as government agencies) as required or authorised by law. Initial _____

During my involvement with the education and care service, I may want, or be offered, other services by the Child Care Centre. If that happens, I consent to relevant information being given to other Child Care Centre staff so they can assess my needs. Initial _____

I received and am willing to adhere to the Child Care Centre's fee agreement as per the Fee Management Policy. Initial _____

I hereby declare that all the information given is accurate and agree to abide by the conditions of enrolment at the Child Care Centre. Initial _____

I _____ a person with lawful authority of the child referred to in this Consent Form, have read, understood, agree and comply with the policies and procedures of Kate Cocks Child Care Centre, provided by the centre staff in person or otherwise.

Signature: _____

Date: _____

Proposed Day & Time:

Long Day Care

Start Date: _____

End Date: _____

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					