



Percentage:	%	Hour Allocation:	hrs	CCR:
Enrolment Date:	Start Date:			
<i>Office Only</i>				
Enrolment Fee: Y or N (Please Circle)				Date:
				Signature:

Child's Name:..... **Male/Female** (please circle)
Date of Birth..... **Age on day of first attendance:**.....
Address:..... **P/code**.....
Days of Attendance: Monday, Tuesday, Wednesday, Thursday, Friday. (please circle)
Days on Waiting list: Monday, Tuesday, Wednesday, Thursday, Friday. (please circle)
Birth Certificate Copy: Yes/No Immunisation Copy: Yes/No CRN:.....

Mother's Name:..... **Occupation:**.....
Home Address:..... **P/code**.....
Phone:..... **Mobile:** **DOB:**.....
Work Name & Address:.....
Work Phone:..... **Nationality:**
Email: **Parent CRN:**.....

Father's Name:..... **Occupation:**.....
Home Address:..... **P/code**.....
Phone:..... **Mobile:** **DOB:**.....
Work Name & Address:.....
Work Phone:..... **Nationality:**
Email: **Parent CRN:**.....

Authorised Person to Contact & Pick up child in case of an Emergency or for Advice (Medical or otherwise) when unable to contact parents/guardian:-

1.....Address:..... Ph:.....
 Relationship to Child: grandmother, grandfather, aunty, uncle, sibling, close friend, other (circle)
 Able to: **Pick Up; Contact in the event of an Emergency; Offer Advice** (ie medication) (circle)

2.....Address:..... Ph:.....
 Relationship to Child: grandmother, grandfather, aunty, uncle, sibling, close friend, other (circle)
 Able to: **Pick Up; Contact in the event of an Emergency; Offer Advice** (ie medication) (circle)

3.....Address:..... Ph:.....
 Relationship to Child: grandmother, grandfather, aunty, uncle, sibling, close friend, other (circle)
 Able to: **Pick Up; Contact in the event of an Emergency; Offer Advice** (ie medication) (circle)

Court Orders? Yes/No (Please provide a certified copy with enrolment)

Primary language:..... **Secondary Language:**
 Does your child identify as indigenous? **Aboriginal; TS Islander; Both; Neither;** (please circle)
 Does your child attend any other service? Service Name:.....
 Days attending another service: Mon, Tues, Wed, Thurs, Fri - please circle Total Hrs:
 Does your child's siblings attend any other service? (long day care; vacation care, before & after school care?) **Yes/No** (please circle) **Name of Siblings:**

Allergies:..... **Permanent Medication:**.....

Medical Conditions:.....

Special Needs:.....

Permanent Injury and/or Illness:.....

Child's Doctor:..... **Address:**.....

Doctor's Phone Number: ()

Do you give permission for your child to use service sunscreen Yes No

Do you give permission for your child to use service insect pump spray Yes No
(if you do not want us to apply our sunscreen or insect spray on your child, please supply your own)

Do you give permission for your child to use service panadol in the event of an emergency
(ie temperature) Yes No
(Please ensure that you have indicated which of your authorised contacts can give this advice, see page one)

Medical History:

Please complete in the space provided below any long term illness your child may be suffering. This is to help us gain a knowledge of your child's medical history to help up best cater for their health and wellbeing. Please ensure any up to date issues are given to your child's group leader or the centre director as they occur. (this can include outside professionals that your child/ren may attend. Ie speech or occupational therapists)

.....
.....

Do you have any therapist reports to attach, if yes how many?

I agree to give permission for Petrie Kids Korner to allow centre staff to provide initial first aid on my child in the event of an emergency, and if found appropriate in my absence, to seek further medical help by calling an ambulance and/or taking my child to hospital. A senior staff member will remain with the child at all times until parent/guardian arrives. If I am unable to be contacted I have indicated which of my contacts can give emergency advice on my behalf, as detailed on page one.

Parents Signature:.....Date:.....

Immunisation:

I agree to supply the centre with immunization details of my child upon enrolment and regularly during the course of my child/ren enrolment and/or as updated. I also agree that if my child is not immunized I will abide by the exclusion policy as set out in "Queensland's Health Time Out Schedule"

Parents Signature: Date:

Centre Sustainability:

As part of our sustainability approach and our association with the "Little Green Steps" program, we would like to limit our printing and use of paper as much as possible. If you would like to have items sent to you via your email address (i.e. newsletters, statements, fundraising etc), please tick the box below and complete your email details. We are also always looking for items from home if you want to add to our recycling boxes

Email:

Cultural Inclusion:

Do you or your children have any cultural practices or beliefs that we need to Accommodate for. This can include birthdays, celebrations or religious events:

Please detail below:

.....
.....

Parent Involvement:

Do you have any passion or flair for a hobby, interest or cultural practices that you might like to share with us. This can be a one off visit or as frequently as you would like. *(for example, cooking; art & craft; a different language you can record or speak; story telling. We would love to share this with our staff and children to help build a positive partnership between you and your family and our service and our children)*

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.....
.....

Photo Permissions:

Photos - General (concerts & groups) & Observations (service & students)

Permission Slip:

I **agree/disagree** (please circle) to give permission for my child to have their photo taken for display purposes, and be observed for the purpose of profile and student observations.

Photos - Media (all forms of media, including facebook; website, newspapers, newsletters, TV etc)

Permission Slip:

I **agree/disagree** (please circle) to give permission for my child to have their photo taken for media purposes as detailed above.

Parents Signature: **Date:**

How did you find out about us: Please Circle Below

Website Internet Search Yellow Pages Centre Signage Word of Mouth

Other:

Priority of Care:

As indicated in the current Childcare Services Handbook if I am a family classed as a low priority of care (not working, not studying) I understand that I will be asked to change my days or leave the Centre to make available spaces for families who are classed as a high priority (child at risk of abuse; a JET family or a family where both parents are working full time)

Parents Signature: **Date:**

I have read the Petrie Kids Korner Parent Hand book and I agree to give 2 weeks notice in writing for cancellation of my booking or pay 2 weeks fees in full.

I agree to give 2 weeks notice when asking to change days of attendance if a place is available. I agree to keep fees paid up to date and two weeks in advance at all times. I agree that if my account goes into arrears and is sent to a debt collection agency, it may result in all costs, including debt collection fees, commissions & all legal costs being added to my already outstanding account with Petrie Kids Korner.

I agree to pay a \$30.00 non-refundable enrolment/holding fee.

I agree to pay all sick days and holidays taken by my child in full as normal, and I agree to take any make up days owed to me when best suits the centre room ratios within each calendar year. (MUD's will only be accrued if your regular booked day falls on a public holiday)

I agree to pay \$1 for every minute my child is at the centre after closing time of 6pm.

Signature: **Date:**

Your Child’s Educator Information:

This is to provide you with centre specific information relating to your child/ren’s enrolment at Petrie Kids Korner.

Your child will be enrolled in theRoom.

The age grouping for this room is to

Your child/ren’s Educators as at the date of enrolment are as follows:

Senior Educator: Qualification:

.....

Educator: Qualification:

.....

Notice of groupings stating the current information about groups and staffing are displayed at the centre in the foyer area and in each room.

Petrie Kids Korner Kindergarten & Early Childhood Education and Care Service is licensed by the Office for Early Childhood Education and Care, under the Early Childhood Education and Care Services Act 2010 and must comply with this Act and the Early Childhood Education and Care Services Regulations 2011 and Amendments 2013 & 2014 including, for example, the requirements relating to activities, experiences and programs, staff member qualifications, numbers of staff members and children.

The Office for Early Childhood Education and Care Information Service contact number is (07) 5433 6106

You are encouraged to ask your child’s Senior Educator or myself for information relating to the following:

- Your child/ren’s enrolment at this service including the activities and experiences provided by educators at Kids Korner based on children’s interests current knowledge.
- Our philosophy about child development learning outcomes, and how these outcomes will be achieved and integrated into our daily program.
- How we use our knowledge and skills to develop your children through activities and experiences.

Notes and questions to ask:



Enrolment Form

*Petrie Kid's Korner
Kindergarten & Childcare Centre*

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