



Kids Patrol Oakey Academy  
Early Learning Centre  
Email: [oakey@kidspatrol.com.au](mailto:oakey@kidspatrol.com.au)  
Web: [www.kidspatrol.com.au](http://www.kidspatrol.com.au)  
Address: 58-60 York Street, Oakey QLD 4401  
Phone no: 0455483577  
ABN: 69891916175

## ENROLMENT FORM

### CHILD DETAILS

Surname \_\_\_\_\_  
Given names \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Home address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
Gender       Male                       Female                      Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Please provide a copy of your child's birth certificate

What days/hours do you require care for? (please tick)

- Monday      Hours \_\_\_\_\_
- Tuesday      Hours \_\_\_\_\_
- Wednesday      Hours \_\_\_\_\_
- Thursday      Hours \_\_\_\_\_
- Friday      Hours \_\_\_\_\_

Contact Centrelink to obtain your Child Care Subsidy (CCS)

Child's CRN \_\_\_\_\_

Please advise us of any cultural or religious practices you would like us to follow

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Is your child of aboriginal or Torres Strait Islander descent?       Yes       No

What language is spoken at home? \_\_\_\_\_

If your child has siblings, please advise their names and ages.

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Please provide us with any other information we should know about your child (e.g. favourite activities, fears, routines, strengths, special words (please translate if applicable), toileting and sleeping practices etc.)

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(Optional) If your child is going to school next year, please advise the name of the school.

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(Optional) Do you authorise the service to exchange information with the school to assist your child's transition to school?

Parent One       Yes       No      Signature      \_\_\_\_\_

Parent Two       Yes       No      Signature      \_\_\_\_\_

**PARENT DETAILS**

**Parent One**

**Parent Two**

Where answer is same as Parent One write same

Surname \_\_\_\_\_

\_\_\_\_\_

Given Names \_\_\_\_\_

\_\_\_\_\_

Preferred name \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

\_\_\_\_\_

Work phone \_\_\_\_\_

\_\_\_\_\_

Mobile \_\_\_\_\_

\_\_\_\_\_

Best contact number \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's CRN \_\_\_\_\_

\_\_\_\_\_

Country of birth \_\_\_\_\_

\_\_\_\_\_

Preferred language \_\_\_\_\_

\_\_\_\_\_

Does the child live with you? \_\_\_\_\_

\_\_\_\_\_

Parent One Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Two Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL INFORMATION

Medicare Number \_\_\_\_\_ Do you have ambulance cover?  Yes  No

Private Health Fund  Yes  No Fund name \_\_\_\_\_ Fund Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Doctor's address \_\_\_\_\_

(Optional) Dentist's Name \_\_\_\_\_ (Optional) Dentist's phone number \_\_\_\_\_

(Optional) Dentist's address \_\_\_\_\_

### Immunisations

Are your child's immunisations up to date?  Yes  No

Please attach one or more of the following documents:

- A current Australian Childhood Immunisation Record (ACIR) Statement
- A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule
- An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor

ACIR Immunisation History and Exemption forms are available on the Department of Human Services website

<http://www.humanservices.gov.au/> The ACIR can be contacted on 1800 653 809 or email

[acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)

I have read the Immunisation and Disease Prevention Policy which is attached and agree to comply with the immunisation requirements outlined in the policy. I understand my child's enrolment or attendance at the service may be terminated if I do not comply with the requirements in the policy.

Parent 1 Signature \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_

**Specific Health Care Needs**

Does your child have any specific health care needs or medical conditions e.g. asthma, allergies, anaphylaxis, and diabetes?      • Yes      • No

If yes, please provide details

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\* If yes, please provide a Medical Management Plan for your child (these are prepared by and signed by the child's doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed, doctor's contact details, plan review date and include a photo of your child.

**DIET**

Does your child have any dietary restrictions that you have not already mentioned?      • Yes      • No

If yes, please provide details

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**ADDITIONAL NEEDS**

Has your child been diagnosed with any special needs or learning difficulties?      • Yes      • No

If yes, please provide details

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Parent One Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Two Signature \_\_\_\_\_

Date \_\_\_\_\_

## AUTHORISATIONS AND EMERGENCY CONTACTS

Do you authorise the Approved Provider, Nominated Supervisor or an educator to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency and/or to administer lifesaving medication (e.g. Epi-pen or Ventolin) in a medical emergency?

Parent 1       Yes       No      Signature \_\_\_\_\_

Parent 2       Yes       No      Signature \_\_\_\_\_

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must therefore live a maximum of 30 minutes from the service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

### Contact One

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone                      Work phone                      Mobile  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact's Signature \_\_\_\_\_

### Parent One

I authorise this person to collect my child from your service       Yes       No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?       Yes       No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?       Yes       No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?       Yes       No

Parent One Signature \_\_\_\_\_

### Parent Two

I authorise this person to collect my child from your service       Yes       No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?       Yes       No

Can this person consent to medical treatment or the administration       Yes       No

of medication if we cannot contact you?

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?  Yes  No

Parent Two Signature \_\_\_\_\_

**Contact Two**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact's Signature \_\_\_\_\_

**Parent One**

I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?  Yes  No

Parent One Signature \_\_\_\_\_

**Parent Two**

I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?  Yes  No

Parent Two Signature \_\_\_\_\_

## COURT ORDERS

Are there any court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, or relating to the child's residence or contact with a parent or other person?

- Yes (please attach)       No

## PHOTOGRAPHY

I consent to:

- my child being photographed by educators and staff members at the Service for educational purposes or to support their medical documentation
- my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- the posting of photographs taken by educators and staff members on the Service's social media account in a closed group

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

Parent One       Yes       No      Signature \_\_\_\_\_

Parent Two       Yes       No      Signature \_\_\_\_\_

## REGULAR OUTINGS

We may undertake regular outings to places e.g. the park or post office. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outing?

Parent One       Yes       No      Signature \_\_\_\_\_

Parent Two       Yes       No      Signature \_\_\_\_\_



## ENROLMENT FEES

To ensure guaranteed placement for your child a \$50 enrolment fee will be applicable to hold your position at Kids Patrol Academy.

### BOND

A bond of 2 weeks must be made to Kids Patrol Academy Centre to secure your child's position in our centre.

### FEE STRUCTURE

- I understand that these fees are subject to change with 4 weeks' notice (government subsidy is available to all families.)
- I understand that fees are payable in advance of 2 weeks. Termination of enrolment can result if fees are in arrears, and if an agreement has not been reached with the Director to have this matter rectified.
- I understand that we must give at least 2 weeks' notice if I wish withdraw my child from the centre. A bond, payable upon enrolment, is held in trust for this purpose.
- I understand that I must notify the centre as early as possible when my child will be absent, and if relevant must bring in supporting documentation for the absent days.
- I understand that all absentees, including public holidays, must be paid for. Fees are to be paid for the days my child is booked in to the centre, including times when my child is absent due to illness or other commitments.
- I understand that my child has up to 42 allowable absences in a financial year to continue to be eligible for CCB payments.
- I must sign in and out when dropping off and picking up children in the morning and the afternoon.

### CHILD CARE SUBSIDY (CCS)

Child Care Subsidy is available to all families who are Australian Residents if their child meets immunisation requirements and parents meet eligibility requirements. Entitlement is determined by an activity test which determines the number of hours of subsidised care to which families are entitled. The percentage of subsidy a family receives is based on their estimated combined annual income. Please see our Fees Policy for further detail about CCS. All families wishing to access Child Care Subsidy need to complete an online Child Care Subsidy assessment through their myGov account. If eligible, the Subsidy will be paid directly to the service on families' behalf and we will reduce the fees owed. This can occur after our service enters families' enrolment information online, and families confirm their enrolment information through their myGov account. Until Child Care Subsidy details are available, families will need to pay full fees.

For further details please speak to our Nominated Supervisor or contact Centrelink on 136 150.

## KIDS PATROL PAYMENT METHODS

Cash, Eftpos, Centrepay

EFT Transfer - Bank transfer to be made to:

KIDS PATROL PTY LTD

BSB: 032-605 ACCOUNT NO: 324493

Reference: Please reference child's first and last name

## DECLARATION

As a person who has parental responsibility for the child referred to in this enrolment form for Kids Patrol Academy I:

- Declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information
- Understand there may be costs involved in the provision of professional medical, ambulance or hospital services to my child as a result of a medical emergency or accident at the service, and I agree to pay those costs
- Agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service
- Will not send my child to the service if he/she is sick/unwell
- Understand my child must have any required medication (including Epi-pen) with them at the service at all times or they will be unable to attend
- Agree to the administration of life saving medication like Epi-pen in event of anaphylaxis or Ventolin during an asthma attack
- Understand and agree that a first aid trained staff member may administer first aid when necessary
- Declare that I have read and understood the Code of Conduct and policies of Kids Patrol Academy and will abide by them. These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy
- Have read and will comply with the fees and payment structure of Kids Patrol Academy
- Agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details)
- Agree to provide updated information about my child's immunisations whenever he or she is vaccinated
- Agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy
- Agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment
- Agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes
- Understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member
- Understand that the service takes all care but no responsibility for the loss or damage to children's personal belongings and clothing

Parent One Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Two Signature \_\_\_\_\_

Date \_\_\_\_\_

## Privacy Notice

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through [www.kidspatrol.com.au](http://www.kidspatrol.com.au), Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care subsidy information, Medicare number, , immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Nominated Supervisor who may be contacted by telephone on 0455483577 or email [oakey@kidspatrol.com.au](mailto:oakey@kidspatrol.com.au) or by mail 58-60 York Street, Oakey Qld 4401

We will provide a copy of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard and include the changes in our Newsletter.

Parent One Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Two Signature \_\_\_\_\_

Date \_\_\_\_\_