



WORLD of KIDS

Early Learning

Date to commence:

SURNAME: _____
(Enrolling Parent/guardian)

SURNAME: _____
(Child)

CHILD'S NAME AND ADDRESS

Surname _____ First Names: _____

D.O.B.: _____ MALE/FEMALE CRN: _____

Address: _____

_____ Postcode: _____

Is the child of Aboriginal or Torres Strait Islander heritage? YES / NO

Reason for care: _____
(to confirm priority of access)

CUSTODY OF CHILD:

a. Have any orders been made by any court regarding your child? YES / NO

b. If NO, are there any disputes concerning custody of the child?

Please provide details: _____

If YES, please provide the following:

Details of court orders, parenting orders, parenting plans relating to the long-term care, welfare and development of the child; residence of the child; and contact with the child: _____

Enrolling Parent's signature: _____

Date information supplied: _____

Please attach copies of relevant Court forms, documentation.

OFFICE USE

| | |
|---------------------------------------|------------------------------------|
| Familiarisation visit dates: | Comments: |
| 1 _____ | _____ |
| 2 _____ | _____ |
| Birth Certificated Sighted ? YES / NO | Immunisation Up To Date ? YES / NO |

PARENT(S)/GUARDIAN(S) NAMES/ADDRESSES/INFORMATION

Parent/Guardian (1) CRN: _____

Surname: _____ First Names: _____ D.O.B: _____

Home Address: _____

_____ Postcode: _____

Phone numbers: (H) _____ (W) _____ (M) _____

Email address: _____ Please email accounts/receipts YES /NO

Place of work or study: _____

Days of work/study: _____

Work or Study Address: _____

_____ Postcode: _____

Information required for Census:

Country of Birth: _____ Languages spoken: _____

Is work/study undertaken by this person paid or voluntary? PAID VOLUNTARY

Parent/Guardian (2) CRN: _____

Surname: _____ First Names: _____ D.O.B: _____

Home Address: _____

_____ Postcode: _____

Phone numbers: (H) _____ (W) _____ (M) _____

Email address: _____ Please email accounts/receipts YES /NO

Place of work or study: _____

Days of work/study: _____

Work or Study Address: _____

_____ Postcode: _____

Information required for Census:

Country of Birth: _____ Languages spoken: _____

Is work/study undertaken by this person paid or voluntary? PAID VOLUNTARY

Do either (or both) parents/guardians have a disability? YES/NO

If YES what type of disability? _____

If YES which Agency (if any) is the parent/guardian involved with? _____

I/we are aware that the person/s nominated here as parent/guardian are the authorised parties to enroll, cancel enrolment, release and have the service release children to.

Parent/Guardian (1) Signed: _____ Date: _____

Parent/Guardian (2) Signed: _____ Date: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (1):

Surname: _____ First Names: _____

Relationship to Child: _____

Address: _____

_____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

PERSON AUTHORISED TO COLLECT THE CHILD FROM THE SERVICE (2):

Surname: _____ First Names: _____

Relationship to Child: _____

Address: _____

_____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

**FURTHER PERSONS TO BE CONTACTED IN CASE OF EMERGENCY// AUTHORIZED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD;
(other than enrolling person e.g. parent/guardian)**

AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE;

PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES

EMERGENCY CONTACT PERSON (1)

Surname: _____ First Names: _____

Address: _____ Postcode: _____

Home Phone: _____ Work phone: _____ Mobile Phone: _____

Work or study address: _____

Postcode: _____ Days/hours usually available: _____ Relationship to the child: _____

Signature of emergency contact person: _____ Date: _____

EMERGENCY CONTACT PERSON (2)

Surname: _____ First Names: _____

Address: _____ Postcode: _____

Home Phone: _____ Work phone: _____ Mobile Phone: _____

Work or study address: _____

Postcode: _____ Days/hours usually available: _____ Relationship to the child: _____

Signature of emergency contact person: _____ Date: _____

CHILD'S MEDICAL PRACTITIONER NAME: _____

Address: _____

Postcode: _____ Telephone No: _____ Medicare No: _____

Please ensure your medical practitioner is advised that he/she may be consulted, and has your permission to treat the child.

Complying Written Arrangement – Booking Requirements

Please complete your anticipated care requirements for each session of care. We recommend that you also tick the 'casual/flexible' option to allow for any additional care that may be required in the future. This section must be completed and signed as part of our Complying Written Arrangement to ensure that you receive your Child Care Subsidy entitlements.

- Session 1:** Session begins at 6:30am and ends at 6.00pm
- Session 2:** Session begins at 6:30am and ends at 4.30pm
- Session 3:** Session begins at 7.00am and ends at 5.00pm
- Session 4:** Session begins at 7.30am and ends at 5.30pm
- Session 5:** Session begins at 8.00am and ends at 4.00pm
- Half Day:** Session begins at 7.00am and ends at 1.00pm

| | Monday | Tuesday | Wednesday | Thursday | Friday | Casual/Flexible |
|---------------|--------|---------|-----------|----------|--------|-----------------|
| Weekly | | | | | | |
| Fortnightly 1 | | | | | | |
| Fortnightly 2 | | | | | | |

Start Date: _____

Room _____

For details of fees charged for each session of care please refer to the World of Kids Mandurah Family Handbook or our website www.worldofkids.com.au

I UNDERSTAND THAT:

- Any changes to these bookings including requests for casual/flexible days or cancellations of booked days must be given to the centre in writing via email or written document.
- A minimum of one week's notice must be given to cancel a booked session.
- Fees may vary from time to time with reasonable notice given

Name of Parent/Guardian: _____ Signature: _____ Date: _____

PERMISSION

I give my permission for: (Please circle **YES** or **NO**)

1. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child/ren to participate in a particular activity. (this may include sensory activities such as face painting, slime etc) YES / NO
2. For educators at the service to take my child on excursions by foot within the local community. YES / NO
3. My child being observed by educators and students for programming purposes. YES / NO
4. My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service) YES / NO
5. Post and use my child's photograph, on the Services Social Media Site YES / NO

Signature of Guardian / Parent (1): _____ Date: _____

Signature of Guardian / Parent (2): _____ Date: _____

ACCIDENTS, ILLNESS & EMERGENCIES

We regret we are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorised person/s cannot be contacted), I/we consent to medical treatment from a registered medical practitioner, hospital or ambulance service being sought for the child and transportation of the child by ambulance. I/we agree to pay any expenses incurred for medical treatment and transport.

In the case of an emergency when those people authorised to collect the child cannot be contacted, I/we consent to the approved provider/nominated supervisor/coordinator having due regard to the wellbeing of the child, authorising an adult educator who is responsible for the child to take the child from the education and care service.

Signature of Guardian / Parent (1): _____ Date: _____

Signature of Guardian / Parent (2): _____ Date: _____

Failure to provide the above information will result in the non-acceptance of the child.

Health of the Child Form

Special Health Support Needs:

Does your child have any special health support needs? (i.e. asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements regular medical attention etc.). **YES / NO**

If your answer is YES please provide details of specific health care needs, allergens, medical management plans, anaphylaxis management or risk minimization plan, etc.: (Dietary restrictions complete a Special Diet Record Form)

You and your Doctor will be required to complete a “**Special Needs Support Plan**” and/or an “**Emergency Action Plan**” and provide copies of any medical/anaphylaxis management/action plans, to ensure the service is fully prepared to manage your child’s special health needs. This will include appropriately training educators to administer medication or other actions required to manage your child’s condition.

Ointments, Creams and Applications:

The service provides the following preparations for First Aid, protection from the sun or biting insects. The service will ensure the brand named below is the only product used. Please sign against products you give staff permission to use on your child.

| PRODUCT | BRAND | APPLIED FOR | PARENT SIGNATURE |
|--------------------|--|------------------------|------------------|
| Sunscreen | Banana Boat/Coles Brand (some other brands provided by families) | Sun protection | |
| Band-aides | Coles Brand / St Johns | Minor wounds/abrasions | |
| Nappy rash cream | Provided by Guardians | Nappy rash | |
| Teething Gel | Provided by Guardians | Teething sore gums | |
| Insect Repellent | Provided by Guardians | Mosquito repellent | |
| Insect sting cream | Provided by Guardians | Insect bites | |

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than three occasions without incident.

| PRODUCT | BRAND | APPLIED FOR | PARENT SIGNATURE |
|---------|-------|-------------|------------------|
| | | | |
| | | | |
| | | | |

I understand that for all other medications I must complete and sign an **Authority to Give Medication** form on the day in which medicine is to be administered. (Medication will be administered by Qualified Staff)

I have read and agree to follow the service policy on administration of Medication.

I have signed previously granting staff permission to seek medical attention when needed for my child.

Signature of Guardian / Parent (1): _____ Date: _____

Signature of Guardian / Parent (2): _____ Date: _____



Childhood immunisation schedule

Use the checklist below to tick off your child's immunisations as you go.

| Age | Disease protected against | |
|--|--|--------------------------|
| Birth | <ul style="list-style-type: none"> Hepatitis B (1 injection) <i>(usually offered in hospital)</i> | <input type="checkbox"/> |
| 6– 8 weeks | <ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, poliomyelitis, haemophilus influenzae type b (1 injection) Pneumococcal (1 injection) Rotavirus (drops in mouth) | <input type="checkbox"/> |
| 4 months | As above | <input type="checkbox"/> |
| 6 months | As above | <input type="checkbox"/> |
| 12 months | <ul style="list-style-type: none"> Haemophilus influenzae type b, meningococcal C (1 injection) Measles, mumps, rubella (1 injection) | <input type="checkbox"/> |
| The following groups need an additional vaccine at 12 months: | | |
| Aboriginal children | <ul style="list-style-type: none"> Hepatitis A (1 injection) | <input type="checkbox"/> |
| Pre-term or low birth weight | <ul style="list-style-type: none"> Hepatitis B (1 injection) | <input type="checkbox"/> |
| Medically at risk | <ul style="list-style-type: none"> Pneumococcal (1 injection) | <input type="checkbox"/> |
| 18 months | <ul style="list-style-type: none"> Measles, mumps, rubella, varicella (1 injection) only for those who received a MMR vaccine previously | <input type="checkbox"/> |
| 18 months | <ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough) Pneumococcal (if not already given at 12 months) Hepatitis A | <input type="checkbox"/> |
| Aboriginal children only | | <input type="checkbox"/> |
| 4 years | <ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis (1 injection) | |
| Medically at risk | <ul style="list-style-type: none"> Pneumococcal (1 injection) | |

All children aged from 6 months to less than 5 years should also receive the influenza vaccine each year. WA Health also offers a FREE vaccination program for year 8 students provided across 3 terms.

(Separate form to be completed for each child or attach a copy of the child's Immunisation Record.)

Signature of Guardian / Parent (1): _____ Date: _____

INFORMATION ABOUT THE CHILD
(Separate form to be completed for each child)

NAME OF CHILD: _____ D.O.B. _____

ROUTINES AT HOME:

Usual getting up time: _____ Usual evening bedtime: _____

Day sleep (approx. time from & length): _____

What does child take to bed? _____

Any special bedtime routines: _____

Language spoken by the child: _____

Language(s) spoken in the home: _____

Child's cultural background: _____

Does the child need a bi-lingual worker to assist them during the initial settling-in process? YES /NO

If yes. Why? _____

Place of child in the family: _____

No. of brothers: _____ Ages: _____

No. of sisters: _____ Ages: _____

No. of other adults living with the family: _____

Does your child have any special requirements (e.g. religious or cultural customs or requirements ect.)?
YES/NO

If 'YES' please comment: _____

OTHER COMMENTS

Please provide any other relevant information relating to your child's enrolment.

PARENT PARTICIPATION:

1. Can you contribute skills or talents to our service, i.e. music, cooking, storytelling, sewing e t c . ?

2. Do you have any suggestions on how parents can be involved in our service?

Parents/Guardian's Registration Agreement

Please read and complete this form and return to the service.

(The use of the word "we" will also include the singular "I" where applicable in this section.)

1. We have viewed the World of Kids education and care service (hereafter called the service) and consent to the enrolment of the admitting child/ren (hereafter referred to as the child).
2. We acknowledge having received and read the service's Family Handbook and we understand any changes to such will be displayed on the service's noticeboard in the foyer of the service or through other notices.
3. We agree to comply with all Government requirements in relation to the service and the services Policies and Procedures
4. We agree that in the case of accident or injury, the service will attempt to contact us and, where we cannot be contacted, medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an ambulance and we agree to meet the expense of an ambulance. In the case of an emergency, as determined by the educators at the service, we authorise the service to contact an ambulance and send the child to hospital.
5. We agree to pay the weekly fee on the due day as determined by the service's payment policy requirement or as agreed to by the service.
6. We are aware that any failure to pay due fees may result in cancellation of care at the service's option. We are aware that fees need to be adjusted from time to time with due notice given to families.
7. We are aware that our fees are deducted through the Debitsuccess system from our nominated bank account or credit card on a weekly/fortnightly basis as chosen by the enrolling parent/guardian.
8. We understand that if fees are debited from a credit card Debitsuccess will charge an additional fee calculated at 2.35% of the amount per transaction, and AMEX/Diners is 4.4% of the amount per transaction. All other Debitsuccess administration fees will be covered by the service.
9. We acknowledge that if a direct debit is returned unpaid, a failed payment fee is payable by the enrolling parent/guardian to Debitsuccess for each failed transaction. The usual failed payment fee is \$11.90. In some circumstances, a fee up to \$25.00 may be applied. If funds remain insufficient this may result in cancellation of care at the Centre's option. We are aware that fees need to be adjusted from time to time with due notice given to parents.
10. We are aware that it is our responsibility to maintain a current Family Assistance Office Income and Activity Assessment for Child Care Subsidy purposes.
11. We understand that to have access to Child Care Subsidy we need to meet all current Child Care Subsidy requirements such as Confirming the service and other information through my gov as well as signing the Complying Written Agreement provided by the service.
12. We are aware that seven (7) days' notice in writing of cancellation of care must be given in advance, otherwise fees will continue to be charged.
 - a. We are aware that fees for public holidays are payable if the day is a usual day of attendance or swapped to an available day within that week.
 - b. We are aware that fees are payable for days where allowable absences are taken.
 - c. We have read the Parent/Guardian handbook and are aware of any closures to the service during the year.
13. We understand that a system of payment for late collection operates at the service to cover overtime payments due to educators. Any late collection will result in a fee being imposed.
14. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the service in order to provide a place for a higher priority child.

15. We are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the service upon provision of a 'clearance certificate' for the child from a medical practitioner.
16. We are aware that if the child has not been immunised against measles, or in the absence of proof of earlier contact with the disease, the child will be excluded from the service if there is an outbreak of measles. We understand that the child will be accepted for further care by the service after receipt of medical advice that the infectious period has passed.
17. We are aware that the service may require the presentation of a medical certificate in the event of the child developing a long-term medical disability.
18. We agree to provide the service with all relevant information regarding the health of the child and any other information required by the service and agree that this information may be displayed for view at the centre.
19. We are aware that if we fail to provide information correctly as required by the service, the service will be able to terminate services forthwith.
20. We understand that to ensure correct educator to child ratios I may be required to collect my child (in accordance with the Priority of Access Guide) in the event of an emergency/staff illness etc. to ensure correct supervision.
21. We are aware that there may occasionally be visitors to the service. We consent to our child being in the presence of visitors or volunteers, with the service's appropriate supervision by qualified/experienced educators.
22. The service reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the service. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
23. We have read this Contract, and received relevant information about the services offered by this service for the care of:

Child's Name: _____

We agree to abide by the conditions of use of the service and this Contract.

| | | |
|---|------|------------------------|
| Signature of Parent/Guardian | Date | Signature of Witness * |
| Signature of Parent/Guardian | Date | Signature of Witness * |
| Signature for and on behalf of the service | Date | Signature of Witness * |

* A Witness to a signature should be an adult (who is not a signatory) who can verify the identification of the signatory

Direct Debit Request - Authorisation Form

Customer Details

| | | | |
|----------------|--|----------------|----------------------|
| First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| Phone: | <input type="text"/> | Mobile: | <input type="text"/> |
| Date of Birth: | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| | | Postcode: | <input type="text"/> |
| Phone Number: | <input type="text"/> | Email Address: | <input type="text"/> |

Select from the Following

New Account Change Debit Limit Change Account Details

Payment Details

Payment Limit Amount: This is the maximum amount to deduct at each centre where a balance occurs
so.00 or Blank = No Limit

Surcharge: Visa/MasterCard: 2.35% AMEX: 4.40% Bank Account: paid by centre Admin Fee: paid by centre

Payment frequency: Weekly (default) Fortnightly 4-Weekly **Day of the week:**

Monthly **Day of the month:**

First Payment Date: / /

Direct Debit from Bank Account, Building Society Or Credit Union

Details of the Account to be debited (All Details must be supplied):

Account Name:

BSB Number:

Account Number:



I/We authorise Debitsuccess Pty Ltd, ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS).

Credit Card

Please charge my payments to my: Visa MasterCard AMEX

Card number:

Expiry Date: / Name on Card:

Signature

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understood the same.

Authorising Signature (s)

Date / /



ABN 32 095 551 581
APCA ID 184534 | AFSL 338256

Terms and Conditions

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR Authorisation Form.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) APCA User ID 184532 to make periodic debits on behalf of the "Business" as indicated on DDR Authorisation Form (herein referred to as the Business).

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the DDR Authorisation Form, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the DDR as instructed by the Business.

RELATIONSHIP

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment ("Day to Debit") to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution.

VARIATIONS TO DEBIT TERMS

I/We authorise the Business to vary the amount of the payments from time to time if provided for within my/our agreement with the Business. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/we do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/Business is to provide 14 days' notice if proposing to vary the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

NON WORKING DAY

When the day to debit falls on a weekend or public holiday the debit will be initiated on the next working day.

DISHONOURED PAYMENTS

I/We acknowledge that:

- (a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any Debitsuccess fees and charges (currently up to \$14.95 for each unsuccessful debit), in addition to any Financial Institution charges and collection fees (including, but not limited to, any fees of solicitors and collection agents appointed by Debitsuccess); and
- (b) Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the DDR Authorisation Form are correct and that Debitsuccess is not liable to the extent that any such details are wrong and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the DDR Authorisation Form, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- (a) The Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.

INFORMATION SECURITY

Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the DDR (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact
Debitsuccess Pty Ltd.
PO BOX 5567, Stafford Heights QLD 4053
Phone: 1800 956 959
E-mail: qkclients@debitsuccess.com