

**Kids College @Sarina**

**Childcare Enrolment pack**

* Long Day Care Centre
* Kindergarten Program
* Caring for Ages 15 months – 5 years
* Outside of School Hours Care – Up to 12 years

Location: Elizabeth St, Sarina QLD 4737

Phone: 0488 782 291

Email: [kidscollegesarina@outlook.com](mailto:kidscollegesarina@outlook.com)

**To be completed by a parent/guardian**

**All information is strictly confidential**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days Required: M T W TH F

Week Commencing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Court Orders (if applicable)
* Medical Action Plan (if applicable)
* Direct Debit form
* Social Media consent form
* Child’s Birth Certificate
* Immunisation Records
* CRN’s
* $50 Admin Fee

**PLEASE ENSURE ALL DOCUMENTS NOTED BELOW ARE ATTACHED UPON SUBMISSION**

Child’s full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language used at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Customer Reference number:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

Is your child attending another childcare facility: Yes No

Mother/Guardian full

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Reference Number:

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Father/Guardian full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_ Work number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Reference Number:

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**Cultural Considerations**

Cultural Background of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cultural Background of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Ages of other children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of other authorised nominees to collect children / emergency contacts:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Release: **Yes No** Daily Pick up: **Yes No**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Release: **Yes No** Daily Pick up: **Yes No**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Release: **Yes No** Daily Pick up: **Yes No**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Release: **Yes No** Daily Pick up: **Yes No**

Above nominees will also be contacted to authorise medical treatment or authorise administration of medicine when Parent/Guardian is unavailable.

**Custody**

Do both parents have custody of the child/children? **Yes No**

If both parents do NOT have custody, Which parent has? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a court order affecting the enrolled child/children? **Yes No**

If Yes, please provide a copy of the court order with any instructions

**Medical History**

Is your child receiving medical treatment? **Yes No**

If Yes, please state what treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Should your child require medication, please see the Head Educator for a medication form and details on storage of medication)

Has your child had any Injuries, Operations, or Accidents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any issues with:

**Autism Spectrum Disorder ADHD Asthma Diabetes Febrile Convulsions Anaphylaxis**

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any of the above medical conditions, you must attach a Medical Management Plan (If Applicable) which has been completed in consultation with your doctor before care can commence. Please see Administration of Medication Policy located in the foyer for further information.

**Emergency Contact Information**

Doctors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(All cost incurred will be the responsibility of the parent)

Child’s Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Health cover: Yes No

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Card no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In case of serious injury or illness, do you permit your child to be transported from principle place of care (KidsCollege @Sarina) by ambulance to the local hospital? (Child will be accompanied in ambulance by a staff member) **Yes No**
2. In case of minor injury or illness, do you permit staff to perform basic first aid on your child? (eg. Minor cuts, grazes, insect bites) **Yes No**
3. If your child’s temperature is 38 degrees Celsius or above whilst at the centre, I authorise staff to administer one (1) dose of paracetamol as per the directions, after being contacted for approval. The child is to be collected one (1) hour from the call: **Yes No**

**Special Requirements**

Does your child have any special cultural or religious requirements that you wish the centre to observe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a disability or other special needs that may require special management? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Information Sheet**

Child Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fathers email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cultural Background:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Beliefs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favourite Belongings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favourite Family activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Pattern of: Diet:\_\_\_\_\_\_\_\_\_\_\_\_ Toileting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fears:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments to assist our Educators ensure your child is comfortable in our environment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information**

1. Everyday observations and photographs are taken within the centre. These photos are entered into the Storypark platform and shared to you and the families in the same room as your child. Do you consent to these photos being shared on Storypark?

**Yes No**

1. Each child is entitled to 42 allowable absent days per financial year which includes sick days (unless a doctor’s certificate is provided), holidays and other absent days. We ask that should your child fall ill and will not be attending, notification to the centre will be made via phone or email.
2. 2 weeks’ notice should be given for cancellation of enrolment.
3. Please note that a child can not start until a copy of their immunisation status or a completed conscientious objection form and birth certificate is handed into the centre.
4. A copy of the parent handbook is situated in the foyer and is available for you to view. You can find a more extensive policy folder in our foyer.
5. The Polices and Procedures in place at KidsCollege are based on information and resources from the following:

* The National Regulations
* Guide to the Educational and Care Services National Law and Education and Care Services National Regulations 2019
* National Quality Framework
* Early Years Learning Framework
* QLD Kindergarten Framework
* Department of Education, Training and Employment

**What you need to bring for your Child**

* A wide brim hat
* Sun smart clothing. No singlets
* 2 – 3 sets of clothing. Please ensure clothing changes as the seasons change.
* Cot size sheet set in a bag
* Healthy choices for morning tea, lunch and afternoon tea. Food items not appropriate will be sent home. Please see office for full list of healthy choices if unsure.
* If bottle fed, bottles must be pre-made at home
* Absolutely everything must be named. Failure to do so could result in loss of item and will not be the responsibility of KidsCollege.
* Staff at this service are not responsible for any objects (toys, jewellery etc) that are brought from home by your child unless it is a planned show and tell day, or medical alert item authorised by your Doctor.

**First Day at KidsCollege**

If your child does not attend their first day at KidsCollege, then you are not eligible for your Child Care Subsidy and will be charged full fees until your child attends KidsCollege. This is not a fee that we add to your account, it’s a Services Australia (Centerlink) penalty. This penalty is called Cessation of care and more information can be found on the services Australia website

**Last Day at KidsCollege**

It’s the same as above, however you will lose your rebate for every booking that you are absent. For example, if your child’s last booking before leaving KidsCollege is on a Friday, and you are booked in for a Wednesday, Thursday and Friday, but you don’t attend any of the booked sessions, then you will be charged full fees for all 3 days. If you are absent on Wednesday and Thursday, but do not attend on Friday, then you will not be charged Cessation of Care, and will get the rebated fees as usual.

Cessation of Care will apply to a child if they are absent on the first day or last days of care at the service. Once Cessation of Care has been applied full fee will be charged to these sessions as they are not entitled to receive funding. For further information, Please go to [www.sevicesaustralia.com.au](http://www.sevicesaustralia.com.au)

**Head Lice**

Parents of a child found to have head lice while at the Centre are contacted immediately to come and collect their child. The child can only be accepted back into the Centre the day after appropriate treatment has started and the child no longer has live head lice.

Please feel free to introduce yourself to our friendly staff that will be only too willing to assist you with any of your queries.

**Checklists**

Please make sure you have done the following:

1. Filled out the enrolment form and child information sheet
2. Read and understood the contents of the parents’ handbook
3. Have copies of immunisation and birth certificates
4. Have called Centrelink to obtain child and family CRN and can be assessed for CCS
5. Completed the enrolment process through MyGov
6. Completed the direct debit form
7. Signed a Payment Authority form
8. Signed the Payment Agreement form
9. Signed a Social Media release form
10. Paid the $50 Admin Fee

**Fee Structure**

As of January 2025

Daily rate Long Day Care: $105 per day

Before School Care: $25 per session

After School Care: $35 per session

Vacation Care: $105 per day

**Payment Agreement**

I/We understand that:

* Fees are payable in advance. Weekly, Fortnightly or monthly.
* On Enrolment an administrative fee of $50 per family is payable. Payment of this fee is required to secure your child’s position. The administrative fee will automatically be added to your first direct debit payment unless paid prior.
* All fees will be paid by Direct Debit on the day indicated on the Direct Debit Request Form. No Cash will be kept on the premises. If this is not suitable, please discuss with the Centre Director.
* If fees are in arrears at the end of the fortnight a 2 week written notice will be issued to pay the outstanding balance. If the outstanding balance is not paid within the 2 weeks a second written notice will be issued and failure to pay the outstanding balance within 14 days will result in information being passed onto a debt collection agency and the enrolment being cancelled.
* Failure to pay the fees will result in the placement being withdrawn, and upon leaving the centre, you will be liable for all additional costs incurred by the Centre in collecting the outstanding fees. In the event that you are in default of payment of your account, you shall, in addition to the amount outstanding, also be liable for the administrative costs incurred by us in administering and funding the default as a liquidated debt, together with all legal costs incurred by us on a full indemnity basis.
* Fees will be charged for booked days that your child does not attend due to illness, holiday, public, holidays, RDO, etc.
* If your child doesn’t attend the Centre for more than 2 weeks without notice our position will be cancelled immediately.
* You will need to provide 2 weeks written notice in advance prior to withdrawing your child from the Centre and agree to pay all outstanding fees prior to departure.
* Full fees are payable until Child Care Subsidy confirmation is received by the centre.
* A late fee will be applied if your child is collected after 6pm. Note that CCS does not apply to those fees. Current late pick up fee is $5 per minute per staff member on duty.

Parent/guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/guardian 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Direct Debit Authority**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Details**

Mr/Mrs/Ms First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr/Mrs/Ms First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorise and request KPW Services Pty Ltd (APCA ID: 665189) to debit funds from my nominated account until further notice in writing. The debited amount as specified below, provided that if no amount is specified, the amount may be debited with any amounts which KPW Services may properly debit or charge me/us through the debit system.

**The System**

Bank account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Debit to commence on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency: Weekly / Fortnightly / Monthly

Day: Monday / Tuesday / Wednesday / Thursday / Friday

Week 1 / Week 2 (Office Use Only)

Amount: $ owing on account

**Acknowledgment**

I/we have read the service agreement attached and agree to its terms. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the service agreement. I/We confirm account details are correct and that this request is signed by required number of authorised signatories.

Parent/Guardian 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social media and marketing permission form**

At Kids College @Sarina, our educators and carers are often taking photos and videos of our centres and children to showcase and share our curriculum, activities, and learning environment with our local community. This content is primarily used within our centre, on our community Kids College @ Sarina Facebook page and on the Kids College @ Sarina website. At times, this content may be used in marketing collateral, such as digital advertising, service flyers, brochures and other marketing purposes.

I/We do/do not give permission for our Child’s photo and/or video to be utilised by Kids College @ Sarina on social media.

I/We do/do not give permission for our Child’s Name to be utilised by Kids College @ Sarina on social media.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Guardian1 Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian2 Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_­­­­­\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_