



ENROLMENT FORM

Excellent Kids Montessori

2-12 Springvale Circuit, Underwood, Qld, 4119

Phone | (07) 3341 5888 Mobile | 0416 882 664

Email | director@ekmontessori.com.au

Web | www.ekmontessori.com.au

ABN | 84 601 149 348

Child's Details

Child's Surname: _____ Child's Given Names: _____

Preferred Name/Nickname: _____ Date of Birth: _____ Gender: M F

Home Address: _____ State: _____ P/C: _____

Booking Information

To ensure that you are linked to our centre through the [Child Care Management System \(CCMS\)](#) and to have [Child Care Benefit \(CCB\)](#) and/or your 50% tax [Child Care Rebate \(CCR\)](#) applied to your childcare fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCB. Please complete the following information accurately to ensure that your CRN is linked to our centre and to enable you to receive CCB and CCR:

Proposed Start Date: _____ Child's Age on First Day: _____ years _____ months

Days Required: (minimum 2 days) Monday Tuesday Wednesday Thursday Friday

Customer Reference Numbers: **(NB: The Family CRN should be linked to the parent/guardian who is registered with Family Assistance Office)**

Family CRN: _____ Child's CRN: _____

Do you currently claim: JET AMEP GPB Other: _____ If yes, please provide your notification letter from Centrelink.

Are you claiming CCR: Yes No If yes, Paid to the Service Weekly Paid to the Customer Quarterly/Annually

Will this child continue to be registered for CCB at another service? Yes No If yes, where: _____

Family Details

If you have other children who are registered for CCB here or at another service (including Before and After School Care), please complete the following information to ensure that you have the [Multiple Child CCB Percentage](#) applied to your account.

1. Name: _____ DOB: _____ Child's CRN: _____
2. Name: _____ DOB: _____ Child's CRN: _____
3. Name: _____ DOB: _____ Child's CRN: _____

Contact Details For The Parent/Guardian

Contact Details - Primary Guardian (CRN Registered Parent/Guardian)

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's License Number: _____

Health Care Card Expiry*: _____

Occupation: _____

Employer Name: _____

Telephone (W): _____

Authorised to Collect the Child? Yes No
*It is the responsibility of the Health Care Card holder to ensure a current copy is kept on file at the centre

Contact Details - Secondary Guardian

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Email Address: _____

Driver's License Number: _____

Health Care Card Expiry*: _____

Occupation: _____

Employer Name: _____

Telephone (W): _____

Authorised to Collect the Child? Yes No
*It is the responsibility of the Health Care Card holder to ensure a current copy is kept on file at the centre



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Additional Emergency Contacts - AUTHORISED NOMINEES

THIS SECTION IS FOR LISTING FURTHER CONTACTS IN ADDITION TO THE PARENT AND/OR GUARDIANS

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an *accident, injury or illness* and the parents or guardians cannot be contacted. If this situation should arise, a team member will need to contact an alternate person who is authorised to collect and care for the child. No child will be released into the care of a person under the age of eighteen (18) years.

Personal photographic identification will be required from these people in order to collect your child on your behalf.

Authorised Nominee – Person One

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Occupation: _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised Nominee – Person Two

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Occupation: _____

Email Address: _____

Driver's License Number: _____

Person Two Signature: _____

Additional Authorised Contacts - AUTHORISED NOMINEES

N.B. THIS SECTION IS FOR LISTING FURTHER CONTACTS IN ADDITION TO THE PARENT AND/OR GUARDIANS

In accordance with the *Education and Care Services National Regulations* we are required to have, on file, the name, address and telephone numbers of any additional individuals (aside from the child's parent or guardian) permitted to drop off and collect your child from the centre. If someone arrives to collect your child and we have not been notified and their name is not on the list below we **cannot** allow your child to leave the centre with them. No

child will be released into the care of a person under the age of eighteen (18) years. Any changes to the list below must be done personally by completing an *Additional Child Collection Authorisation Form*. Non-custodial parents will not be given access to children under any circumstances.

Authorised Nominee – Person Three

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Occupation: _____

Email Address: _____

Driver's License Number: _____

Person One Signature: _____

Authorised Nominee – Person Four

Miss Ms Mrs Mr Other _____

Name: _____

Date of Birth: _____

Relationship to the Child: _____

Address: _____

Telephone (H): _____

Telephone (M): _____

Telephone (W): _____

Occupation: _____

Email Address: _____

Driver's License Number: _____

Person Two Signature: _____



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Priority of Access

The Australian Government has [Priority of Access Guidelines](#) for allocating places in a long day care centre. These are set out in the following three (3) levels of priority: First Priority – children at risk or serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government and Third Priority – all other children. Please indicate all appropriate categories below:

- Working Full Time Working Part Time Seeking Work Training /Studying
 Parent with a Disability Child with a Disability Other: _____

Family and Cultural Information

Was this child born in Australia: Yes No If no, please identify country of birth: _____

Mother's Cultural Background: _____ Father's Cultural Background: _____

Does your child identify as: Aboriginal Origin Torres Strait Islander Origin
 Both Aboriginal and Torres Strait Islander Origin
 Neither Aboriginal nor Torres Strait Islander Origin

Does this child speak primarily English: Yes No If no, please identify child's primary language: _____

Child's Religion: _____

Does your child have any religious or cultural requirements? (Please include any dietary restrictions) No Yes

Details: _____

Child Custody Information

If parents are separated/divorced, is there a legal document specifying who has custody of or access to the child?

- No (**go to the next section**) Yes (**please complete the following**)

Name of the custodial parent: _____ Is this the Mother or the Father?

If access of either parent IS NOT restricted in any way, do you expect the non-custodial parent to want to see their child while he/she is in the care of the centre? Yes No

Please provide any additional information about child access arrangements: _____

Please supply the centre with copies of any Custody Orders or Access Arrangements that are in place for your child.

Immunisation and Documentation Details

To be eligible for [Child Care Benefit](#), your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

- fully immunised or up-to-date according to the [Australian Standard Vaccination Schedule](#); or
- on a catch-up vaccination schedule; or
- you have an approved exemption for your child (see below).

Your child is exempt from the immunisation requirements in the following circumstances:

- immunising your child with a particular vaccine is medically contraindicated - your child's doctor will need to complete a 'Medical Contraindication' form; or
- you or your partner are a member of the [Church of Christ Scientist](#) and you have a letter from an official of the Church advising that you are a practicing member of the Church.

Please provide the centre with an up to date copy of your child's Immunisation Record Book. The centre will review these details on a regular basis to ensure our records are up to date. Where your child is in the Infants Community please keep these records updated as your child's immunisations are carried out.

Please provide a copy of the child's Immunisation Book for our files?

Copy Provided: No Yes

Please provide a copy of the child's Birth Certificate for our files?

Copy Provided: No Yes

N.B. Excellent Kids Montessori have made the informed choice to refuse enrolment to families that have chosen not to immunise their children against preventable infections and diseases or place them on a catch-up schedule.



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Medical Information

Child's Medicare Number: _____ Medicare Expiry Date: _____

Do you have private health insurance? No Yes If yes, please specify: _____

Family Doctor's Name: _____ Family Doctor's Telephone: _____

Preferred Hospital in Emergency: _____

Child's Health Details

Has your child been diagnosed at risk of Anaphylaxis? No Yes

Does your child have an auto injection device (eg. EpiPen)? No Yes

If your child currently suffers from anaphylaxis an 'Anaphylaxis Action Plan' or a supporting letter from a Medical Practitioner must be provided.

Does your child have any other allergies? (Food or Other) No Yes (please give details below)

If your child currently suffers from allergies an 'Allergy Action Plan' or a supporting letter from a Medical Practitioner must be provided.

Details of Allergies: (please detail or specify which foods and the signs/symptoms to be aware of, if any): _____

Does your child suffer from asthma to any degree? No Yes

If your child currently suffers from asthma an 'Asthma Action Plan' or a supporting letter from a Medical Practitioner must be provided.

Does your child have any other medical conditions that our educators should be aware of? No Yes (please give details below)

Details: _____

Does your child have a history of illnesses or injuries? No Yes (please give details below)

Does your child have a need for additional assistance in any of the following areas?

(The category should only be chosen if the child's parents/guardians have identified and/or confirmed that the child has a need for assistance in one or more of these areas)

- Communication Mobility Self Care
 Learning and applying knowledge, education Interpersonal interactions and relationships
 Other – including general tasks, domestic life, community and social life

Is your child currently on any prescribed medications? No Yes (please give details below)

Child's Communication and Abilities Information

Communication Details

- Uses full sentences Uses basic words (Three word sentences) Uses gestures and sounds

Comments or Details: _____

Eating Routines

Are there any foods your child specifically likes or dislikes: _____

- Feeds self unassisted Uses spoon or utensils with assistance Uses cup or bottle with assistance

Comments or Details: _____

Toileting Routines

- Full time nappies Being toilet trained with potty Being toilet trained on toilet Fully toilet trained

Comments or Details: _____

Sleeping Routines

- Sleeps in a cot Sleeps in a bed with safety guard Sleeps in a bed without safety guard

Comments or Details: _____



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Additional Information Required

The following information pages will be shared with your child's educators. Confidential copies will be kept with your child's developmental profile in their room as well as on the main file for office use.

Usual time awake: _____ Usual evening bedtime: _____

Daytime sleep (approximate time of day and length): _____

Are there any special comforters that your child usually takes to bed? _____

In accordance with recommendations supported by scientific research associated with the prevention of SIDS; when positioning children for sleep our centre, educators will place children at the bottom end of the cot on their back – the supine position. If for medical reasons you need your child to be placed in an alternate position for sleep please provide a written recommendation letter from your child's medical practitioner.

Any special bedtime routines while at home: (ways in which they are put to bed or positions they like to lie in): _____

Does your child have any fears? (e.g. noise, animals): _____

Does your child suffer from, or has he/she previously suffered from any form of separation anxiety? No Yes

Does your child have any special interests or favourite activities? (eg. music, messy play, sandpits, art, construction, swings, puzzles):

Does your child have any disabilities or special needs (please detail): _____

Has your child ever been hospitalised for any reason (please detail): _____

Are there any words that we may need to know that have special meaning to your child (translate where necessary): _____

Has your child been in care before (at another centre, playgroup or at home with family)? No Yes

What information do you consider important for you to know each day and what is the best means of communicating this with you?

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child? (e.g. recent significant events, family situation, religious beliefs etc): _____

Are there any skills or special talents that you or family members have that you would like to contribute to the centre's program? _____

How did you hear about our childcare centre? _____

What are some of the most important deciding factors you considered when looking for a childcare centre? _____

Are you satisfied with the time provided for your family to make an informed decision about leaving your child/ren in care?



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Permissions and Agreements to Terms

The below section outlines various procedures and policies of *Excellent Kidz Pty Ltd* as followed by centre team members and educators. Please ensure you read over these carefully and tick each item as appropriate to indicate understanding and then sign the last page approving permission for these to occur.

Child's Name: _____ Date of Birth: _____

1. Emergency or Accidents

Yes

No

In the event of an emergency, illness or accident (when the centre is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the educators at the centre consent to provide medical or hospital attention for our child. I / We agree to pay any expenses incurred for medical treatment and transport.

2. Administering of Paracetamol

Yes

No

I / We agree for centre educators to administer **ONE** dosage of Paracetamol in the event of our child's body temperature rising above 37.5°C. I / We understand that the educators will make contact with either the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.

3. Permission for Publication

Yes

No

I / We hereby give consent for our child's photograph, name and age to be used for the classroom programming, centre displays and/or publications (e.g. Newsletters). Where this information may be utilised outside of the centre (advertising/ website/ social media), further permission will be sought.

4. Permission for Observation

Yes

No

I / We give permission for our child to be observed by educators, students or visitors. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

5. Keeping Up to Date Records

Yes

No

I / We understand that it is our responsibility to inform the centre of any changes to our circumstances including but not limited to a change of address, change of contact number (including any authorized pick up persons or emergency contact persons), change of family circumstances that may result in adjustments being made to your Childcare Benefit.

6. Payment of Childcare Fees

Yes

No

I / We agree to maintain our fees up to date (one week in advance) at all times as per the centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day as agreed with the centre. I / We are aware that failure to pay due fees causing our account to fall behind by more than one week may jeopardize my child's position in the centre.

7. Payment of Enrolment Fees

Yes

No

I / We understand that in order for my child's place at the centre to be confirmed, a \$50 non-refundable enrolment fee and a \$150 fully refundable bond per family is payable to the centre. I / We understand that in return my child will be provided with a hat and tote bag as part of their welcome pack.

8. Fees for Scheduled Holidays

Yes

No

I / We understand that I / We are allocated up to four weeks of scheduled holidays to be charged at a discounted fee rate of 50% off the normal gap fee and that to be eligible for the discounted rate I / We must make full payment prior to the beginning of the holiday period.

9. Permission for Evacuations

Yes

No

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the centre under the supervision of their caregivers and centre educators to a safety zone for evacuation purposes. (Please refer to the Centre's Evacuation Plans and Procedures for information.)

10. Permission for Excursions and Incursions

Yes

No

I / We hereby give permission for our child to participate in planned excursions where necessary. I / We understand that our child will be relocated from the centre under the supervision of their caregivers and centre educators to a planned excursion destination and that an excursion risk assessment will be carried prior to any excursion taking place. Where the excursion will incur an additional charge, further permission will be sought.

11. Sunscreen Application

Yes

No

I / We agree for the centre educators to apply 50+ SPF sunscreen regularly to our child for outdoor play purposes. I / We understand that the centre may use a variety of sunscreen brands from time to time. If my child requires special sunscreen I / we agree to supply this product to the centre.



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12. **Insect Repellant and Other Substance Applications** Yes No
I / We agree for centre educators to apply Insect Repellant, Nappy Change Lotion or other substances as required to our child where necessary for indoor or outdoor purposes. I / We understand that the centre may use a variety of insect repellant, Nappy Change Lotion or other substance brands from time to time. If my child requires special repellant or lotion I/we agree to supply this product to the centre.
13. **Bottles on Beds Permission** N/a Yes No
I / We understand that all children's meals (eating and drinking) are to be carried out in a seated position to reduce the risk of choking. I/We are giving written consent to give our child a bottle on a cushion or a bed. I take full responsibility and understand that this is an individual requirement for my child. I / We also understand that team members will not give my child the bottle, but they will be supervised at all times when having their bottle and the bottle will be removed and placed away when the child has finished and drifted off to sleep.
Unfortunately due to recommendations supported by scientific research associated with the prevention of SIDS; no child will be given a bottle to drink while in a cot.
14. **Sleep Position Permission** N/a Yes No
I /We understand that in accordance with recommendations supported by scientific research associated with the prevention of SIDS; when positioning children for sleep the centre educators will place my child at the bottom end of the cot on their back – the supine position. I give permission for my child to be placed in an alternate position to that recommended by the National SIDS Council of Australia to reduce the risk of Sudden Infant Death Syndrome and I have provided a supporting letter from my child's medical practitioner.
15. **Sleep and Rest Time Comforters** N/a Yes No
I /We understand that in accordance with recommendations supported by scientific research associated with the prevention of SIDS; when placing an infant or child under 12months of age down for sleep the centre educators will remove any bumpers, pillows, toys or cushions from the child's cot. I / We give understand that this is a duty of care requirement by the centre educators and therefore give permission for our infant or child under 12months of age to be placed in their cot with only a cotton muslin wrap or something similar if necessary.
16. **Family Handbook** Yes No
I / We acknowledge that we have viewed the centre's Family Handbook located in the centre foyer. I / We understand any changes to this handbook will be displayed on the Family Communication Boards in the Centre foyer and rooms.
Please note: A copy of the Family Handbook will be distributed with the full enrolment pack upon confirmation of enrolment.
17. **Centre Policies** Yes No
I / We acknowledge that the Centre Policies are available in the centre's foyer at all times to view. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Boards in the centre foyer. I /We understand that confirming enrolment at the centre signifies my acceptance to abide by these centre policies and procedures.
18. **Cancellation of Care** Yes No
I / We understand that two week's written notification is required in advance when cancelling care unless otherwise arranged with the Centre Director and all fees must be paid in full on completion.
19. **Fees for Absent Days and Public Holidays** Yes No
I / We understand that Absent Days and Public Holidays are charged at the normal daily fee rate and that complimentary make-up days will not be available.
20. **Late Pick-up Fees** Yes No
I / We understand that late fees will be charged if our child is not collected by the centres advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$1 per minute per child for each minute that your child has not been collected after closing time.
21. **Unexplained Absences** Yes No
I / We understand that if after two week's unexplained absence from the centre, and if the centre is not notified by the following Monday of further absences my child's booking at the centre will not necessarily be held open, and may be filled by another child. I also agree to pay any costs incurred as a result.
22. **Collection of Children** Yes No
I / We understand that our child/ren must be dropped off and collected from the centre by a responsible adult who is over the age of 18 years (parent, guardian or authorised person) so that the adult is able to sign my child/ren in and out. I /We understand the importance of notifying the centre team members and educators of my child/ren's arrival and departure.



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23. **Medical Information Provided** N/a Yes No
 I / We understand that it is our responsibility to provide the centre with a completed and up to date Medical Action Plan from a Medical Practitioner if my child suffers from any allergies or asthma. If my child suffers asthma or anaphylaxis, I / We agree to provide the centre with an asthma puffer or an auto injection device (eg. EpiPen) to be kept at the service for an emergency.
24. **Priority of Access** Yes No
 I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government and Third Priority – all other children.
25. **Infectious Diseases / Clearance Certificates** Yes No
 I / We understand that our child will be excluded from the centre if they are suspected to have contract a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.
26. **Non – Immunisation** Yes No
 I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information).
27. **Presence of Visitors and Volunteers** Yes No
 I / We understand that occasionally the centre may have visitors and/or volunteers assisting in the centre. I / We consent to our child being in the presence of visitors and/or volunteers under the centre educators supervision.

By signing this form I/we declare and confirm:

- I / We are lawfully authorised in relation to the child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 27 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the centre.

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____

Confirmation of Enrolment

OFFICE USE ONLY

Enrolment Details Entered into Qikkids:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Data Entered by: _____
Photographs Taken for Computer Identification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Child	<input type="checkbox"/> No	
	Parent	<input type="checkbox"/> No	
Enrolment Deposit Paid (first week upfront):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Received Date: _____
Enrolment Fee Paid per family (\$50 upfront):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Received Date: _____
Refundable Bond Paid per family (\$150 upfront):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Received Date: _____
Enrolment Welcome Pack Received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performed by: _____
Parent Orientation Carried Out:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performed by: _____
Parent Information Pocket Assigned:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performed by: _____

Please ensure a copy of pages 1-5 are made and given to the child's Lead Educator for filing with the child's individual profile.

Name and Position of Authorised Team Member: _____

Signature of Authorised Team Member: _____ Date: _____

N.B: The 'Authorised Team Member' must be a senior member of staff authorised to accept and process enrolments.