



HAPPYLAND *Kids*®

CHILD CARE CENTRE

ENROLMENT FORM

CHILD'S DETAILS

Child's Full Name: _____ Date of Birth: _____

Gender: M F Any Nicknames: _____

Child's CRN Number: _____ Age on first day of Attendance: _____

Child's Residential Address: _____

Suburb: _____ Post Code: _____

Date of Enrolment: _____ Commencement Date: _____

Days Attending: Monday Tuesday Wednesday Thursday Friday

Type of Care: Babies Toddlers Junior Kindy Senior Kindy Pre School

Before School Care After School Care Vacation Care

Approximate Hours of Attendance: _____

Primary Language Spoken at Home: _____ Cultural Background: _____

Any special requirements (Religious, cultural): _____

Parent/ Guardian Details: Centrelink Contact

Name: _____

Date of Birth: _____

Gender: M F

CRN Number: _____

Home Address: _____

Suburb: _____

Postcode: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Occupation: _____

Place of Employment: _____

Work Address: _____

Suburb: _____ Post Code: _____

Days & Hours Worked per week: _____

Parent/ Guardian Details:

Name: _____

Date of Birth: _____

Gender: M F

CRN Number: _____

Home Address: _____

Suburb: _____

Postcode: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Occupation: _____

Place of Employment: _____

Work Address: _____

Suburb: _____ Post Code: _____

Days & Hours Worked per week: _____

--	--

Are there any court orders affecting your child: No Yes (if yes, please attach a copy)

Other Children in the Family:

Name: _____ Date of Birth: _____

Gender: M F

Name: _____ Date of Birth: _____

Gender: M F

Name: _____ Date of Birth: _____

Gender: M F

GENERAL INFORMATION:

Toileting Practices: _____ Sleep Patterns: _____

Does your child have a nappy/ dummy/ bottle at sleep time? _____

Does your child have a special toy/ object for sleep time? _____

Food likes/ dislikes: _____ Fears: _____

Interests: _____

Any words that have special meaning? _____

<u>AUTHORISED TO COLLECT/ EMERGENCY CONTACT</u>	<u>AUTHORISED TO COLLECT/ EMERGENCY CONTACT</u>
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Phone Number: _____	Phone Number: _____
Mobile Number: _____	Mobile Number: _____
Address: _____	Address: _____
Can this person give authorisation to administer medication: YES <input type="checkbox"/> NO <input type="checkbox"/>	Can this person give authorisation to administer medication: YES <input type="checkbox"/> NO <input type="checkbox"/>

AUTHORISED TO COLLECT/ EMERGENCY CONTACT

Name: _____

Relationship to Child: _____

Phone Number: _____

Mobile Number: _____

Address: _____

Can this person give authorisation to administer medication: YES NO

AUTHORISED TO COLLECT/ EMERGENCY CONTACT

Name: _____

Relationship to Child: _____

Phone Number: _____

Mobile Number: _____

Address: _____

Can this person give authorisation to administer medication: YES NO

MEDICAL DETAILS

Family Doctor: _____ Phone: _____

Address of Medical Centre: _____ Postcode _____

Medicare Card Number: _____

Private Health Fund: _____ Membership Number: _____

IMMUNISATION

Please attach a copy of your child's immunisation record.

AUTHORISATION TO APPLY CENTRE SUNSCREEN YES NO

If you have ticked **No**, please provide sunscreen of your choice for your child.

CHILD'S MEDICAL INFORMATION

Allergies: _____ Asthma: _____

Disabilities: _____ Special Diet: _____

Serious Illness: _____ Medication Requirements: _____

Any serious illness, injuries or hospitalisation: _____

Has your child ever experienced any language or speech difficulties, physical problems or other health related issues: _____

Does your child have an Asthma and Anaphylaxis Plan: Yes No

I give authorisation for my child to receive medical treatment from a registered medical practitioner, hospital or ambulance service and transportation of my child by an ambulance service in an event of an emergency.

Yes No

DOCUMENTS CHECKLIST (please provide copies of the following documents:

- Child Birth Certificate or Passport Health Care Card/ Pension Card Court Orders (if applicable)
- Child Immunisation Record Photo ID of Parent One Asthma/ Anaphylaxis Action Plan (if applicable)

Parent Name: _____ Signature: _____

Date: _____

Parent Name: _____ Signature: _____

Date: _____

IMMUNISATION POLICY STATEMENT

From January 1st 2016 a new Queensland law relating to childhood immunisation came in effect. This law means:

Happyland Kids childcare Centre can cancel, refuse or place conditions on enrolment or attendance of children whose immunisations are not up to date.

Happyland Kids Childcare Centre supports legislation and we are committed to health and well-being of our staff, children and families. We encourage everyone to make sure their vaccinations are up to date.

To enrol your child and ensure their attendance, we require an immunisation history statement showing your child's immunisation status as being up to date.

- Upon enrolment, and
- Throughout attendance (after children pass their vaccination milestones.)

Details about how you can get a copy of your child's immunisation history statement or a copy of the National Immunisation Program Schedule Queensland which gives the vaccination milestones is available at reception.

For more information about the law go to: www.health.qld.gov.au/publichealth/topics/immunisation/default.asp

IMMUNISATION ACKNOWLEDGEMENT

Dear Parent/ Guardian,

As you may be aware from 1st January 2016 a new Queensland law relating to childhood immunisation came in effect. Under this law, approved early childhood education and care services can cancel, refuse or place conditions on enrolment or attendance of children whose immunisations are not up to date.

You also may be aware the Australian Government's No Jab No Pay law also came into effect. Under this new law if your child is not fully immunised it will affect your family assistance payments. The Australian Government law is separate from the Queensland law. Under the Queensland Law, approved early childhood education and care services can, at their discretion allow children whose immunisation status is not up to date to attend. Whilst this is acceptable under the Queensland Law you should be aware that under Australia Government Law family assistance payments will be affected. It is recommended parents seek further information on how the Australian Government's No Jab No Pay law will affect their own circumstances at www.humanservices.gov.au (search immunising your child).

To process your child's enrolment we require an immunisation history statement showing your child's immunisation is up to date. The statement can be obtained from the Australian Childhood Immunisation Register (ACIR) at any time free of charge:

- Through Medicare Online Services at www.humanservices.gov.au (view, download and print statement instantaneously)
- Through Medicare Express Plus App on a smartphone (download app free from google play or iTunes store)
- By emailing acir@medicareaustralia.gov.au supplying child's Name, date of birth and Medicare card number.
- By calling ACIR on 1800653809
- In Person at a local Medicare Service Centre, visit <http://humanservices.findnearest.com.au>

I _____ acknowledge the information given and have provided a copy of the immunisation history statement.

Signature _____ Date _____

Centre use only:

I have received a copy of the child's immunisation history statement.

Name _____ Signature _____

Date _____

ADMINISTRATION OF PANADOL

In such instance that my child becomes acutely unwell with a temperature of above 38 Degrees, I understand that the centre will make every attempt to contact myself and other people listed on the emergency contact lists to pick up my child from the centre. However, in the instance where I (the parent or guardian) or other emergency contact people cannot be reached, I give permission for the centre and the teachers to perform their duty of care to administer an initial dose of paracetamol (according to my child's age and approximate age, when in their opinion necessary to maintain the well-being of my child).

I agree to the above conditions: YES NO

*Should you indicate NO to the above conditions the centre will not be held responsible for any adverse effects due to elevated temperatures! If necessary medical help will be sort.

ADMINISTRATION OF VENTOLIN AND/OR EPIPEN INJECTABLE

In the event of an unforeseeable reaction and/or attack, an ambulance will be contacted immediately however in the interim of an ambulance arriving I (the parent/Guardian) consent/do not consent* to educators at Happyland Kids Childcare Centre administering Ventolin and/or epi pen injection for my child when this is considered reasonably necessary in an emergency for the purpose of the regulation is to allow Educators to administer lifesaving medication to your child even if they have not been previously diagnosed but present with signs and symptoms of an anaphylaxis or acute asthma for the first time while in care.

Consent Do not consent

*Should consent not be granted to the above conditions, the centre will not be held responsible for any consequences resulting from emergency.

Parent Name: _____ Parent Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

FIRE EMERGENCY EVACUATION CONSENT

Drills for fire or emergency evacuations are conducted by the Centre randomly every 3 months. During these drills the children are removed from the Centre to an area of safety. Parent's permission is always required when children are to be removed from the Centre.

I/we give permission for my child _____ to participate in all fire/ emergency evacuation procedures.

Signed: _____ (parent/guardian 1)

Signed : _____ (parent/guardian 2)

Dated: _____

PHOTO, VIDEO AND DIGITAL IMAGE CONSENT

During your child's enrolment at the centre, various photos, visual images and recordings will be used as part of our observational analysis of your child's development.

I hereby give consent for my child's photo and recordings to be used for the following:

Condition	I DO agree (please tick)	I DO NOT Agree (please tick)
The use of observational analysis in shared port folios (first names may be published)		
Documentation within the centre (first names may be published) e.g. Notice boards, play activities etc.		
School Photos (full names will be published)		
Newsletters and other centre published documents (first names may be published)		
Video recording of the centre events and activities that are held outside of the centre, which may be used in the centre		
Published on Centres website or Facebook page (names will not be published)		
Inclusion in newspaper, magazines, videos and other promotional material (names will not be published)		
Inclusion in newspaper, magazines, videos and other promotional material (names may be published) For example, If your child participated in a competition and won prizes, local paper may want to report about such an event.		

I understand that this consent will continue until my child:

- Turns 18 years of age. And/or
- In any other case when the parent revokes consent (by writing to the centre management)

Parent/ Guardian Name: _____ Signature: _____

Date: _____

Head Lice Consent

While a child is attending childcare on some occasions head lice may go around the service. When this occurs we check the children's hair. If your child has head lice the service will call you so your child can be treated. Once treated the child is able to return to kindy. All treatment solutions can be purchased via chemists or supermarkets.

I _____ give permission for staff to check my child _____ hair if at any time any staff suspects my child of having head lice.

Signature: _____ Date: _____

SCHOOL BEFORE AND AFTER SCHOOL CARE BUS TRANSPORT

Thank you for using our Before and After school care pick up service. The children will be transported in most cases by Happyland Kids buses to and from Arundel State School, 185 Napper Road, ARUNDEL, in the mornings and in the afternoon.

On some occasions however, we may have to use one of the Centre owner's vehicle which is a Toyota Prado. This will be used if Centre bus is unavailable.

The children will be transported between the hours of 8:30am – 9am in the morning and 3pm – 3:30pm in the afternoon.

The estimated travel time between the service and Arundel State School is approximately 5 minutes.

Car restraints are used in every vehicle being used.

Please complete permission form below and return to service.

I _____ give permission for my son/ daughter _____ to travel to school by either Centre bus or Toyota Prado for Before and After school drop off and pick up between the hours of 8:30am-9am and 3pm-3:30pm

Parent/ Guardian Name: _____

Signature: _____

Date: _____

REHEATING OF FOOD

At Happyland Kids we provide morning tea, lunch and afternoon tea for the children, this food is provided to us from Kids Gourmet food, menus are available please see office staff to help with this.

On occasions parents provide dinner's for the children which the staff organise and serve at 5pm.

The following foods types are NOT permitted to be REHEATED:

- 2 minute noodles (wh&s) (cold is acceptable)
- Rice (cold is acceptable)
- Fried Foods (e.g. fish fingers, chicken nuggets, takeaway meals) (cold is acceptable)

As a service and with the advice of Nutrition Australia parents are allowed to sign a waiver allowing us to reheat your child's food within a 24 hour period of being cooked to the correct temperature of 75 degrees.

I _____ have been advised that if I choose to send food that requires heating at Happyland Kids I am agreeing with the centre Re-Heating of food policy and understand that food is only to be re-heated once within a 24 hour period and has been stored appropriately before arrival to the Centre.

Happyland Kids will adhere to the re-heating of food policy and food will be heated to 75 degrees and tested prior to the child eating the food.

It is a parent/ guardians responsibility to ensure on your part that the food is used and has not been reheated again within 24 hour period and is transported to the Centre appropriately.

Parent/ Guardian Signature: _____

Date: _____

KINDYHUB

At Happyland Kids we use **KINDYHUB**, which is an online program which we use to document the children's learning.

What is KINDYHUB?

Kindyhub is secure web-based software enabling educators to simplify and streamline documentation and enhance communication with parents, in-turn improving children's learning outcomes.

Educators can quickly link to Early Learning Frameworks and Standards. We also enable flexibility to those centres who wish to customise links and add their own outcomes and philosophies.

Our Parent App tailors communication to the fast paced lifestyles of busy parents allowing around the clock access to view their child's information (photos, stories, & achievements) and supporting quick and easy two way communication (parent feedback, medical alerts, newsletters, reminders, events, menus etc.). Parents gain deeper knowledge of how their child is developing and the opportunity for further involvement to expand on their child's learning potential.

Benefits for Parents using KINDYHUB

- Aligns communication with the fast-paced lifestyles of busy parents enabling around the clock access to view their child's information (photos, stories and achievements) from a smartphone, computer or via email.
- Parents can receive news and information from educators all in the one place.
- Parents are notified of upcoming events & reminders fostering better participation in the daily curriculum/activities.
- Kindyhub enables parents to view photos of their child only plus any group photos sent by the centre.
- Helps ease the stress of Pick up and Drop off times for the working parent.
- Parents are able to collaborate and provide input to their child's progress.
- Secure and Private, Username and Password required.

The learning frameworks currently in place throughout the centres, National Early Years Framework (EYLF) and the Queensland Kindergarten Learning Guidelines (QKLG), support digital learning, the use of digital media collaboration with families. This program makes management of these frameworks easy to use.

What do I need to use KINDYHUB?

As long as you have access to the internet, you can access Kindyhub. You can access Kindyhub from a computer, tablet or smartphones.

Is KINDYHUB Secure?

Security is at the forefront of our development and technical processes at all times. We perform internal reviews on a regular basis. Kindyhub goes the extra length to keep your data secure. SSL security giving additional peace of mind to parents/educators.

How to Register?

To support educators with Kindyhub and be linked to your child's account we need you to complete a permission form. We are unable to register you without your written consent.

Once permission form has been completed and returned you will be sent a parent invitation to your email to join Kindyhub.

I, _____ (parent's name), the parent/ guardian of
_____ (child's name) have reviewed the information and give permission for my child to participate in Kindyhub.

Parent/ Guardian E-mail address: _____

Child's Name: _____ Date of Birth: _____

Parent/ Guardian's Signature: _____ Date: _____

KINDERGARTEN PROGRAM PERMISSION

As you are aware, our centre is an Approved Provider of the Kindergarten Program. The program is an opportunity for children to be included in a quality early childhood program in the year before they commence school. We are required to submit a range of information to the State Government each quarter so we can continue to be an Approved Kindergarten Provider.

An Approved Kindergarten is one that has the approval of the Queensland Government and provides a kindergarten for children aged 4 and above. This program is approved for at least 15 hours per week for 40 weeks per year with an Early Childhood Teacher delivering the program.

If your child only attends Happyland Kids Approved Kindergarten they must do so for a minimum of 15 hours or more per week.

We also need to inform the Government of the number of children attending our Kindergarten Program who come from a family with a **Health Care Card**. A copy of your child's Health Care card and Birth Certificate is needed to be kept on file. We can copy this for you if need be.

Please inform Centre management immediately if your eligibility for the Health Care Card changes.

Please complete and sign below and hand back to Centre Management

My Family has a Health Care Card: YES NO

If yes: Card number _____ Exp date: _____
Child's Name: _____ Date Of Birth: _____
Parent/ Guardian Name: _____
Parent/ Guardian Signature: _____ Date: _____

PERMISSION FOR STAFF TO ACT IN CASE OF EMERGENCY

In the event of an accident or an illness requiring emergency medical treatment every effort will be made to contact parents/ guardians before such treatment is sought. However, should this prove impossible the centre will need the authority for the treatment to be undertaken? Parents/ Guardians are asked to read and sign the following:

I _____ authorize the staff of the centre to seek Emergency medical treatment for my child _____ should this be necessary.

I agree to abide by the conditions of the use of the centre and accept such responsibility as enrolment at the centre imposes.

Parent/ Guardian Name: _____ Signature: _____

Date: _____

Witness Name: _____ Signature: _____

Date: _____

AGREEMENT FORMS

I/we agree to the following terms and conditions of enrolment regarding attendance of my child at Happyland Kids.

1. Ensure that my child's enrolment and immunisation is kept up to date at all times.
2. Ensure my child is brought and collected from the centre by a responsible adult (over 18 years of age) and a staff member in charge is notified of the arrival and departure. Sign in/out to be done on a daily basis.
3. To pay the late collection fee if my child is picked up after 6:30pm according to the Parent Handbook.
4. To keep my child at home when suffering from an infection or contagious disease.
5. To comply with Centre management regarding picking up child if in their opinion is too ill to remain at the centre.
6. In the event of an emergency, staff at the centre will provide first aid to my child as a first priority. Parents will then be informed as soon as possible following the incident. I/We give staff at the service consent to give or seek medical or hospital attention for my child. I/We agree to pay any expenses that arise from either treatment or transportation.
7. Consent is given for my child to be observed by students for training purposes. If questioning or testing is to be undertaken permission must be given beforehand.
8. To ensure all fees are paid in full and advance as per the centre policy. I am fully aware that fees are payable for all booked days including any un attended days due to illness, holidays, public holidays, centre closure due to natural disasters, wide spread disease or any unforeseen circumstances.
9. The \$100 bond is refundable when 2 weeks' notice is given to the service in written. Bond will not be refunded if there are still outstanding fees. \$50 enrolment fee is non-refundable.
10. When finishing with the service 2 weeks' notice must be given in writing. To continue receiving your Child Care Benefit (CCB) your child must attend the two weeks notice period otherwise full fee is payable.
11. If fees are not paid for the service has the right to terminate your child's booking without notice. Accounts will be referred to our Debt Collectors and any costs involved will be added to parents account.
12. A copy of the Services Handbook has been received and has been informed of all policies which I abide by and respect. All policies are developed and updated regularly by staff and management and parents will have access to these.
13. The Licensee is released from all claims, demands, suits, remedies, loss, liability, action and proceedings from my child's attendance at the centre except in the case of negligence or criminal activity.
14. The centre reserves the right to remove my child from the premises such as complying with emergency drills and evacuations.

It is important that both Parents and Guardians sign the declaration. For any reason both are unable to sign please see a member of management to discuss.

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

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