

Child's Details

Given Names: _____ Last Name: _____ Sex: Male Female

Date of Birth: ___/___/___ Place of Birth: _____ Required Start Date: ___/___/___

Child Customer Reference Number (Provided by Centrelink): _____

Ethnicity: _____ Language Spoken: _____ Religion: _____

Is there anyone prohibited from having contact with your child? _____

Custody Orders or Apprehended Violence Orders: No Yes (if yes please provide details and copies) _____

Under NSW Centre-Based Child Care Regulations (2004) you are required to provide a copy of your child's birth certificate:

Copy attached: No Yes

Booked Days and Times

If you applying for Child Care Benefit to reduce fees please provide your Family Reference Number: _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Does your child attend another service in the same week as attending Kids Korner? _____

(If the answer is yes, please fill out a claimable hours consent form from the office)

Family Details

Parent 1 Details:

Title/ First Name: _____

Last Name: _____

Parent 1 date of birth: _____

(this is required to collect Childcare benefit from the Govt)

Home Address: _____

Home Phone: _____

Mobile: _____

Ethnicity: _____

Languages Spoken: _____

Occupation: _____

Work Name: _____

Work Address: _____

Work Phone: _____

Parent 2 Details:

Title/ First Name: _____

Last Name: _____

Parent 2 Date of Birth: _____

(if both parents are linked to the Govt Childcare benefit)

Home Address: _____

Home Phone: _____

Mobile: _____

Ethnicity: _____

Languages Spoken: _____

Occupation: _____

Work Name: _____

Work Address: _____

Work Phone: _____

Office Use Only

Allergies/Additional Needs/Dietary Needs /Medical Conditions/Permission exclusions/Immunisation/Child Specific Information

Immunisations

Has your child been immunised? No Yes

Is your child up to date with their immunisations: No Yes

Please supply evidence of your child's immunisation. Either their blue book or a letter from your doctor.

Allergies

Does your child have any allergic reactions? (e.g. foods, medicines, sun cream) : No Yes

If yes please provide details: _____

Medical Conditions

Does your child have any medical conditions? (e.g. Asthma, epilepsy) : No Yes

If yes please provide details: _____

Does your child take any regular medications? (e.g. ventolin, insulin) : No Yes

If yes please provide details: _____

Additional Needs

Does your child have any additional needs/ challenging behaviours? No Yes

If yes please provide details: _____

Does your child regularly visit a specialist? (e.g. speech therapist) No Yes

If yes please provide details: _____

Religious Requirements

Is there any religious requirements you would like us to follow? No Yes

If yes please provide details: _____

Can your child participate in festivals/ celebrations? No Yes

If yes please provide details: _____

Is there any religious requirements in case of accidents? No Yes

If yes please provide details: _____

Food/ Meals

Does your child have any special dietary needs? (e.g. vegetarian, no dairy etc.) No Yes

If yes please provide details: _____

Authority to Collect/ Emergency Contacts:

In the boxes below, list at least two people, over the age of 18, authorised to collect your child and at least two people that we may call if we cannot contact you in an emergency. These may be the same for both. Friends and family not listed are not able to collect your child. Do not include parents names.

Contacts Name (First and Last Names)	Relationship to child	Phone (H)	Phone (W)	Phone (M)	Emerg. Contact Y/N	Daily Pick Up Y/N
Home Address: _____						
Home Address: _____						
Home Address: _____						
Home Address: _____						

Medical Emergency

In the event that my child requires medical attention due to accident, illness or an emergency, and all efforts made by Kids Korner staff to contact parents/ guardians/ other authorised persons have been unsuccessful, I authorise the staff of Kids Korner to obtain the medical, dental, hospital and ambulance assistance they deem to be necessary, and agree to pay any medical/ transport costs incurred.

Parent Signature: _____ Parent Signature: _____ Date: ____/ ____/ ____

(To be signed by both parents or guardians where applicable)

Medical Practitioners

Doctor: _____

Dentist: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Medicare Number: _____

Ambulance Fund:

Please provide details: _____

Permission

I give staff of Kids Korner Tuggerah the authority to:

- Use the name and photo of my child for centre displays
- Be observed by staff and students for developmental purposes.
- Apply sunscreen for outside play.
- Administer Children's Panadol to my child if his/ her temperature exceeds that of 38* C and places the child at risk of convulsion.

No Yes

No Yes

No Yes

No Yes

Parent Signature: _____ Parent Signature: _____ Date: ____/ ____/ ____

(To be signed by both parents or guardians where applicable)

Payment Agreement

I/ We understand that:

Fees are payable the first day of the week which my child attends.

If fees are in arrears for more than two weeks and no arrangement has been made with the centre manager, my child's place will be withdrawn.

Fees are charged for booked days. If my child does not attend their booked days due to illness, holidays, public holidays or parental RDO days, fees will still be charged.

I need to provide two weeks notice prior to withdrawing from the centre and will agree to pay all outstanding fees prior to my departure. Should I fail to pay my fees and my place is withdrawn, or when I leave the centre, I will be liable for all additional costs incurred by the centre in collecting outstanding fees.

Full fees are payable until Child Care Benefit confirmation is received by the centre

Parent Signature: _____ Parent Signature: _____ Date: ____/ ____/ ____

(To be signed by both parents or guardians where applicable)

Information Agreement

I/ We understand that the information I have provided here and information that is gathered while my child attends Kid Korner, relating to my child and family, is treated by Kids Korner staff as confidential.

I/ We understand that Kids Korner at times will have to share particular details to relevant government offices. Kids Korner will exchange information with the Family Assistance Office regarding your Child Care Benefit and it's currency as well as the booked days for your child. Under special circumstances Kids Korner may need to exchange information with Department of Community Services or the NSW Children's Ombudsman's Office.

I / We understand that information exchange with any other agency will require parental permission. For example, speech pathologists or an Early Intervention Team

Parent Signature: _____ Parent Signature: _____ Date: ____/ ____/ ____

(To be signed by both parents or guardians where applicable)