



KIDS KORNER TUGGERAH PTY LTD  
 Shop CC1 Westfield Shopping Town  
 Cobbs Road, Tuggerah NSW 2259  
 ABN: 57070202694

Phone: (02) 4353 4545  
 Fax: (02) 43534548

### 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: \_\_\_\_\_

## 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<br>(First and Last Names) | Relationship<br>to child | Phone (H) | Phone (W) | Phone (M) | Emerg.<br>Contact<br>Y/N | Daily Pick<br>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)