

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

Session 1 – 6:30am – 4:30pm

Session 2 – 7:30am – 5:30pm

Session 3 – 8:00am – 6:00pm

Days Required

Monday Tuesday Wednesday Thursday Friday

CHILD INFORMATION

Family Name _____ Date of Birth ____/____/____ Gender _____

Given Name _____ Usually Called _____

Home Address _____

Child CRN _____ Country of Birth _____ Religion _____

Is the child of Aboriginal and/or Torres Strait Islander origin (Please select)

No, not Aboriginal or Torres Strait Islander Yes Aboriginal

Yes, Aboriginal, and Torres Strait Islander Yes, Torres Strait Islander

Language used in the child's home _____

Cultural background of the child and, if applicable, the child's parents _____

Has your child attended a childcare centre before? Yes No

ADDITIONAL INFORMATION

Please provide any other relevant information about the child eg. Interests, likes, dislikes, abilities, family traditions, home routines etc.

Is there any specific skills or a trade that could be of use to KSMAL?

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Title Mr Mrs Miss Ms Dr

Name Date of Birth/...../.....

Home Address –

Parent CRN Mobile Work Phone

Email Address

Occupation Full Time Part Time Other

Employer

Employer Address

Does the child live with this parent? Yes No

Parent/Guardian 2

Title Mr Mrs Miss Ms Dr

Name Date of Birth/...../.....

Home Address –

Parent CRN Mobile Work Phone

Email Address

Occupation Full Time Part Time Other

Employer

Employer Address

Does the child live with this parent? Yes No

COURT ORDERS IN RELATION TO THE CHILD

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

Are there any:

Court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

Yes No

Other court orders relating to the child's residence or the child's contact with a parent or other person?

Yes No

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form;
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities

CONFIDENTIALITY OF ENROLMENT RECORDS

The approved provider of the Education and Care Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child and medical treatment of the child; or where expressly authorised, permitted, or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

CHILD'S IMMUNISATION STATUS – "NO JAB, NO PLAY"

You are required to supply us with a copy of your child's up-to-date immunisation records/history statement from Medicare or from your MyGov account.

No enrolment will be accepted unless this is supplied with this enrolment form fully completed.

Please sign below to acknowledge this has been supplied (Reg 162 (g))

Name _____ Signature _____ Date ____/____/____

In some cases when there is an outbreak of a vaccine-preventable disease, unimmunised children will be excluded from KSMAL as per the period of exclusion of contacts recommended by the National Health and Medical Research Council. The exclusion periods table can be found at <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>

EMERGENCY CONTACT INFORMATION – OTHER PERSON/S AUTHORISATIONS

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

Please list below the details of those people whom you have authorised as emergency contacts for the child **(within 30km radius of Knight Street Multi-Age Learning)**. This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child in the event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an educator to take the child outside KSMAL. Please tick the appropriate boxes to each contact to confirm authorisations. If you are unable to provide 3, please speak to the centre director.

Contact 1

Name _____ Relationship to Child _____

Address _____

Mobile _____ Work _____

Authorised to collect (Authorised Nominee)
(Reg. 160(3)(b)(iii))

Notification in the event of an emergency
(Reg. 160 (3)(b)(iii))

Authorised to consent to Medical Treatment
(Reg. 160 (3)(b)(iv))

Authorisation for the administration of medication (Reg. 160 (3)(b)(iv))

Authorised to authorise an Educator to take the child outside KSMAL premises for an excursion
(Reg. 160 (3)(b)(iv) 102 (4))

Contact 2

Name _____ Relationship to Child _____

Address _____

Mobile _____ Work _____

Authorised to collect (Authorised Nominee)
(Reg. 160(3)(b)(iii))

Notification in the event of an emergency
(Reg. 160 (3)(b)(iii))

Authorised to consent to Medical Treatment
(Reg. 160 (3)(b)(iv))

Authorisation for the administration of medication (Reg. 160 (3)(b)(iv))

Authorised to authorise an Educator to take the child outside KSMAL premises for an excursion
(Reg. 160 (3)(b)(iv) 102 (4))

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au

****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

Contact 3



Name Relationship to Child

Address

Mobile Work

Authorised to collect (Authorised Nominee)
(Reg. 160(3)(b)(iii))

Notification in the event of an emergency
(Reg. 160 (3)(b)(iii))

Authorised to consent to Medical Treatment
(Reg. 160 (3)(b)(iv))

Authorisation for administration of medication (Reg. 160 (3)(b)(iv))

Authorised to authorise an Educator to take the child outside KSMAL premises for an excursion
(Reg. 160 (3)(b)(iv) 102 (4))

CHILD'S HEALTH INFORMATION

Registered Medical Practitioner Service Name

Phone Address

Medicare Number Ref Expiry /

Registered Dental Practitioner Service Name

Phone Address

Is the child currently attending or has previously attended;

Dietician Speech Therapy Occupational Therapy Specialist

Counsellor/Psychologist Paediatrician Other

If yes, please provide details;

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

CHILD'S MEDICAL INFORMATION

ANAPHYLAXIS (Reg. 162(c)(ii)&(d))

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

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

If your child has an auto injection device, have you supplied to KSMAL a device with a valid

expiry date? Yes No

Has the anaphylaxis medical management plan been provided to KSMAL? Yes No

Has a risk management plan been completed by the service in consultation with you? Yes No

In the case of anaphylaxis, you will be provided a copy of KSMAL's anaphylaxis management policy. You will be required to provide KSMAL with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. For more information can be found at www.allergy/facts.org.au

SPECIFIC HEALTHCARE NEEDS (Reg. 162 (c)(i)&(d))

Does the child have any specific healthcare needs, including any medical conditions that are relevant to the care and education of the child? (eg. Asthma, epilepsy, diabetes etc.) ? Yes No

If YES, please provide details of any specific healthcare need/s or medical condition and any management plan/s or risk minimisation plan/s to be followed with respect to the specific healthcare need/s or medical condition/s. Attach a copy of any plan/s or additional pages if necessary.

If necessary, has medication been supplied to KSMAL? Yes No

ALLERGIES (Reg. 162 (c)(ii))

Does your child have any allergies? Yes No

If YES, please provide details of any allergies and any management plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.

DIETARY RESTRICTIONS (Reg. 162(e))

Does the child have any dietary restrictions? Yes No

If YES, please provide details of any dietary restrictions.

Any dietary restrictions must be supported with a detailed letter stating the restriction. Please attach

Has a communication plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child (Reg. 90(1)(c)(iv))?

Yes No

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

PARENTAL AGREEMENTS

Child's Name

Name of consenting Parent or Guardian

MEDICAL

Please note: if your child becomes ill, develops a high temperature that continues to rise or requires medical attention during the day we will contact you immediately. If you or your emergency contacts cannot be reached, and it becomes necessary to call an ambulance, an educator will accompany your child to hospital and a continued effort will be made to contact you and your emergency contacts.

Signature Date / /

- Parent/guardians will be responsible for the full payment of any costs incurred for transportation or treatment relating to any illness or injury relating to their child while at Knight Street Multi-Age Learning
- Any medical or hospital fee reasonably incurred by an educator from Knight Street Multi-Age Learning, on behalf of your child, will be recovered from the parent as a debt.

I/We hereby consent to the Director or his/her designated representative, engaging the services of a doctor, dentist or ambulance in any emergency for my/our child. If I cannot be contacted, I accept that the emergency service would be the closest hospital or doctor.

Signature Date / /

STUDENTS STUDYING

I/We consent to my child being the subject of observations for training purposes (you will be informed of any)

Signature Date / /

HEADLICE

I/We authorise educators at Knight Street Multi-Age Learning to check my child's hair for headlice and nits (eggs).

Signature Date / /

FEES

I/We agree to pay a daily fee for my/our child's attendance, two (2) weeks in advance. I/We understand I/We must still pay fees when my child is absent from the centre. This includes days off for sickness and holidays. I/We agree to give two (2) weeks' notice before my/our child leaves Knight Street Multi-Age Learning. I/We agree to pay any expenses incurred for medical treatment and transport.

Signature Date / /

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

EDUCATIONAL PROGRAM (PHOTOS)

Knight Street Multi-Age Learning is committed to the Early Years Learning Framework (EYLF) and educational planning for all children in its care. Our process of documentation involves using EarlyWorks and our interactive Facebook page. This documentation will be available to you on your EarlyWorks app and any posts that are on our Facebook page can be added by request to Earlyworks. I/We give permission for my child's name and/or photo to be used in centre displays and program documentation.

Signature _____ Date ____/____/____

SUNSCREEN

I/We give permission for my child to have sunscreen applied before going outside. I/We understand that I must provide and clearly label sunscreen if they have allergies or reactions to the service's supplied sunscreen.

Signature _____ Date ____/____/____

FACE PAINT/NAIL POLISH

Within our centre program, the children sometimes express an interest in face painting and having their nails painted with nail polish. Are you happy for your child to participate in this activity?

Signature _____ Date ____/____/____

MEDIA

I/We give my consent for a Knight Street Multi-Age Learning representative to photograph my child/myself. I/We agree and acknowledge that all copyright and other rights to any photographs of my child/myself shall be owned by Knight Street Multi-Age Learning. I also give my consent for Knight Street Multi-Age Learning to use photograph/s of my child/myself in their promotional material. In doing so, I acknowledge and agree that Knight Street Multi-Age Learning does not need to submit to me any promotional material containing a photograph of my child/myself for approval before the publication of that promotional material. If signing this form on behalf of a child, I/We warrant that I/We are the parent or guardian of the above-named child and have authority to grant the above consents.

Signature _____ Date ____/____/____

EMERGENCY EVACUATION DRILLS

For my child to participate in evacuation drills that may require my child to go to the designated meeting place that is outside the centre grounds, but within the regular excursions map.

Signature _____ Date ____/____/____

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

ointments, Creams and Applications

Knight Street Multi-Age Learning regular provides bandaids and other wound treatments for minor wounds and abrasions. Please advise if your child is allergic to or cannot use any brands. (Please include creams, sunscreens, bandaids and other wound treatments) Knight Street Multi-Age Learning provides SPF 50+ sunscreen for all children over six months of age.

Product	Brand	Applied for

Signature _____ Date ____/____/____

Note: All medications (including over-the-counter medications) must be in their original packaging and be labelled with medical instructions from a medical practitioner/chemist to be administered at Knight Street Multi-Age Learning. These medications must have been applied to the child at home first on more than one occasion without incident.

REGULAR EXCURSIONS

I/We authorise permission for my child to leave Knight Street Multi-Age Learning grounds on short walks to the designated areas which have been deemed as regular excursion areas (a regular excursion is a walk to and from a specific destination, between 9:00 am – 3:00 pm within the map below) Knight Street Multi-Age Educators will stay within the boundaries of the map. I/We understand that the children will be supervised at all times by the approved educator/child ratios. Families will be notified of the excursion via the Earlyworks app.

Signature _____ Date ____/____/____

Note: All other excursions outside the designated area will require parent permission by signing a Knight Street Multi-Age Learning excursion form prior to the event, which will include a risk assessment and authorisation for transportation if required.



2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au



****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****

CONSENT FORM AND DECLARATION

In completing and signing this form, I/We understand and consent to the following arrangements:

- Knight Street Multi-Age Learning will collect some information about my family and my child. Most of the information will be provided by myself via the enrolment process. Some information may be provided by government departments or other agencies. Information collected from external sources will be checked with me to ensure it is correct.
- Some information may be given to other organisations (such as government agencies), as required or authorised by law.
- Some of the information collected may be health information about my child, which Knight Street Multi-Age Learning will handle with due care. All information will be used to assist my child while at Knight Street Multi-Age Learning.
- I/We agree to comply with all government requirements in relation to Knight Street Multi-Age Learning and its services.
- I/We are aware that fees are to be paid via direct debit which will be fortnightly and paid two weeks in advance. I/We also understand fees are to be paid for all days the child is absent or sick, including public holidays. If I/We are late collecting my child, an additional fee will be charged (this fee does not have CCS applied)
- I/We understand that if fees fall behind, my child's position at Knight Street Multi-Age Learning may be jeopardised
- I/We are aware that any CCS payments that may be reversed by Centrelink will be reflected in your account. This amount will be reflected in future direct debits.
- I/We are aware that any overdue accounts will be sent to a debt collection agency with commission added.
- I/We are aware that my child will be excluded from care at Knight Street Multi-Age Learning if he/she has contracted a contagious disease or condition. I/We understand that my child will be accepted back into the centre upon provision of a 'clearance certificate' for my child from a medical practitioner.
- I/We understand that there is a 48-hour exclusion period for a child for high temperatures, vomiting and also diarrhoea. (this exclusion period is from the child's last high temperature/vomit/diarrhoea).
- Knight Street Multi-Age Learning reserves the right to terminate the agreement when, in its discretion, it considers that to do so would be in the interest of the centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.

Name

Signature Date/...../.....

2023 Enrolment Form

164 Knight Street, Shepparton, VIC, 3630

Phone 03 5831 8911

Website www.ksmal.org Email info@ksc.net.au

Accounts accounts@knightstreetmultiage.com.au

****ALL 2023 BOOKINGS COMMENCE FROM MONDAY 30TH JANUARY****



This section is for *Office Use Only*

Child's Name

Date of Birth Starting Date

Session 1 – 6:30am – 4:30pm

Session 2 – 7:30am – 5:30pm

Session 3 – 8:00am – 6:00pm

Days Required

Monday Tuesday Wednesday Thursday Friday

Child's CRN Provided? Yes No

Enrolling parents CRN Provided? Yes No

Enrolling parents DOB Provided? Yes No

Parent Phone Contacts Provided? Yes No

Emergency Contacts Provided? Yes No

Email Address Provided? Yes No

Copy of Immunisation Statement Provided? Yes No

Parental Agreements Sections signed? Yes No

Consent Form and Declaration Signed? Yes No

Direct Debit Form Completed? Yes No

EarlyWorks Form Completed? Yes No

Child Profile Completed? Yes No

Checked by

Name

Signature Date/...../.....