

Welcome to Rupertswood Kids World

Welcome to Rupertswood Kids World and thank you for choosing our centre!

We would like to acknowledge the Bindal people as the traditional owners of the land upon which we work, learn, and play. We pay our respects to elders past, present, and emerging.

We are a 95 place, family owned centre, open from 6:30am - 6:30pm Monday to Friday.

At Rupertswood kids world our friendly professional educators are passionate about providing high quality care in a warm, safe, and educational environment. Our centre operates for 52 weeks of the year, only closing for gazetted public holidays.

Our Studios:

- Nursery - 6 weeks to 15 months (1:4)
- Toddlers - 15 months to 2 years (1:4 ratio)
- Junior Kindy - 2 years to 3 years (1:5 ratio)
- Senior Kindy - 3 years to 4 years (1:11 ratio)
- Kindergarten - 4 years to 5 years (1:11 ratio).

Our funded Kindergarten program is offered for children who are 4 years in the year before they attend Primary School.

Please discuss the need for this care with our Centre Manager Bek.

We use Storypark to document your child's learning and have displayed documentation of your child's learning available in each of our studios. Our programs reflect planned experiences from observations of your children and also child initiated experiences. Our programs are flexible and adaptable to meet the individual and group interests, talents, and abilities and are guided by the Early Years Learning Framework.

We are a nut and egg free centre and we provide healthy and nutritious meals for morning tea, lunch, and afternoon tea. Our meals are prepared fresh on-site by our Centre Chef.

WHAT WE OFFER:

- Breakfast from 6.30am to 7.30am
- All nappies, wipes, sheets in our Nursery, Toddlers & Jnr Kindy rooms and sunscreen provided
- Hat and t-shirt provided on enrolment
- All incursions and excursions are included within our daily fee
- An extremely experienced and friendly team

We look forward to building a great relationship with your child and family.

PLEASE BRING IN THE FOLLOWING COPIES TO FINALISE YOUR CHILD'S ENROLMENT

Enrolments cannot commence until the following is provided. Please bring in a copy, email through to info@rupertswoodkidsworld.com.au or photocopy at the centre.

- ☐ **A copy of your child's birth certificate**
- ☐ **A copy of all parents/guardians photo ID**
- ☐ **A copy of Medicare card with child listed on it**
- ☐ **A copy of your child's updated immunisation statement from MyGov (we cannot accept immunisation Redbooks)**
- ☐ **A copy of your child's asthma, allergy, or anaphylaxis plan from their doctor (if applicable)**
- ☐ **A copy of your health care card (if applicable)**

WHAT TO BRING TO CARE EACH DAY:

- | | |
|---|---|
| <input type="checkbox"/> A bag with your child's belongings | <input type="checkbox"/> A set of cot sheets
(Our 3yrs & older rooms) |
| <input type="checkbox"/> A bucket hat (no caps) | <input type="checkbox"/> Enclosed shoes |
| <input type="checkbox"/> Spare clothing
(including jumpers and changes of clothes for water play) | <input type="checkbox"/> A drink bottle
(to be taken home each day for cleaning) |
| <input type="checkbox"/> Any comfort items | <input type="checkbox"/> Bottles
(with expressed breast milk or pre-measured formula) |

Please ensure all of your child's belongings and items are labelled with their first and last name.

FEE SCHEDULE AS OF 10th February 2025

Session Times	Full Fee Charge (before CCS has been applied)	Comments
6 - Hour Session	Not available	Only available to children aged under 4 years of age. 9am - 3pm set time
9 - Hour Session	Under 3 years - \$146.00 Over 3 years - \$145.00	
10 - Hour Session	Under 3 years - \$146.00 Over 3 years - \$145.00	
12 - Hour Session	Under 3 years - \$146.00 Over 3 years - \$145.00	

Kindergarten Program	Full Fee Charge (before CCS has been applied)	Comments
8:30am - 4:00pm	\$145.00	All Kindergarten families must provide a copy of their child's birth certificate, current immunisation statement from MyGov and a copy of their health care card (if applicable).

- Parents will be entitled to a 50% holiday rebate for 2 weeks per financial year - this is to be taken in a minimum one week block period
- Public holidays are still charged at the normal daily fee
- To ensure your child's place at the centre remains current, payment of your child care fees must be paid for the current week by COB Friday. Two week parent gap fee bond is payable on enrolment and will be kept in a bonds account and transferred back in the last week of care. Our preferred method of payment is direct debit.
- If children are picked up late, without notice after 6:30pm, then a late fee will be charged to your account. The initial charge is \$20.00, plus \$1.00 a minute for every minute that you are late. E.g. if you arrived at 6:40pm, you will be charge a late fee of \$30.00.



ENROLMENT & AGREEMENT FORM

Information about the enrolling child:

Full name:			
Preferred Name:		Start date:	
Address:			
Gender:		Child CRN:	
D.O.B:		Current Age:	
Nationality/ Languages spoken at home:		Does your child identify as (tick all that apply): Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/>	

Parent/Guardian 1: (this should be the parent/guardian who CCS is linked to)

Name:			
Relationship to Child:		Photo ID:	
Address:			
Phone Contacts:	Home:	Mobile:	Work:
Email:			
D.O.B:		Parent/Guardian CRN:	
Nationality/ Languages spoken:		Do you require information to be provided in other languages?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you identify as:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>		
Do you have a health care card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiry Date:	

Parent/Guardian 2:

Name:			
Relationship to Child:		Photo ID:	
Address:			
Phone Contacts:	Home:	Mobile:	Work:
Email:			
D.O.B:		Parent/Guardian CRN:	
Nationality/ Languages spoken:		Do you require information to be provided in other languages?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you identify as:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>		
Do you have a health care card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiry Date:	

Does your child have any siblings? Yes ☐ No ☐

Full Name	Gender	Age	School/Childcare Attended

Does your child have any pets? _____

Who else is significant in your child's life? _____

Our program is enhanced by the special skills, occupations, and abilities that our parents/guardians have.

I would be interested in giving some time to assist in the studios with special projects: Yes ☐ No ☐

I have a special talent to share (i.e., play an instrument, speak another language, artistic talent, gardening or sustainability interest, dance, construction, sew, cook etc.): Yes ☐ No ☐ Please list: _____

I would be interested in sharing my profession: Yes ☐ No ☐

Please circle how we can best communicate information about the centre with you and your family...

• Face to Face • Email • Social Media • Storypark • Noticeboard / Displays

IMPORTANT INFORMATION ABOUT THE CUSTODY OF YOUR CHILD

Who has legal custody of your child? _____

Do any of the following exist – court orders relating to your child, parenting order or parenting plan, residency agreement or court-ordered restrictions with a parent or other person? Yes ☐ No ☐

If YES: you MUST supply a copy to the centre

Is there any other information about the child's living arrangements that we need to know about? _____

AUTHORISED NOMINEES

An Authorised Nominee is defined under the Education and Services National Regulation as “a person who has been given permission by a parent or family member to collect the child from the education and care service”.

I agree to keep the service updated with changes to authorised nominees. I understand that in keeping with the Education and Care Services National Regulations, my child will not be released into the care of a person who has not been listed on this form as a parent/guardian or authorised nominee. I understand that the service will take reasonable steps to prevent a non-custodial parent/guardian (as determined by a current court or parenting order) from having access to, or collecting, any child listed on the order. I will ensure that all authorised nominees are advised of their responsibility to ensure they collect my child by the service closing time. Failure to do so will result in a late collection fee being applied. I also understand that the service may refuse any authorisation for collection, medication, or excursion permission if the forms were not completed fully, not signed by an authorised person or if educators at the service reasonably believe that it would not be in the best interest of the child’s health, safety or wellbeing. Refer to the Acceptance and Refusal of Authorisations Policy.

Please note: unfamiliar parents/guardians, authorised nominees and emergency contacts of the child will be required to present photographic ID such as a Driver’s License, 18+ card, Senior’s Card or passport before being granted access to the child. We recommend that you advise all contacts to bring along photographic ID when collecting your child. This may occur when a different staff member is caring for your child and has not met the person collecting.

Signed: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Details	Authorised Person 1	Authorised Person 2	Authorised Person 3
Full Name			
Relationship to Child			
Home Address			
Email Address			
Phone Number			
Signature of Contact			
As the parent/guardian, I authorise this person to collect my child from the service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
As the parent/guardian, I authorise this person to be contacted in the event of an emergency when I cannot be reached	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
As the parent/guardian, I authorise this person to consent to the medical treatment and to authorise the administration of medication to my child	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
As the parent/guardian, I consent to this person to authorise an educator to take my child outside the service (e.g., excursion)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
As the parent/guardian, I consent to this person to authorise the service to transport my child or arrange transport for my child	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



YOUR CHILD'S HEALTH INFORMATION



“

A copy of your child's immunisation record (Immunisation History Statement from Medicare) needs to be provided to the centre and always updated. Please note: when a vaccine preventable disease is present or suspected at the service, children who have not supplied a complete record of immunisation may be treated as un-immunised and therefore will be excluded from the service for the recommended period. This is to protect the child and to prevent further spreading of the disease. Normal booking charges will apply during times of absence.

”

Child's Doctor: _____

Phone #: _____

Address: _____

Medicare #: _____

Are your child's immunisations up to date? Yes ☐ No ☐

Have you provided a copy to the centre? Yes ☐ No ☐

Does your child have any allergies? Yes ☐ No ☐

Details: _____

Has your child been diagnosed with asthma or anaphylaxis? Yes ☐ No ☐

Details: _____

Have you provided the centre with a Medical Action Plan completed by your Doctor within the last 12 months for any allergies, asthma, or anaphylaxis? Yes ☐ No ☐ N/A ☐

Have you completed a Medical Risk Minimisation and Communication Plan in consultation with the service for any allergies, asthma, or anaphylaxis? Yes ☐ No ☐ N/A ☐

Has your child ever suffered from a serious illness, injury, or required hospitalisation?

Yes ☐ No ☐

Details: _____

Is your child currently taking a long-term medication? Yes ☐ No ☐

Details: _____

Does your child have any additional needs, medical conditions, or considerations that we should know about to provide them with the highest standard of care possible? Yes ☐ No ☐

Details: _____

Is your child allergic to any nappy hygiene products, including wipes? Please note: we use fragrance free wipes at our service. Yes ☐ No ☐

Details: _____



..... TEMPORARY INFECTIOUS DISEASE INFORMATION

At this time, we are experiencing a higher risk of possible transmission of an infectious disease in our wider community. It is our priority to protect our children, families, staff, and visitors and minimise all identified risks to ensure a healthy, safe, and happy environment for all. As a new member to our service we welcome you. At this time, it is important to us that we know more about your movements over the previous weeks so we can work with you to determine a suitable starting date.

Have you, or any members of your immediate family/household travelled overseas in the past 30 days? If so, which countries have you visited and which dates?	
Have you, or any members of your immediate family/household been home for more than 14 days since any overseas travel?	
Have you, or any members of your immediate family/household visited a declared "hotspot" in the past 14 days?	
Have you, or any members of your immediate family/household participated in self-isolation? If so, what dates?	
Have you, or any members of your immediate family/household been in contact with a person with a confirmed infectious disease currently deemed a risk in the community (e.g., COVID-19)?	
Have you experienced any of the following symptoms in the last 14 days? - fever, cough, runny nose, shortness of breath, cold or flu-type symptoms?	

Should any of the above apply, the Centre Director will consult with the Approved Provider and other external agencies such as QLD Health to best determine an appropriate start date at the service. Please understand that this precaution is being taken to minimise possible risks at our service.

Centre Director Signature: _____ **Date of enrolment approved?:** _____

YOUR CHILD'S ROUTINE AT HOME

To help with the transition from home to care!

What are your child's food preferences or dietary requirements/restrictions?

What are your child's individual needs and preferences in relation to nappy changing and/or toilet training? Circle all that apply:

- Independently
- Reminded
- Nappies
- Sleep Nappy only

What strategies do you use at home that are effective in managing and promoting positive behaviour for your child?

What are your child's normal sleeping and eating routine at home?

How can we best support you in the transition to care at our service?

Has your child ever attended an early education and care service before?

Details: _____

What are some goals that you would like your child to achieve within the next 12 months?

What would you like for your child to most experience at our service?

Special Events – I give permission for my child to celebrate the following (please circle):

- Birthdays
- Christmas
- Australia Day
- Easter

☐

I give permission for my child to celebrate and learn about service events which may include a variety of cultural and local celebrations (please ask for examples if unsure)

☐

At times children may bring a cake along to celebrate with their friends, I give permission for my child to share this cake.

Are there any religious, cultural, or personal beliefs for your child that we should consider?

PERMISSIONS/AGREEMENTS

Fees and Attendance

- Fees must be always paid one week in advance to secure my child's spot at the service.
- Where a bond or enrolment fee is required to be paid to the service, I will ensure this is paid prior to commencing care.
- I understand and agree to abide by the Fees and Attendance Policy including payment for public holidays, emergency closures out of the centre's control, days my child is absent and any late fees resulting from late collection outside of my booked session times.
- I understand that the service must comply with the Childcare Provider Handbook Priority of Access requirements for the allocation of bookings. I acknowledge that when a child with a higher priority requires care that I may be contacted to change or reduce my days. I understand that I will be provided with 14 days' notice if this occurs.

"Priority of Access - prioritising vacancies

As vacancies in a service arise, providers are asked to prioritise children who are:

- at risk of serious abuse or neglect
- a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment."
- I agree that two weeks' notice in writing is required to cancel or reduce bookings.
- I understand that Child Care Subsidy (CCS) may not be payable for days after my child's last day in attendance. If my child does not attend their last booked day, full fees (without CCS) may be charged to my account for any days absent after their last attended day if the reason for the absence is not approved under Family Assistance Law.
- I understand the importance of signing my child in and out of care and agree to do so on each day of my child's booked attendance. I understand that failure to sign in and out correctly will result in full fees being charged without Child Care Subsidy reductions. I acknowledge that the service may use an electronic system for this and that I must use a back-up paper version in the event of this system not being operational.
- I agree to pay outstanding fees owed to the service and understand that should my account not be paid and is required to be passed to a debt collection agency that charges related to any debt recovery expenses including mercantile agent's fee, court costs and legal fees reasonably incurred by the centre will be added to my outstanding amount.
- In the case of a default, the parent/guardian acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to legal/collection agencies for legal recovery action.
- I understand that in the case of a default on payments for childcare fees, enrolment details may be listed on the National Default Register for a period of six (6) years and 30 days or until paid. This information may be accessed by other providers at the time of enrolment.
- I acknowledge that care may be refused in the case of a default.
- I agree to keep the service updated of any changes or extended absences.

Health / Illness / Medical Conditions

- I understand, that in the event of an emergency where my child has an extreme temperature, a dose of Paracetamol may be administered where authorisation is given verbally by -
 - A parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
 - If a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner, or an emergency service.
- I further understand that if Paracetamol is administered that I must arrange for the collection of my child as per the centre's Medication and Infectious Diseases Policies.
- I agree to keep my child away from the centre when they are unwell or suffering from an infectious disease or condition as per the centre's Infectious Disease Policy.
- I understand that for my child to receive medication whilst at the centre I must complete a medication form for the administration of any medication to my child. This includes prescription and over the counter medications and creams as per the Education and Care Services National Regulations.
- I understand that the health and safety of my child is the main priority at the service and as such information about my child's allergies or serious medication conditions may be on display, including their picture and name. While this information is primarily for the educators at the service, it may be viewed by students, volunteers, visitors, and other families. A condition of enrolment at this service is that information is readily available to ensure your child's safety.

☐

I agree to each of the above points. **Parent/Guardian Signature:**

PERMISSIONS/AGREEMENTS

IN CASE OF AN EMERGENCY:

- While all efforts are taken to prevent illness or injury to your child, we reserve the right to seek and/or provide medical and/or emergency treatment from a registered medical practitioner, hospital or ambulance service for your child if deemed necessary by centre educators. In the event of an emergency every effort will be made to contact parents/guardians and emergency contacts. If we are unable to do this, educators at the centre will contact an ambulance for transport and authorise treatment as deemed necessary by medical staff. The parents/guardians will be responsible for any costs incurred by this treatment/transportation. The parents/guardians must notify the centre in writing of any restrictions regarding medical treatment of the child.
- I authorise educators of the centre to seek and/or provide medical and/or emergency treatment from a registered medical practitioner, hospital or ambulance service for my child including the administration of life saving medication (e.g., EpiPen or Ventolin) should this be considered necessary. I further authorise that the service can seek transportation of my child by an ambulance service. I agree to meet all costs incurred by this treatment and/or transport.
- In accordance with the Education and Care Services National Regulations, parents/guardians must list contacts for the centre to contact if we require consent to medical treatment or administration of medication, and we are unable to reach the parent or guardian of the child.

CCTV on Premises:

- Our service has CCTV installed to monitor children's health and safety as well as provide additional information about incidents, accidents, children's interactions, and behaviour. It can be used to monitor arrivals and departures at the service, deter inappropriate behaviour, and provide security when the service is not operating.
- CCTV cameras at our service are NOT installed in toilets or nappy change areas to respect children's privacy, dignity, and human rights.
- The use, access and storage of CCTV footage is managed carefully. All data collected is securely stored, and only the Nominated Supervisor and Approved Provider have access to the data. The data is only used for the purpose of monitoring children's health and safety.
- I give consent for the service to use CCTV to monitor my child's health and safety.

Photographs and Publicity:

	Yes	No
I give permission for the centre to take and use photographs/video of my child for educational purposes, developmental measurement tools, displays and newsletters.		
I give permission for the centre to take and use photographs/videos of my child for newspaper articles, brochures, our centre website and for other marketing purposes.		
I give permission for the centre to take and use photographs/video of my child on our centre Facebook page or other centre related social media applications.		
I give permission for the centre to take and use photographs/video of myself and my family at special events and post these on our social media applications such as Facebook.		
I give permission for photographs/video of my child to be provided to other families when they are engaged in play with other children (e.g., photos/videos with multiple children playing together).		
I give permission for photographs and videos of my child to be loaded to our educational learning programs for sharing with families.		

Foreign Substances:

- I authorise the educators to apply certain products to my child's skin as necessary to maintain health and hygiene (includes sunscreen and nappy wipes). Please check with the Educators on the current brands being used and notify of any allergic reaction prior to enrolment.
- I authorise educators to apply insect repellent to my child's skin as necessary.
- Please complete the permission to apply non-prescribed creams, lotions, and powders form if you would like to supply your own sunscreen or insect repellent for your child to use.

☐

I agree to each of the above points. **Parent/Guardian Signature:**

PERMISSION TO APPLY NON-PRESCRIBED CREAMS, LOTIONS, OR POWDERS (OWN SUNSCREEN OR INSECT REPELLENT)

This form is only to be used for non-prescribed products bought over the counter that are applied externally to the skin including lotions, creams, and powders. A chemist label with the child's full name MUST be affixed to the sunscreen or insect repellent.

Child's Full Name: _____

Product to be used externally: _____

Reason for use: _____

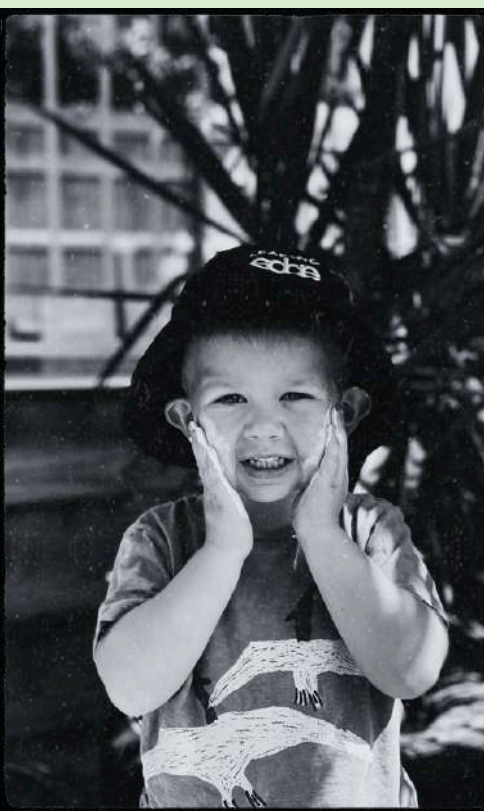
Instructions or details relating to the product including amount to use, when to use, and any application details (please note: "as needed" or "when necessary" does not provide enough information for a child's carer to ascertain when to use. Please provide a description of when and how to apply): _____

I give permission for Educators to apply the supplied cream, lotion, or powder as per the instructions provided above until no longer supplied.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Educators Signature: _____ Date: _____



EMERGENCY EVACUATION PERMISSION FORM

We conduct monthly evacuation and lockdown drills as a service. The children do not leave the premises during these drills. In the event of a real emergency evacuation, the children will be escorted off the premises to the meeting point in the park next to the service. This excursion permission form will be utilised as permission for your child to be escorted off the premises during a real emergency evacuation to safety on any day at any time of the day for the next 12 months. A new form will need to be completed by all families at the beginning of each year.

This form is valid whilst enrolled at the service

Reason for excursion: Emergency Evacuation

Address of destination: Centre carpark (next to shed)

Description of destination: Car park

Method of transport being used (please include vehicle registration and restraints if applicable):

The children will walk to the car park from the centre with the Educators holding onto the evacuation ropes

Phone # for contacting staff whilst on the excursion: 07 4788 8233

There will always be at least one person with full first aid qualifications at all times on the excursion. The number of staff and volunteer adults will be dependent on the number of children participating.

A minimum ratio of 1:4 (for under 2 year olds), 1:5 (for 2-3 year olds), and 1:11 (for over 3 year olds) will be maintained at all times.

Anticipated number of children likely to be attending the excursion:

Up to 75 children (depending on numbers for the day)

Anticipated number of staff and other adults attending:

Up to 22 staff (depending on numbers for the day)

Requirements carried by staff:

Emergency evacuation bags containing first aid kit, mobile phone, contact details of children, medication (including emergency), action plans and forms, sunscreen, waterless hand wash etc.



Parent/guardians to complete:

I _____ (parent/guardians name) give permission for my child
_____ (child's name) to participate in multiple excursions to the locations
listed at any time of the year, on any day, at any time of the day for the purposes of a real emergency
evacuation. I understand any medications that are required to be administered on the day of the excursion
will require a medication form to be completed and given along with the medication, to the nominated
person in charge on the day of the excursion. I understand that a risk assessment and Excursion Policy is
available at the centre.

Parent/guardians signature: _____

Date: _____

Nominated Supervisor signature: _____

Date: _____

**Where the signature is not of the parent/guardian, the enrolment form must be checked to ensure
the person providing permission is authorised to do so.**

BUSH KINDY EXCURSION PERMISSION FORM

This excursion may be conducted on any day at any time of the day throughout the next 12 months as part of the learning program.

This form is valid whilst enrolled at the service

Reason for excursion: Bush Kindy Program

Address of destination: Under the Lychee tree out the front of the centre

Description of destination: Grassed area under Lychee tree

Method of transport being used (please include vehicle registration and restraints if applicable):

The children will walk to the grassed area from the centre with the Educators. The younger children will use the 4 seater prams.

Phone # for contacting staff whilst on the excursion: 07 4788 8233

There will always be at least one person with full first aid qualifications at all times on the excursion. The number of staff and volunteer adults will be dependent on the number of children participating.

A minimum ratio of 1:4 (for under 2 year olds), 1:5 (for 2-3 year olds), and 1:11 (for over 3 year olds) will be maintained at all times.

Anticipated number of children likely to be attending the excursion:

Up to 8 children for Nursery, up to 12 children for Toddlers, up to 15 children for Junior Kindy & up to 22 children for Senior Kindy & Kindergarten

Anticipated number of staff and other adults attending:

1-4 depending on the number of children attending

Requirements carried by staff:

First aid kit, mobile phone, contact details of children, medication (including emergency), action plans, medication forms, sunscreen, waterless hand wash, excursion permission forms, family emergency contacts, water etc.



Parent/guardians to complete:

I _____ (parent/guardians name) give permission for my child
_____ (child's name) to participate in multiple excursions to the locations
listed at any time of the year, on any day, at any time of the day for the purposes of enhancing their learning
and connection to the local community. I understand that my child must have suitable shoes, hat, and
clothing to suit the weather conditions to participate. I understand any medications that are required to be
administered on the day of the excursion will require a medication form to be completed and given along
with the medication, to the nominated person in charge on the day of the excursion.

Parent/guardians signature: _____

Date: _____

Nominated Supervisor signature: _____

Date: _____

**Where the signature is not of the parent/guardian, the enrolment form must be checked to ensure
the person providing permission is authorised to do so.**

ENROLMENT BOOKING FORM

Child's Full Name: _____ D.O.B: _____

Name of parent/guardian entering into this arrangement: _____

CHILD CARE SUBSIDY (CCS)

To the best of your knowledge, please tick which category applies to you and your family. Remember when you calculate hours to include time travelling from the centre to work and return, and any unpaid hours such as an unpaid lunch break during the day. Include all paid and unpaid work, volunteering, working in a family business, training, and study.

Step	Hours of Activity (per fortnight)	Maximum # of hours of subsidy (per fortnight)	✓
	Less than 8 hours (for a family earning over \$65,710)	No eligibility	
	Less than 8 hours (for a family earning up to \$65,710)	24 hours	
1	8 hours to 16 hours	36 hours	
2	More than 16 hours to 48 hours	72 hours	
3	More than 48 hours	100 hours	

Please ensure you accurately reflect these hours with Centrelink or through your MyGov account so that you are eligible to receive the correct hours of CCS.

Please tick below the care arrangements you wish to enter into:

Routine Care	Care that can only occur on the specified days that have been agreed to. There can be no flexibility for changing agreed arrangements with the family.	
Casual Care	Entirely casual under an agreement that does not specify which specific days a child will attend care from week to week.	
Flexible Care	Care under an agreement that allows for some flexibility from week to week surrounding a set of agreed routine days.	

Do you wish to have additional casual days in addition to the below regular days? YES ☐ NO ☐

- If you select "no", then CCS may not be payable for days in addition to the above regular days.
- If you select "yes", then you must also have selected FLEXIBLE CARE in the above section.

Requested attendance to commence from: (insert date) _____

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Session start time					
Session end time					
Total hours of session					
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Session start time					
Session end time					
Total hours of session					

Does your child currently attend another education and care service or family day care provider?

YES ☐ NO ☐ How many hours per fortnight? _____

Please note: your total eligible CCS hours will be shared across any other services used. If you are claiming CCS at another service, your eligibility to CCS hours at our service may be reduced.

Please confirm that you are responsible for the payment of your fees: YES ☐ NO ☐

If someone else is responsible for the payment of your fees, please complete the below:

Name of Person Responsible	Contact Details	Address

As a part of your enrolment at our service, we require you to confirm acceptance of the following items in order to be eligible to receive government funding if available to you. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement (CWA) to enable you to receive CCS where eligible. Please read these items and confirm your acceptance below:

✓	Terms of Enrolment
	I confirm that all details in the enrolment form and this form are correct.
	I confirm I have agreed to days of care with this service and understand the start and end times of the care provided.
	I confirm that care may be provided on a casual or flexible basis where available at my service at my request. To be eligible for CCS on additional days or different days I must request this in writing and may need to "approve" these changes in MyGov
	I confirm I understand the fees associated with the care of my child.
	I understand that any hours used outside of my booked session hours will result in additional fees.
	I understand that these fees may vary from time to time and that I will be provided with at least 14 days' notice of any change in fees.
	Where I am not eligible for government subsidies, do not want to receive government subsidies or have an alternate arrangement (e.g., my employer is paying my child care fees), I will notify the Nominated Supervisor immediately
	I agree that any attendance hours outside of my booked sessions will result in additional hours charged which may or may not be eligible for CCS deductions depending on my eligible hours.
	I understand that I am responsible for the full fee less any subsidies I may be eligible for and I acknowledge that should my eligible subsidies change it will result in a change in the gap fee required to be paid to the service. This may occur where I update my hours of work/study, my income or where Centrelink makes changes. I further acknowledge that I must discuss any changes to my CCS with Centrelink directly.

Full name of enrolling parent/guardian eligible for CCS: _____

Signature: _____ Date of agreement: _____

Nominated Supervisor name: _____ Signature: _____ Date: _____

By signing this form, I acknowledge that I have read, understood, and agree to abide by the information contained in the enrolment form and enrolment agreement. I understand that information gathered throughout this form and other forms will be used by the service in the provision of education and care for my child. Information gathered will be shared with others in the provision of care, which may include, but is not limited to, educators, students, volunteers and regulatory authorities. All care will be taken to store my sensitive information in a confidential manner.

Signed by enrolling parent/guardian		Signed by witness	
Full Name		Full Name	
Date		Date	



OFFICE USE:

✓	Enrolment Items
	Has the enrolment booking form been completed in full?
	Has a copy of the child's immunisation statement from MyGov been provided to the service?
	Have the Bush Kindy and Emergency Evacuation permission forms been completed in full?
	Is there at least one authorised nominee allocated on the form?
	Relevant fees explained and paid including any paperwork associated with automatic payments?
	Are there any allergies or serious illnesses?
	Has information about illness and allergies been passed onto educators and any person responsible for food preparation?
	Where there is a serious illness, have the following forms been completed and provided? <ul style="list-style-type: none">• Action Plan• Medical Risk Minimisation and Communication Plan• Emergency Long-Term Medication Form• Medical Conditions Policy provided to the family
	Are there any restrictions to share with educators in relation to permissions, photos, sunscreen, nappy creams, custody etc.? Have you updated photo permissions on the list in the office?
	Has the enrolment details been entered into Kidsoft with the direct debit form?
	Has information from this form been shared with all educators responsible for education and care of the child, including relevant auxiliary staff?

Changes to medical conditions checked with family every 12 months?

☐ 2025 - initial _____

☐ 2026 - initial _____

☐ 2027 - initial _____

☐ 2028 - initial _____

Bush Kindy & Emergency Evacuation form completed every 12 months?

☐ 2025 - initial _____

☐ 2026 - initial _____

☐ 2027 - initial _____

☐ 2028 - initial _____

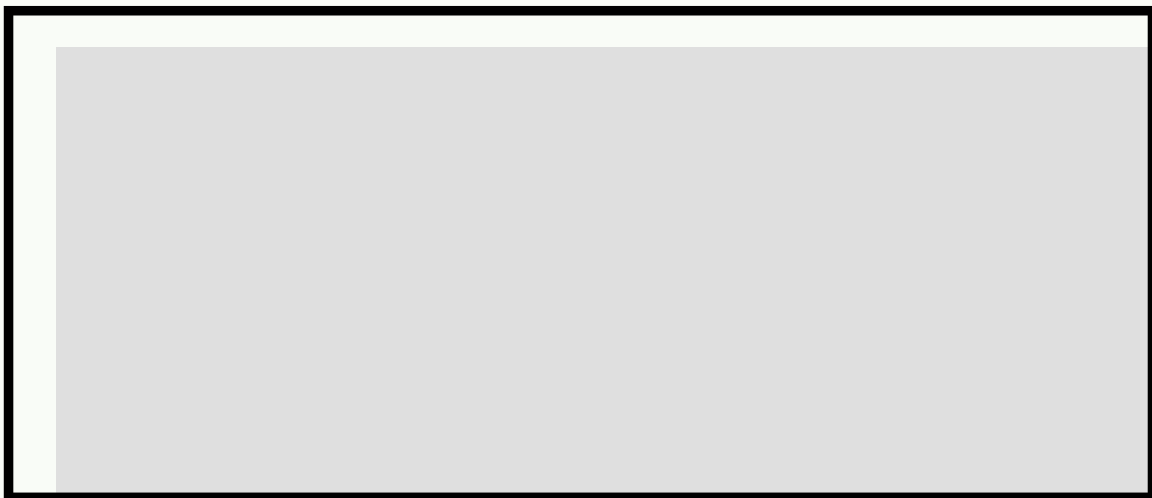
Nominated Supervisor name: _____

Signature: _____

Date: _____

we would love to include your family's voice into our centre philosophy...

“ What values are important to your family?



”

“ What values do you think are important for
a childcare centre to have?



”

Please email a photo of your family through to info@rupertswoodkidsworld.com.au

FAMILY EVALUATION FORM

Please complete this short evaluation form to provide us with feedback on your orientation process and introduction to our service. We will use this information to assist us to improve our processes where applicable.

	YES	NO	COMMENT
Did you feel welcomed into the service when you arrived for your tour?			
Was your tour informative, helpful, and unrushed and were you provided the opportunity to ask questions?			
Were fees, CCS, bond, enrolment fee and payment methods discussed with you?			
Did educators at the service welcome you and your child during your tour, stay and play and/or orientation day?			
Did educators explain their studio routines and where to find relative information to create a smooth drop off and/or pick up?			
Did you and your family feel supported and were your needs met during your tour, stay and play and/or orientation day?			
Was the enrolment pack and parent handbook you received informative and helpful?			

Business:	<input type="text" value="Rupertswood Kids World"/>	ABN/ACN:	<input type="text" value="79 353 712 341"/>
*Surname:	<input type="text"/>	*First Name:	<input type="text"/>
*Mobile Phone:	<input type="text"/>	Customer Reference:	<input type="text"/>
*Email:	<input type="text"/>		
*Address:	<input type="text"/>		

* indicates a mandatory field.

Debit Arrangement / Payment Details

I authorise and request NumeroPro Pty Ltd ATF The Kidsoft Unit Trust (Direct Debit User ID: 424700) to debit payments from my nominated account, as specified below, at intervals and amounts as directed by Fowler Property Investments Pty Ltd in accordance with the Terms and Conditions of this agreement.

Child's Name	Fixed Amount	Fixed	Variable
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee Start Date	Weekly	Fortnightly	Monthly
<input type="text" value="D D - M M - Y Y Y Y"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			4 Weekly
			<input type="checkbox"/>

Debit from Credit Card

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card Number:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Expiry Date:	<input type="text" value="M M - Y Y"/> Card Holder's Name: <input type="text"/>

By Signing this form, I/we authorise **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust**, acting on behalf of the Business, to debit payments from my specified credit card above, and I/we acknowledge that **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** will appear as the business name on my credit card statement. Furthermore, I/we agree to reimburse **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** for any successful claims made by the Card Holder through their financial institution against **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust**

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided NumeroPro Pty Ltd ATF The Kidsoft Unit Trust DDR Service Agreement, and I/we have read and understood the same.

Signature(s) of Nominated Account Holder/Credit Card Holder

<input type="text"/>	Date
	<input type="text" value="D D - M M - Y Y Y Y"/>

Office Use Only	Received Date:	Reference No:	Ver 1.0	COMPLETE USING BLACK INK ONLY
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DIRECT DEBIT REQUEST SERVICE AGREEMENT - CREDIT CARD

The following is your Direct Debit Service Agreement with NumeroPro Pty Ltd ATF The Kidsoft Unit Trust ABN 17 349 353 404. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions

- a) **account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.
- b) **agreement** means this Direct Debit Request Service Agreement between *you* and *us*.
- c) **Business** means the "business" as referred to on the DDR form.
- d) **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- e) **debit day** means the day that payment by *you* to *us* is due.
- f) **debit payment** means a particular transaction where a debit is made.
- g) **direct debit request** means the Direct Debit Request between *us* and *you*.
- h) **us** or **we** means **NumeroPro**, (the Debit User) *you* have authorised by signing a *direct debit request*.
- i) **variable** means the *balance due* as and when the debit arrangement is set to run.
- j) **you** means the customer who signed the *Direct Debit Request*.
- k) **your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

I/We hereby authorise NumeroPro Pty Ltd ATF The Kidsoft Unit Trust ABN 17 349 353 404 (herein referred to as "NumeroPro") to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the "Business").

I/We acknowledge that NumeroPro is acting as a Direct Debit Agent for the Business and that NumeroPro does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business. I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business. I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

Debiting your account

By signing a *Direct Debit Request*, you have authorised *us* to arrange for funds (these amounts may vary upon instructions from the Business) to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this agreement for the terms of the arrangement between *us* and *you*. We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution. I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business. I/We acknowledge that any disputed debit payments will be directed to the Business and/or NumeroPro. If no resolution is forthcoming, I/we agree to contact my/our financial institution. I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable. I/We will also be responsible for any fees and charges applied by my financial institution and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by NumeroPro. I/We authorise NumeroPro to attempt to re-process any unsuccessful payments as advised by the Business. I/We acknowledge that if specified by the Business, a setup, variation, SMS or processing fees may apply as instructed by the Business.

Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days written notice.

Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14) days notification by writing to: PO Box 1298, Broadbeach QLD 4218 or by telephoning *us* on 1800 827 234 during business hours or arranging it through your own financial institution.

DIRECT DEBIT REQUEST SERVICE AGREEMENT - CREDIT CARD

Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*. If there are insufficient clear funds in *your* account to meet a *debit payment*:

- you* may be charged a fee and/or interest by *your financial institution*;
- you* may also incur fees or charges imposed or incurred by *us*; and
- you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your* account by an agreed time so that we can process the *debit payment*.

You should check *your* account statement to verify that the amounts debited from *your* account are correct.

If NumeroPro is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay NumeroPro on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

I/We acknowledge that there may be a delay in processing if:-

- there is a public or bank holiday on the day, or any day after the debit date; or
- a payment request is received by NumeroPro on a day that is not a banking business day; or
- a payment request is received after normal NumeroPro cut off times, being 4:00pm Queensland time, Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

Dispute

If *you* believe that there has been an error in debiting *your* account, *you* should notify *us* directly on 1800 827 234 and confirm that notice in writing with *us* as soon as possible so that we can resolve *your* query more quickly. Alternatively *you* can take it up with *your* financial institution direct. If we conclude as a result of our investigations that *your* account has been incorrectly debited we will respond to *your* query by arranging for *your financial institution* to adjust *your* account (including interest and charges) accordingly. We will also notify *you* in writing of the amount by which *your* account has been adjusted. If we conclude as a result of our investigations that *your* account has not been incorrectly debited we will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

Accounts

You should check:

- with *your financial institution* whether direct debiting is available from *your* account as direct debiting is not available on all accounts offered by financial institutions.
- your* account details which *you* have provided to *us* are correct by checking them against a recent account statement; and
- with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

Confidentiality

We will keep any information (including *your* account details) in *your* *Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information. Further information relating to NumeroPro's Privacy Policy can be found at <https://app.kidsoft.com.au/terms/PrivacyPolicy.pdf>

We will only disclose information that we have about *you*:

- to the extent specifically required by law; or
- for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

Credit Card Payments

I/We acknowledge that "Business" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that NumeroPro will not be held liable for any disputed transactions resulting in the non-supply of goods and/or services and that all disputes will be directed to the Business as NumeroPro is acting as a 3rd party payment provider. I/We acknowledge and agree that in the event that a claim is made, NumeroPro will not be liable for the refund of any funds and agree to reimburse NumeroPro for any successful claims made by the Card Holder through their financial institution against NumeroPro. Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee whichever is greater. I/We authorise:

- NumeroPro to verify details of my/our account with my/our financial institution; and
- My/our financial institution to release information allowing NumeroPro to verify my/our account details.

Business:	<input type="text" value="Fowler Property Investments Pty Ltd"/>	ABN/ACN:	<input type="text" value="63637984064"/>
*Surname:	<input type="text"/>	*First Name:	<input type="text"/>
*Mobile Phone:	<input type="text"/>	Customer Reference:	<input type="text"/>
*Email:	<input type="text"/>		
*Address:	<input type="text"/>		

* Indicates a mandatory field.

Debit Arrangement / Payment Details

I authorise and request **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** (Direct Debit User ID: 424700) to debit payments from my nominated account through the Bulk Electronic Clearing System (BECS), as specified below, at intervals and amounts as directed by Fowler Property Investments Pty Ltd in accordance with the Terms and Conditions of this agreement.

Child's Name	Fixed Amount	Fixed	Variable
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee Start Date	Weekly	Fortnightly	Monthly
<input type="text" value="D D - M M - Y Y Y Y"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			4 Weekly
			<input type="checkbox"/>

Debit from Bank, Building Society or Credit Union Account

Financial Institution:	<input type="text"/>	Branch:	<input type="text"/>
BSB Number:	<input type="text"/>		
Account Number:	<input type="text"/>		
Account Holder Name(s):	<input type="text"/>		

I/We authorise **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** ABN 17 349 353 404 to debit my/our account at the Financial Institution identified above through the Bulk Clearing System (BECS) in accordance with the Payment details stated above and as per the **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** DDR Service Agreement (Ver 3.0) provided.

Failed Transaction Fee: \$4.00

By signing in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** as set out in this Request and in your Direct Debit Request Service Agreement.

Signature(s) of Nominated Account Holder

<input type="text"/>	Date
<input type="text"/>	<input type="text" value="D D - M M - Y Y Y Y"/>
<input type="text"/>	Date
<input type="text"/>	<input type="text" value="D D - M M - Y Y Y Y"/>

Office Use Only	Received Date:	Reference No:	Ver 1.0	COMPLETE USING BLACK INK ONLY
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DIRECT DEBIT REQUEST SERVICE AGREEMENT - DIRECT DEBIT

The following is your Direct Debit Service Agreement with NumeroPro Pty Ltd ATF The Kidsoft Unit Trust APCA ID 424700 ABN 17 349 353 404. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions

- a) **account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.
- b) **agreement** means this Direct Debit Request Service Agreement between you and us.
- c) **Business** means the "business" as referred to on the DDR form.
- d) **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- e) **debit day** means the day that payment by you to us is due.
- f) **debit payment** means a particular transaction where a debit is made.
- g) **direct debit request** means the Direct Debit Request between us and you.
- h) **us or we** means **NumeroPro**, (the Debit User) you have authorised by signing a direct debit request.
- i) **variable** means the balance due as and when the debit arrangement is set to run.
- j) **you** means the customer who signed the Direct Debit Request.
- k) **your financial institution** means the financial institution nominated by you on the DDR at which the account is maintained.
- l) **Sponsor Bank** means the bank sponsoring NumeroPro Pty Ltd ATF The Kidsoft Unit Trust as a debit user in the direct debit system.

I/We hereby authorise NumeroPro Pty Ltd ATF The Kidsoft Unit Trust ABN 17 349 353 404 (herein referred to as "NumeroPro") to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the "Business").

I/We acknowledge that NumeroPro is acting as a Direct Debit Agent for the Business and that NumeroPro does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business. I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business. I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

Debiting your account

You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

Amendments by us

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.

Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by writing to: PO Box 1298, Broadbeach QLD 4218 or by telephoning us on 1800 827 234 during business hours or arranging it through your own financial institution.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

If there are insufficient clear funds in your account to meet a debit payment:

- a) you may be charged a fee and/or interest by your financial institution;
- b) you may also incur fees or charges imposed or incurred by us; and
- c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

You should check your account statement to verify that the amounts debited from your account are correct.

DIRECT DEBIT REQUEST SERVICE AGREEMENT - DIRECT DEBIT

If NumeroPro is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay NumeroPro on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

I/We acknowledge that there may be a delay in processing if:-

- a) there is a public or bank holiday on the day, or any day after the debit date; or
- b) a payment request is received by NumeroPro on a day that is not a banking business day; or
- c) a payment request is received after normal NumeroPro cut off times, being 4:00pm Queensland time, Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

Dispute

If you believe that there has been an error in debiting *your account*, you should notify us directly on 1800 827 234 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct. If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to *your query* by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify you in writing of the amount by which *your account* has been adjusted. If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your query* by providing you with reasons and any evidence for this finding in writing.

Accounts

You should check:

- a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions. *Direct Debit, through BECS, is not available on all accounts.*
- b) *your account details* which you have provided to us are correct by checking them against a recent *account statement*; and
- c) with *your financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request*.

Confidentiality

We will keep any information (including *your account details*) in *your Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. Further information relating to NumeroPro's Privacy Policy can be found at <https://app.kidsoft.com.au/terms/PrivacyPolicy.pdf>

We will only disclose information that we have about you:

- a) to the extent specifically required by law; or
- b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).
- c) if the *Sponsor Bank* requests such information to be provided in the event of a claim or relating to an incorrect or wrongful debit

ENROLMENT CHECKLIST

In the case of a child at risk or special circumstances, enrolment may be accepted at the discretion of the Approved Provider or Nominated Supervisor. Documentation can be provided later where genuine circumstances apply. Note that permissions for authorised collectors, medication, and excursions may only be given by a parent or guardian.

Section 1 – Enrolment Form

Item	✓	Comments/Notes
Enrolling parent CRN on enrolment form		
Child CRN on enrolment form		
Authorised nominees / emergency contacts on enrolment form & parent has signed this page		
Nominated Supervisor has approved enrolment start date and signed bottom of 'temporary infectious disease' section on enrolment form		
Parent/guardian has signed bottom of both 'permissions' pages on enrolment form		
Enrolment booking form completed and signed by parent/guardian and Nominated Supervisor with number of hours, percentage of CCS, and days required by parent/guardian		
Last page of enrolment form signed by parent, witness, and Nominated Supervisor		
'All About Me' form completed and provided to the Educators in child's room		

Section 2 – Child Protection/Custody

Item	✓	Comments/Notes
Court order documents supplied to the service and copy placed in child's file		
Letter from external agency stating kinship or guardianship (foster or emergency care)		
Court order register updated		
Photo of unauthorised person/contact displayed in staff room/office (discretely)		
Court order/child's situation communicated with staff at staff meeting		

Section 3 – Medical Conditions

Item	✓	Comments/Notes
Asthma/allergy plan from doctor displayed in each room, kitchen, staff room, and office		
Medical Risk Minimisation & Communication Plan completed and signed by family and staff		
Emergency Long Term Medication form completed and signed by family and staff		
Medication & Medical Conditions Policies supplied to parent/guardian		
Asthma/allergy information communicated with staff at staff meeting		
Medical Conditions/Intolerances/Allergies register updated and displayed in all rooms, kitchen, office, and staff room		
Permission to apply non-prescribed creams form completed for nappy rash creams or powders and supplied to staff in child's room		
Permission to apply non-prescribed creams form completed for own sunscreen or insect repellent and supplied to staff in child's room		
Changes to medical conditions checked every 12 months with family and updated on enrolment form		2025 - initial _____ 2026 - initial _____ 2027 - initial _____ 2028 - initial _____

Section 4 – Copies required to finalise enrolment

Item	✓	Comments/Notes
Child's birth certificate		
Parents/guardians photo ID		
Medicare card with child listed on it		
Immunisation statement from MyGov (we cannot accept Redbooks)		
Health Care Card (if applicable)		

Section 5 – Permissions

Item	✓	Comments/Notes
Child is permitted to celebrate Christmas		
Child is permitted to celebrate other children's birthdays and allowed birthday cake		
Child is permitted to celebrate Australia Day		
Child is permitted to celebrate Easter		
Child is permitted to learn about service events which may include a variety of cultural and local celebrations		
Staff are permitted to apply the centre's own insect repellent/spray to the child		
Staff are permitted to apply the centre's own sunscreen to the child		
Photos/videos are allowed to be taken of the child for educational purposes, displays, and newsletters		
Photos/videos are allowed to be taken of the child for the newspaper, brochures, the centre website and other marketing purposes		
Photos/videos are allowed to be taken of the child for the centre's social media pages		
Photos/videos of the child's family and guardians are allowed to be taken at special events and posted on the centre's social media pages		
Photos/videos are allowed to be taken of the child and shared with other families when they are engaged in play with other children		
Photos/videos are allowed to be taken of the child and posted on Storypark		
Photo permissions updated on register in office and communicated with staff		
Emergency evacuation permission form completed and signed by both parent/guardian and Nominated Supervisor		<input type="checkbox"/> 2025 <input type="checkbox"/> 2026 <input type="checkbox"/> 2027 <input type="checkbox"/> 2028

Section 6 – Office items to finalise enrolment

Item	✓	Comments/Notes
Child entered in Kidsoft <ul style="list-style-type: none"> • Child's CRN added • Medical information added (if applicable) • Addresses added • Ticked if in Kindergarten program 		
Parents/guardians entered in Kidsoft <ul style="list-style-type: none"> • Enrolling parents CRN added • Phone numbers added • iCheckin enabled • Addresses added • Guardians linked to child 		
Enrolment Added into Kidsoft <ul style="list-style-type: none"> • Must have both child's CRN and enrolling guardian's CRN • Add in session type (routine, flexible, casual) • Add in start date • Set end date of booking pattern to 1/1/2026 		
Direct Debit Form <ul style="list-style-type: none"> • Completed and uploaded into Kidsoft • Payment schedule created • Bank account details/credit card details blacked out with permanent marker once entered (except for last 4 numbers of account/card) 		
Child set up on Storypark and parents / guardians invited		
Welcome Pack Supplied <ul style="list-style-type: none"> • Hat • Shirt • Water bottle 		
Initial Payments <ul style="list-style-type: none"> • Bond paid • Week in advance paid 		
Third Party Arrangement of Fees form completed (if guardian is not paying fees)		
Last page of Parent Handbook signed		
Family Orientation Form completed		

(Add child photo here)

MY NAME IS _____
AND HERE IS A PICTURE OF ME!

MY FAMILIES VALUES, BELIEFS,
CELEBRATIONS ARE:

MY FAMILIES HOPES, GOALS AND
ASPIRATIONS FOR ME ARE:

Some of my favourite things are:

THIS IS A PICTURE OF MY FAMILY

(Add family photo here)