



Kidz Magic - Heathwood

Re-Enrolment Form for 2019

Dear Families,

As we come closer to the end of the year, we need to confirm bookings for next year. We will be contacting the families on the waiting list within the next few weeks, so to prioritise your bookings for your children next year, please complete this form and return to the office as soon as possible. Please note, children that are moving up to the next Group will do so in the week that school re-commences, i.e. Monday 29th January 2019.

Bookings for Next Year

Account Name		Days Required				
		Mon	Tue	Wed	Thu	Fri
Child's Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Holidays during December/January

If your family is taking holidays during December/January, could you please indicate below. If you would like to apply for holiday rates, please read and tick the Terms & Conditions below. Please note that you need to meet all requirements, as per your Enrolment Agreement and Parent Handbook to be eligible for this reduced rate.

Child's Name	Last Day of Attendance	Return Date

Terms & Conditions

2 weeks' notice prior to my Holiday start date has been given	<input type="checkbox"/>
My period of leave is at least 1 week of consecutive bookings	<input type="checkbox"/>
I acknowledge that I am entitled to 2 weeks per calendar year of reduced rates	<input type="checkbox"/>
I confirm that my account will be up to date (no fees owing) prior to our holiday	<input type="checkbox"/>

Termination of Enrolment

If your child no longer needs care in 2019 and you will be terminating their enrolment, please indicate below.

*Please note, a Termination of Enrolment form is required to be completed in conjunction with this form.

Child's Name	Last Date of Attendance	
		NB Under government guidelines, Child Care Subsidy will only be paid up to the last <i>physical</i> day your child attends the service, therefore your child must attend the Centre on their last date of attendance, failing to do this will result in Full Fees being charged for all absences <i>after</i> their last physical day.

Office Use Only

Date information entered in OK		Office Use completed by?	
Re-Enrolment Form for 2019 uploaded to SB - Ticket ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		



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Re-Enrolment Agreement for 2019

Please read the below statements and tick each statement once you have read, understood and agree upon. If you need further information, please see your Centre Manager.	Parent/Guardian acknowledgement
Documentation	
I have read a recent copy of the Parent Handbook	<input type="checkbox"/>
I have read and will adhere to the Parent/Guardian Code of Conduct. I understand that my enrolment may be cancelled without notice if I am non-compliant.	<input type="checkbox"/>
I have read the Behaviour Guidance Policy & Procedure. I understand that my enrolment may be cancelled without notice if I am non-compliant.	<input type="checkbox"/>
I have been informed of and understand the policies and procedures of this service. The Policies & Procedures Manual is located at the Centre which I can access at any time. I agree to abide by and respect all Centre policies on the understanding they have been developed by staff, parents and management for the safety and well-being of all associated with the Centre.	<input type="checkbox"/>
Authorisation	
I give permission for an Educator to give my child an initial dose only of paracetamol in cases where their temperature exceeds normal limits. I understand that Educators will phone me or authorised contacts before paracetamol is administered. If I, or authorised persons cannot be contacted, Educators will contact a registered medical practitioner, hospital or ambulance service for consent. Regulation 93 Section 5B 1,2	<input type="checkbox"/>
I give permission for an Educator to administer Teething relief medication to my child when necessary to alleviate gum irritation.	N/A
I give permission for an Educator to administer nappy cream to my child when necessary to alleviate nappy rash.	N/A
I give permission for an Educator to administer Sunscreen to my child at the required intervals to assist with Sun and Clothing Protection Policy	<input type="checkbox"/>
If, in the case of sudden illness or accident where parents cannot be contacted, I authorise the Approved Provider, Nominated Supervisor and/or Educator to administer First Aid. The Nominated Supervisor, as agent for the parents, shall have discretionary power to provide immediate medical attention and/or seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service (my child may be transported by ambulance). Any such emergency medical, hospital or ambulance service will be at my expense.	<input type="checkbox"/>
I agree to release the Approved Provider from all claims, demands, remedies, suits, loss, liability, and action, proceedings arising from our child's attendance at the Centre except in the case of negligence or criminal activity.	<input type="checkbox"/>



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Please read the below statements and tick each statement once you have read, understood and agree upon. If you need further information, please see your Centre Manager.	Parent/Guardian Initial
Administration	
I am aware that my account must be one week in advance at all times (my fees must be paid up to the end of next week). I agree to pay my fees either weekly or fortnightly according to my preference.	<input type="checkbox"/>
I am aware that fees are payable for all booked days including absences. An absence is when my child is booked in, but does not attend due to an illness, holidays, public holidays or for any reason whatsoever.	<input type="checkbox"/>
I understand that the centre closes sharply at the prescribed time, and any extension beyond that time is very costly owing to Government regulations on staffing requirements. Therefore, a late fee of \$15.00 for each quarter hour, or part thereof, will be charged if my child remains at the centre after closing time.	<input type="checkbox"/>
I understand that if booking into a set session, I must bring my child between the times stipulated. Arriving before or after the session times will incur an additional fee.	<input type="checkbox"/>
I agree to notify the Centre promptly if my child will be absent on their enrolled day.	<input type="checkbox"/>
I agree to notify the Centre Manager immediately of any changes in information that has been recorded about my child including updating contact details.	<input type="checkbox"/>
I agree to keep my child home while he/she is suffering from any infectious or contagious illness, or when he/she is in such poor health as to be unfit for normal day care conditions.	<input type="checkbox"/>
I understand that Account statements will be issued at least every fortnight, and all fee payments are to be made at a time appropriate to keep my account one week in advance.	<input type="checkbox"/>
I understand that I must give two weeks' notice in writing for any Enrolment alterations. If a request to reduce booking is given less than 2 weeks before the start date, I will be charged as per current booking until notice period had passed.	<input type="checkbox"/>
I understand that my child is entitled to a discounted holiday rate of 20% off full fees for a maximum of 2 weeks per calendar year.	<input type="checkbox"/>
I acknowledge that the session fees may change from time to time. I will be notified at least 14 days before the date of change comes into effect.	<input type="checkbox"/>
I understand that I must give two weeks' notice in writing when I wish to Termination my Childs attendance. I understand that my child must attend all booked days during the last two weeks to be entitled to CCS. If my child is absent on the last day of enrolment, I will be charged full fees for this absent and all consecutive absences up to this date. (CCS will be paid up to my Childs last physical day at the Centre.)	<input type="checkbox"/>
I understand that if my fees are not paid, my child's continued enrolment at the Centre cannot be guaranteed and my account may be terminated. My Account, including contact/s details will be forwarded to a Debt Collection Agency. I understand that I am liable for any fees and charges associated with the collection of my debt.	<input type="checkbox"/>



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Please read the below statements and tick each statement once you have read, understood and agree upon. If you need further information, please see your Centre Manager.	Parent/Guardian Initial
Communication/Information	
I am aware that I will be informed of specifics via newsletters, emails and other communication forms.	<input type="checkbox"/>
I agree that it is the responsibility of the Educators and Parents to keep an open line of communication between us during the year.	<input type="checkbox"/>
I have been informed of the goals and the overall program of the centre and I can request information on activities provided, as well observations of my child at any time.	<input type="checkbox"/>
I understand that all parents will be asked to provide feedback in relation to our Centres National Quality Standards (NQS)	<input type="checkbox"/>
I will ensure that my child is accompanied to and from the Centre by a responsible person. My child will be signed in and out each day of attendance, and that an Educator is notified of all arrivals and departures.	<input type="checkbox"/>
I have been informed of and understand the Priority of Access Policy as determined by the Australian Government Department of Education and Training. The Service may require a Priority 3 child to vacate a place to make room for a child in a higher priority group.	<input type="checkbox"/>
To the best of my knowledge I have provided the centre with all written information relating to my child that has been requested.	<input type="checkbox"/>
I understand that my enrolment may be cancelled without notice if I am non-compliant with any of the Centre Policies and Procedures.	<input type="checkbox"/>

Parent/Guardian (Account Holder) Acknowledgment

I agree to the terms and conditions of enrolment at
Kidz Magic

Full Name		Signature		Date	
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