



KIDS KINGDOM LEARNING CENTRE HOPPERS CROSSING

**SERVICE ID: SE-00018126
ENROLMENT FORM**

OFFICE USE ONLY:

Please tick which one of the following applies to this enrolment:

- An arrangement for care has been made
- A certificate or determination has been made for Additional Child Care Subsidy (child wellbeing).

Please tick which one of the following applies to this enrolment

- A Complying Written Arrangement
- A Relevant Arrangement
- Additional Child Care Subsidy (child wellbeing)—provider eligible
- An arrangement with an organisation (third party).

PLEASE READ BEFORE COMPLETING THIS FORM

Are you the parent, guardian or person with parental responsibility for the child as determined by a decision or court order?

- Yes.
- No. Please do not proceed with filling out this form.

INFORMATION ABOUT THE CHILD

Family Name: _____ Given Name/s: _____
Date of Birth: _____ Centrelink CRN: _____
Address: _____
Is the child of Aboriginal or Torres Strait Islander descent? Y N
Is the child know to Child Protection? Y N
Sex: Male Female
Language/s spoken at home: _____
Cultural background (optional): _____
Religious background (optional): _____
Has the child been in care before? Y N Please specify where:
 N

EXPECTED PATTERN OF CARE

- Routine sessions, with possible casual care
- Routine sessions only—casual care is not included

CONFIDENTIALITY STATEMENT: Kids Kingdom Learning Centre will ensure that the information given in this enrolment form is not divulged or communicated directly or indirectly to another person other than to the extent necessary for the care or education or medical treatment of the child; or to a parent or guardian of the child or another person who has lawful authority to require the information; to the secretary or an authorised officer; if 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. Information may also be shared in relation to child protection or those covered under the Information Sharing Scheme act Version last updated 11/11/25



Start date:
Orientation Date:

ROUTINE ATTENDANCE

Please indicate the days and times when your child will be regularly attending the service.

DAY	SESSION START	SESSION END
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

CASUAL ATTENDANCE

If known, please indicate the days and times when you are most likely to book the child for casual sessions.

DAY	SESSION START	SESSION END
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

PARENT CLAIMING CHILD CARE SUBSIDY

Full Name: _____

Centrelink CRN: _____ Percentage: _____ Hours: _____

Date of Birth: _____

Relationship to Child:

Mother Father Legal Guardian Other

Please tick if you hold any of the following:

Commonwealth Health Care Card Pensioner Concession Card Veteran’s Affairs Card

Asylum or Refugee Visa Child Disability Health Care Card

Address:

Same as child’s address. The child lives with me.

Other _____

Contact Details:

Home Phone Number: _____

Work Phone Number: _____

Mobile Number: _____

Email Address: _____

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**Please tick whichever applies:**

The person above is...

- An authorised person to collect the child at the end of the day
- An authorised person to be contacted in case of an accident, injury, trauma or illness to the child
- An authorised person to consent to medical treatment of the child or to authorise the administration of medication to the child
- An authorised person to authorise an educator to take the child outside the education and care service premises

ANY OTHER KNOWN PARENT/GUARDIAN

Full Name: _____

Date of Birth: _____

Relationship to Child:

- Mother Father Legal Guardian Other

Address:

- Same as child's address. The child lives with me.

Other _____

Contact Details:

Home Phone Number: _____

Work Phone Number: _____

Mobile Number: _____

Email Address: _____

Please tick whichever applies:

The person above is...

- An authorised person to collect the child at the end of the day
- An authorised person to be contacted in case of an accident, injury, trauma or illness to the child
- An authorised person to consent to medical treatment of the child or to authorise the administration of medication to the child
- An authorised person to authorise an educator to take the child outside the education and care service premises

OTHER AUTHORISED PERSONS

Do you authorise any other persons besides the parents/guardians listed above to be an authorised nominee to collect the child at the end of the day if you or any other parent or guardian listed above are unable to do so for any reason? Y N

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Please provide details:

Full Name: _____

Relationship to Child: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Number: _____

Email Address: _____

Do you authorise any other persons besides the parents/guardians listed above to be contacted in case of an accident, injury, trauma or illness to the child and yourself or any other parent or guardian listed above cannot be contacted? Y N

Please provide details:

Full Name: _____

Relationship to Child: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Number: _____

Email Address: _____

Do you authorise any other persons besides the parents/guardians listed above to consent to medical treatment of the child or to authorise the administration of medication to the child in case you or any other parent or guardian listed above cannot be contacted? Y N

Please provide details:

Full Name: _____

Relationship to Child: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Number: _____

Email Address: _____

Do you authorise any other person besides the parents/guardians listed above to authorise an educator to take the child outside the education and care service premises? Y N

Please provide details:

Full Name: _____

Relationship to Child: _____



Address:	_____
Home Phone Number:	_____
Work Phone Number:	_____
Mobile Number:	_____
Email Address:	_____

COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No.

Yes. Please present the original copy of the court order to the enrolment staff.

If these orders change the powers of a parent/guardian to: authorise the taking of the child outside Kids Kingdom by a staff member, consent to the medical treatment of the child, request or permit the administration of medication to the child, collect the child and/or give powers to someone else, please describe these changes and provide the contact details of any person giving these powers:

CHILD'S MEDICAL EMERGENCY CONTACTS INFORMATION

Name of Doctor:	_____	Telephone Number:	_____
Name of Medical Service:	_____		
Address:	_____		

Maternal & Child Health Centre:	_____
Telephone Number:	_____

Medicare No. _____	Health Care Card No. _____
Do you have an ambulance cover? <input type="checkbox"/> Y <input type="checkbox"/> N	Ambulance Membership No.: _____
Ambulance Provider: _____	Insurance Membership No.: _____
Do you have private health insurance? <input type="checkbox"/> Y <input type="checkbox"/> N	
Insurance Provider: _____	

CHILD'S IMMUNISATION RECORD

From 1 November 2018, parents of children attending early childhood services are required to provide the service with evidence that their child continues to be up to date with immunisations while attending.

Is your child's immunisation updated?

Yes. Please present your child's Australian Immunisation Register from Medicare (a new one will need to be sent to the centre after each immunisation.

No. Please arrange for your child's immunisation to be updated before proceeding with enrolment.

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OR provide proof of vulnerability or disadvantage, Aboriginal or Torres strait island descent or need for child protection to avail of the 16-week grace period for exceptional circumstances.

HEALTH INFORMATION

Does your child have any allergy, intolerance or sensitivity?

- No
 Yes. Please provide a full list of all food products or allergens that can trigger the allergy, intolerance or insensitivity. _____

Please provide Kids Kingdom with medication or treatment that you use to manage or treat the allergy, intolerance or insensitivity if it occurs. An up-to-date action plan must be supplied to the centre & updated every 12 months if yes is ticked.

Does your child have Anaphylaxis?

- No
 Yes. **IMPORTANT:**
You must provide an Anaphylaxis Management Plan from your General Practitioner.
You must provide an up-to-date Epi-Pen at all times that your child is in the centre.

Does your child have Asthma?

- No
 Yes. **IMPORTANT:**
You must provide an Asthma Management Plan from your General Practitioner.
You must provide an up-to-date asthma medication at all times that your child is in the centre. Action plan must be updated every 12 months.

Does your child have any special medical condition or needs which are relevant for educators to know about? (Eg. Diabetes, Epilepsy, Autism, etc)

- No
 Yes. Please provide details. _____
If this is in regards to a medical condition such as diabetes or eczema, a plan must be provided to the centre prior to your child's commencement and updated every 12 months.

Does your child have a *diagnosed* behavioural or social condition (eg Hyperactivity)

- No
 Yes. Please provide details. _____

**Does your child have any dietary restrictions for cultural or religious reasons?**

- No
 Yes. Please provide a full list of all food products that your child is not allowed to have.

Does your child have any excessive fears that the educators should be aware of?

- No.
 Yes. Please provide details.

Are there any other special circumstances pertaining to your child's physical, emotional, psychological or social health that educators need to be aware of?

- No.
 Yes. Please provide details.

CONSENT FORMS**By ticking 'Yes' to the box/es below, you consent to the statement/s listed.**

The information in this enrolment form is true and correct and I undertake to immediately inform Kids Kingdom Learning Centre in the event of any change to this information Y N

I agree to collect or make arrangements for the collection of the child referred to in this form if he/she becomes unwell at the service. Y N

I consent to the Kids Kingdom learning centre staff seeking or where appropriate, administering emergency medical treatment as reasonably necessary (eg calling for an ambulance, transportation by ambulance to the hospital) and that I will reimburse any necessary expenses incurred by Kids Kingdom Learning Centre.

Y N

I consent to the staff of Kids Kingdom Learning Centre taking my child outside the premises in case of emergency. Y N

I have received a copy of the Kids Kingdom Learning Centre Parent Handbook and understand that it is my responsibility to read and understand all that is stated in it. This is inclusive of the parent code of conduct that is stated in the parent handbook, by ticking yes you agree to follow all behavioural expectations (treating educators with respect etc) Y N

I agree to pay my fees on time by direct debit. I understand that if my fees are two weeks in arrears, my child/ren's position may be cancelled. Y N

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I understand that if I need to change days or cancel care that I need to give Kids Kingdom Learning Centre two weeks notice.

Y N

I understand that I must make arrangements for my child/ren to be picked up if I am not available to pick them up by 6:30pm, or pay the late fee as stated in the Parent Handbook.

Y N

I give permission for Kids Kingdom Learning staff to take photographs of my child/ren for planning and programming purpose.

Y N

I give permission for Kids Kingdom staff to publish photographs of my child for media or marketing purposes (eg newsletter, website, social media, advertising).

Y N

I give permission to the staff of Kids Kingdom Learning Centre to apply SPF 30+ sunscreen on my child/ren.

Y N

I give permission to the staff of Kids Kingdom Learning Centre to check my child/ren's hair in case of suspected head lice.

Y N

I give permission to the staff of Kids Kingdom Learning Centre to apply a Band Aid on my child/ren when needed.

Y N

I give permission to the staff of Kids Kingdom Learning Centre to apply nappy cream on my child/ren when needed.

Y N

I give permission to the staff of Kids Kingdom Learning Centre to apply face paint on my child/ren during different experiences.

Y N

I have been made aware of the CCTV cameras located around Kids Kingdom Learning Centre. Information regarding this has been made available in our parent handbook and I consent to the usage under those terms

Y N

Children's images:

I give permission for images of my child to be taken for StoryPark – these are deleted once posted

Y N

I give permission for images of my child to be taken for display around the service– these are stored on Office Computer – password protected

Y N

I give permission for images of my child to be taken for publicity purposes (social media, brochures etc) – these are stored on Office Computer – password protected

Y N

I have been informed that CCTV is active around the service, this video is only accessible by management, while may be made available to Victoria Police or Department of Education if requested.

Y N

**COMPLYING WRITTEN ARRANGEMENT STATEMENT**

IMPORTANT: Please sign this section no more than 8 weeks from the date when the child is expected to commence care in the centre. If this form is completed and eight weeks or more have lapsed before the child actually commences at the centre, this section must be signed again with the new date indicated.

PARENT/GUARDIAN TO SIGN

I agree that, in compliance with Child Care Subsidy regulations and all relevant laws, all the information contained in this enrolment form, including my name and contact details, the name and date of birth of my child/children, the agreed details of sessions of care to be provided, consents and authorisations I have provided, and details of fees to be charged as listed in the Fees Schedule advertised on the Kids Kingdom Learning Website, as of date of this writing, are correct and puts in effect a Complying Written Arrangement between myself and Kids Kingdom Learning. This arrangement begins as of the date listed below.

Signed: _____

Name of Parent Claiming Child Care Subsidy: _____

Date: _____

SERVICE PROVIDER TO SIGN

I agree that, in compliance with Child Care Subsidy regulations and all relevant laws, all the information contained in this enrolment form, including the name and contact details of the parent listed, the name and date of birth of the child listed, the agreed details of sessions of care to be provided, consents and authorisations that have been provided and details of fees to be charged as listed in the Fees Schedule advertised on the Kids Kingdom Learning Website, as of date of this writing, are correct and puts in effect a Complying Written Arrangement between myself as service provider of Kids Kingdom Learning and the parent listed herein. This arrangement begins as of the date listed below.

Signed: _____

Name of Authorised Person - Kids Kingdom Learning: _____

Date: _____



FUNDED KINDERGARTEN HOURS FORM

Print and complete this section only if child is being enrolled within funded kindergarten hours only.

IMPORTANT: Please complete pages 1 to 9 of this Enrolment Form before completing this section.

Funding for fifteen hours of kindergarten for three-year-old and/or four-year-olds is provided by the Victorian State Government and the Commonwealth Government.

- I wish to access kindergarten for my child within the funded kindergarten hours.
- I understand that I will be invoiced once per term, regardless of absences and holidays that fall on days when funded kindergarten sessions would have been scheduled to run.
- I understand that it is my responsibility to settle the term fee charged on my invoice.
- I understand that the kindergarten program is funded by the government within the advertised hours and that early drop off or late collection will incur a fee.
- I understand that I can access other services being offered by Kids Kingdom Learning Centre such as occasional care, school holiday care, and care outside of the funded kindergarten hours, and that these services will be invoiced separately from the term fee for Funded Kindergarten.

Name of Child: _____

Name of Parent: _____

Signature: _____

Date: _____