

# 2012 ENROLMENT FORMS

## To complete your enrolment form:

- Type your information in to the relevant fields for each section.
- You can use the tab button on your keyboard to navigate your way through the document.
- All dates need to be entered in the following format—10/05/08
- All landline numbers must only have 8 digits (no area codes required)
- Full address details of all contacts are required (street number, name and suburb). If the address is not included, this person will be excluded from collecting your child until you provide this information in writing.
- Signatures can not be completed online. This will be ready for you to sign on your first attendance.
- Click on File and save your document.
- When finished click on the SUBMIT button at the top of this page. Your enrolment form will be emailed to our Operation Support team. We will send you a receipt via email to show we have received your Enrolment form. **(if you do not get a receipt within 24 working hours it has not been submitted successfully)**

Once we have set up your account we will send you:

- A Confirmation of Enrolment letter.
- A Direct Debit Dates Calendar.
- Booking and Cancellation forms.
- Forms or information relevant only at the program your child attends.

Please do not hesitate to contact our Operation Support Team on 3269 0044 for assistance with completing this form.



### OFFICE USE ONLY

ACCOUNT NAME

PRIMARY CENTRE

# SCHEDULE OF OUTSIDE SCHOOL HOURS CARE FEES AND CHARGES

## FULL FEE BEFORE CHILD CARE BENEFIT

Eligible families can receive Childcare Benefit as a reduction of the full fee, and will be entitled to receive 50% of their out of pocket expenses back quarterly from the Commonwealth Government.

To find out what you will pay, call our office on 3269 0044.

## CHILD CARE REBATE

You can choose to have Child Care Rebate (CCR) automatically credited to your Jabiru account. This will reduce your account by the amount of the Child Care Rebate entitlement. Contact Centrelink on 13 61 50 to ask about this option.

Session Type	Full Fee
Before School	\$12.00
After School	\$18.20
Vacation Care	\$45.90

## Additional Fees and Charges

### Absence/ Non Cancellation Charge

*The absence/ non cancellation charge applies for all absences that have not been cancelled in writing 2 full working days prior to the cancelled day.*

### \$40.00 Annual Administration Fee

*This is added to your account upon confirmation of a new enrolment and each year upon renewal of enrolment.*

### Late Fee

*The late fee is charged at **\$1.00 per minute** with a minimum charge of \$10.00 per child for each late collection after 6.00pm.*

### Sun Safe Hat

*Jabiru requires each child who attends our vacation programs to wear a broad brim hat. We provide hats at cost price for children who attend without bringing an appropriate sun safe hat.*

### Corrections to Child Care Benefit Information

*Where the incorrect Customer Reference Numbers has been provided by a parent a charge of **\$40.00** may be applied to make the corrections depending on the time and complexity of required changes.*

For more information see our Communities for Kids Information and Policy Handbook or contact the office on 3269 0044.

# JABIRU ENROLMENT PROCEDURE PART A

## PARENT AND CONTACT DETAILS

All Information is required IN FULL by Regulatory Bodies and Jabiru Community Youth and Children's Services

Please **PRINT IN BLOCK LETTERS** clearly and complete ALL sections

### SECTION 1: Details for Parent/Guardian 1

#### PRIMARY ACCOUNT HOLDER

This is the person who takes responsibility for the account held with Jabiru Kids.

Eg: Mother, Father, Grandmother etc

Relationship to Child/ren	
First Name	
Last Name	
Date of Birth	

#### HOME ADDRESS

Street Name and Number	
Suburb	
Post Code	

#### PHONE NUMBERS

Mobile N°	
Home N°	
Work N°	

#### WORK DETAILS

Street Name and Number	
Suburb	
Post Code	
Occupation	
Employer	

#### Census Information

This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.

Working Arrangements	15hours or more per week	Looking for work
	Studying/Training	Disability or Disabled Care Giver
Parenting Arrangement	Both Parents	Single Mother
	Shared Custody	Both Grandparents
Country of Birth	Single Father	Single Grandparent
Language Spoken at Home		

### SECTION 2: Details for Parent/Guardian 2

Eg: Mother, Father, Grandmother etc

Relationship to Child/ren	
First Name	
Last Name	
Date of Birth	

#### HOME ADDRESS

Street Name and Number	Complete if different to Primary Account Holder
Suburb	
Post Code	

#### PHONE NUMBERS

Mobile N°	
Home N°	
Work N°	

#### WORK DETAILS

Street Name and Number	
Suburb	
Post Code	
Occupation	
Employer	

#### Census Information

This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.

Working Arrangements	15hours or more per week	Looking for work
	Studying/Training	Disability or Disabled Care Giver
Parenting Arrangement	As per Parent/Guardian 1	
Country of Birth		
Language Spoken at Home		

#### EMAIL ADDRESS

*If you provide an email address all correspondence will be sent to you via email*

Email Address	
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### Custody Information

*Details of any court orders, parenting orders or parenting plans provided to Jabiru Kids relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child, and other court orders.*

Person named in court order, parenting plan or other order		Details	I have attached documentation	Yes	No
Person named in court order, parenting plan or other order		Details	I have attached documentation	Yes	No
Person named in court order, parenting plan or other order		Details	I have attached documentation	Yes	No

## Others Authorised to Collect Child/Children

Information is required IN FULL by the Education and Care Service National Regulation 2011  
This information may help you avoid late fees incurred if you are not able to pick up your child by close of business.

### CONTACT 1

<b>Relationship to child/ren</b>	Eg: Neighbour, Aunt, Uncle, Family Friend, Sibling etc
<b>First Name</b>	
<b>Last Name</b>	

To add this person as an emergency contact you MUST provide full address details.

<b>Street Name and Number</b>	
<b>Suburb</b>	
<b>Post Code</b>	
<b>Mobile N°</b>	
<b>Home N°</b>	
<b>Work N°</b>	

#### AUTHORITIES FOR CONTACT 1 INCLUDE

Yes	No	Can drop off and collect child/children
Yes	No	Contact in emergency if you cannot be immediately contacted
Yes	No	Give consent to medical treatment
Yes	No	Authorise administration of medication
Yes	No	Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service

### CONTACT 2

<b>Relationship to child/ren</b>	Eg: Neighbour, Aunt, Uncle, Family Friend, Sibling etc
<b>First Name</b>	
<b>Last Name</b>	

To add this person as an emergency contact you MUST provide full address details.

<b>Street Name and Number</b>	
<b>Suburb</b>	
<b>Post Code</b>	
<b>Mobile N°</b>	
<b>Home N°</b>	
<b>Work N°</b>	

#### AUTHORITIES FOR CONTACT 2 INCLUDE

Yes	No	Can drop off and collect child/children
Yes	No	Contact in emergency if you cannot be immediately contacted
Yes	No	Give consent to medical treatment
Yes	No	Authorise administration of medication
Yes	No	Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service

### CONTACT 3

<b>Relationship to child/ren</b>	Eg: Neighbour, Aunt, Uncle, Family Friend, Sibling etc
<b>First Name</b>	
<b>Last Name</b>	

To add this person as an emergency contact you MUST provide full address details.

<b>Street Name and Number</b>	
<b>Suburb</b>	
<b>Post Code</b>	
<b>Mobile N°</b>	
<b>Home N°</b>	
<b>Work N°</b>	

#### AUTHORITIES FOR CONTACT 3 INCLUDE

Yes	No	Can drop off and collect child/children
Yes	No	Contact in emergency if you cannot be immediately contacted
Yes	No	Give consent to medical treatment
Yes	No	Authorise administration of medication
Yes	No	Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service

### CONTACT 4

<b>Relationship to child/ren</b>	Eg: Neighbour, Aunt, Uncle, Family Friend, Sibling etc
<b>First Name</b>	
<b>Last Name</b>	

To add this person as an emergency contact you MUST provide full address details.

<b>Street Name and Number</b>	
<b>Suburb</b>	
<b>Post Code</b>	
<b>Mobile N°</b>	
<b>Home N°</b>	
<b>Work N°</b>	

#### AUTHORITIES FOR CONTACT 4 INCLUDE

Yes	No	Can drop off and collect child/children
Yes	No	Contact in emergency if you cannot be immediately contacted
Yes	No	Give consent to medical treatment
Yes	No	Authorise administration of medication
Yes	No	Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service

# DIRECT DEBIT AUTHORITY

Credit Cycle and Automatic Electronic Transfer Account  
This **MUST** be completed

## ACCOUNT INFORMATION

To Pay Jabiru Kids Fees for Child/Children Listed Below

Child/ren's First Names	
Child/ren's Last Names	

## DIRECT DEBIT AUTHORITY

Debit User Number 146535

I/We		
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First Name Last Name

authorise Jabiru Community Youth and Children's Services Assoc (Inc), to debit my/our account via the Bank Electronic Clearing System from time to time in accordance with the instructions detailed in the schedule below.

I/we have read and understand the information contained in the Direct Debit Authority Service Agreement (over).

<b>Signature of person authorised to operate bank account</b>	<small>signature</small>	<b>Date:</b>
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## DIRECT DEBIT DETAILS

**Direct Debit Arrangement and Payment Details**

**First date of Direct Debit:**

**Preferred day of Direct Debit:**  Wed  Thur  Fri *To avoid the direct debit you **MUST** pay before the Account Settlement Day.*

**Debit Frequency:**  Weekly  Fortnightly

### OPTION 1: DIRECT DEBIT FROM SAVINGS ACCOUNT

<b>Financial Institution:</b>		<b>Branch:</b>	
<b>BSB Number:</b>	<input style="width: 60px;" type="text"/> - <input style="width: 60px;" type="text"/>		
<b>Account Number:</b>	<input style="width: 250px;" type="text"/>		
<b>Account Holders Name</b>			

(Max 9 Digits)

### OPTION 2: DIRECT DEBIT FROM CREDIT CARD

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
<b>Card Number:</b>	<input style="width: 380px;" type="text"/>	
<b>Expiry Date:</b>	<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>	<b>Verification Number:</b> <input style="width: 100px;" type="text"/>

Last 3 digits on back of card ▲

<b>Account Holders Name</b>	
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## DIRECT DEBIT AUTHORITY SERVICE AGREEMENT

This Direct Debit Authority Service Agreement forms part of the terms and conditions of the Direct Debit Authority and should be read in conjunction with the Direct Debit Authority.

### Direct Debit Authority

Direct Debit Authorities are a convenient payment mechanism and can be arranged for one off payments, ongoing payments, for fixed amounts or amounts that vary from time to time.

The basis on which the Direct Debit Authority will be processed as follows:

### CREDIT WITH ELECTRONIC TRANSFER OPTION

1. On the Enrolment Form, one parent/guardian is identified as the person legally responsible for the payment of fees. Hereafter this person is referred to as the **person responsible**.
2. A condition of opening an account with electronic transfer payment facilities, is that automatic transfers will be made for fees outstanding as at the close of trading on the last trading day of the previous week, usually a Friday. **However you are encouraged to pay your fees at any time.** Jabiru has direct EFTPOS and Credit Card facilities at all programs, we also accept cash and cheques. Fees may also be paid by Credit Card by phoning the Jabiru Office during office hours, or by BPAY.
3. If we change the day of processing or the date on which the amount of your Direct Debit is calculated, we will notify you within 14 days prior to your next direct debit. Scheduled variations to your direct debit days have been listed on the Direct Debits Date Calendar that is available from our website [www.jabiru.org.au/kids/](http://www.jabiru.org.au/kids/), or at your child centre or by contacting the office on 3269 0044.
4. Your billing cycle is either a weekly or fortnightly Monday to Friday billing cycle. A credit cycle always concludes at the close of trading on the last trading day in any week.
5. You may select an Account Settlement Day, which is any day from Wednesday to Friday of the week FOLLOWING your billing cycle.
6. **Any unpaid fees** remaining at your Account Settlement Day, will be automatically debited from your nominated account. These should be debited from your account within 24 hours. **You have until close of trading on the last trading day BEFORE** your Account Settlement Day each week, to finalise your account for the last billing cycle if you wish to avoid the electronic transfer. A calendar clearly indicating your billing cycle and dates on which debits will be made, is included in your Enrolment Confirmation pack or available from the Jabiru office. Accounts paid by BPAY need to be finalised two days prior to your Account Settlement Day to ensure that it has been credited to your account.
7. Because the debit will usually be for a variable amount, you can know the amount in advance by requesting a statement of outstanding fees at any time, but a statement will automatically be generated and available at your Jabiru Kids program each Tuesday or sent to your nominated email address. It is your responsibility to make sure that you pick up your account or call our office to have one faxed or emailed to you.
8. You can request a statement of fees and payments at any time.
9. ***You are reminded that your bank will probably charge a fee if you have insufficient funds in your account to meet your direct debit responsibilities.*** In any instance where we agree that the imposition of additional fees to your account is caused by an error by Jabiru, our liability will be limited to reimbursing the costs of additional bank fees charged to your account and you will be responsible for providing evidence to the satisfaction of our Auditor of those additional fees.
10. If you change your bank account details your new Direct Debit Authority form must reach our Jabiru office by close of business on Monday prior to your next expected direct debit.
11. You may stop or cancel your Direct Debit Authority at any time by providing written notification to the Jabiru office, by close of business on Friday previous to your next expected direct debit. If you do this and continue to use Jabiru services, you will be required to provide another Direct Debit Authority form before use of the service can continue.
12. To dispute any Direct Debit transaction that we have processed you should contact us first on 3269 0044 during office hours.
13. If we fail to resolve any dispute you raise with us and if you wish to make a formal claim you can contact the financial institution that holds your account and lodge with them a Direct Debit Customer Claim form.
14. If your Direct Debit falls due on a public holiday we will process it on your next scheduled direct debit day.
15. We will not disclose any details of your Direct Debit Authority to any person or corporation unless we are required to do so by law.

# CHILD CARE BENEFIT AND CHILD CARE REBATE DETAILS

You may qualify for **Child Care Benefit** if:

- you use approved or registered child care, and
- your child is immunised (or on an immunisation catch up schedule), or is exempt from the immunisation requirements, and
- you are responsible for paying the child care fees for your child.

You may qualify for **Child Care Rebate** if:

- you have used approved child care during the year;
- you are eligible for Child Care Benefit (entitled at a rate of zero or more)\*;
- you have passed the work, training, study test. (talk to Centrelink for more information)

**\*Note:** There is no income test for the Child Care Rebate. If you are eligible for Child Care Benefit, but your Child Care Benefit entitlement is zero due to income, you may still be eligible for the Child Care Rebate.

**Contact Centrelink on 13 61 50 about your eligibility**

## Are you eligible for Childcare Benefit (CCB) and or Child Care Rebate (CCR)

Yes (complete the information below)

No (If you are unsure contact Centrelink on 13 61 50. You will need to complete an CCB and CCR Details form if this changes thought-out the year)

*All Families who wish to receive Child Care Benefit and Child Care Rebate as a fee reduction or an annual lump sum payment MUST provide the information below*

### CHILDCARE BENEFIT INFORMATION: To be completed by the parent/guardian who is claiming childcare benefits for the family.

First Name		Last Name	
Parents Centrelink Reference N <sup>o</sup>		Date of Birth	

*Please ensure you have provided the correct parent's Customer Reference Number (CRN). If you have provided the incorrect CRN a cost of \$40 may be applied to correct this error depending on the time and complexity of required changes*

### CHILD CARE BENEFIT INFORMATION FOR CHILDREN ATTENDING JABIRU

You can choose to have Child Care Rebate (CCR) automatically credited to your Jabiru account. This will reduce your fees by the amount of the Child Care Rebate entitlement. Contact Centrelink on 13 61 50 to ask about this option.

#### Child 1: Details for Childcare Benefit

First Name	
Last Name	
Date of Birth	
Child 1 Centrelink Reference N <sup>o</sup>	

#### Child 3: Details for Childcare Benefit

First Name	
Last Name	
Date of Birth	
Child 3 Centrelink Reference N <sup>o</sup>	

#### Child 2: Details for Childcare Benefit

First Name	
Last Name	
Date of Birth	
Child 2 Centrelink Reference N <sup>o</sup>	

#### Child 4: Details for Childcare Benefit

First Name	
Last Name	
Date of Birth	
Child 4 Centrelink Reference N <sup>o</sup>	

### CHILDREN ATTENDING A REGISTERED CHILD CARE SERVICE OTHER THAN JABIRU

*Having a child attend another registered service at least once in the week your child attends our service, entitles you to a higher level of CCB.*

#### Child 1: Details for Childcare Benefit for child not attending Jabiru

First Name	
Last Name	
Date of Birth	
Gender	Male Female
Child 1 Centrelink Reference N <sup>o</sup>	

#### Child 2: Details for Childcare Benefit for child not attending Jabiru

First Name	
Last Name	
Date of Birth	
Gender	Male Female
Child 2 Centrelink Reference N <sup>o</sup>	

# CONTRACT

By signing this contract :

## ACCEPTANCE OF OFFER

- I accept the offer of Jabiru Community Youth and Children’s Services Assoc. Inc. (hereafter, Jabiru) to provide me with child care, and child care-related, goods and services from time to time for the child or children described in this form;

## ‘PRIMARY ACCOUNT HOLDER’

- I confirm that I am the ‘primary account holder’ as described in *Jabiru Communities for Kids Information and Policy Handbook*;

## CONDITIONS

- I agree that Jabiru will only provide these goods and services according to policies, procedures and information contained in the *Jabiru Communities for Kids Information and Policy Handbook*;
- I agree to pay Jabiru’s prescribed fees and charges as published in the *Jabiru Schedule of Outside School Hours Care Fees and Charges*;
- I agree that it is my responsibility to provide Jabiru with details, signed and in writing, of changes to any information given in this form, and I understand that my failure to maintain these accurate details (particularly for information regarding medical and health matters, and emergency contact details) may cause a serious risk in an emergency, to the safety and/or wellbeing of the child or children whose details appear in this form;
- I authorise Jabiru Kids staff to seek medical treatment for my child/children from a registered medical practitioner, hospital or ambulance service, as well as transportation of my child/children by an ambulance service.

## VARIATIONS TO POLICIES AND PROCEDURES OR SCHEDULE OF FEES AND CHARGES

- I agree that Jabiru may vary its policies and procedures, and its fees and charges, from time to time, and understand that information about such variations will be notified to me;
- I agree that by publishing a current *Communities for Kids Information and Policy Handbook* and *Schedule of Fees and Charges* on its website AND having copies of both of these documents available for me to see at each Jabiru site, AND placing a written notice for at least fourteen days in the Parent Notice area of each Jabiru site advising when changes have been made, Jabiru has met its obligation to notify me of variations referred to in the preceding paragraph;

## TERMINATION

- I agree that either I or Jabiru may, at any time and without providing a reason (except as otherwise specified in the *Communities for Kids Information and Policy Handbook*), terminate this contract by providing a written signed notice of intention to do so, giving the date from which such termination takes effect; except
- I cannot terminate this contract until I have paid all outstanding fees and charges owed to Jabiru by me under this contract.

I agree to the terms and conditions of this contract

Print Name:

Signature:

date: .../.../...

# JABIRU ENROLMENT PROCEDURE PART B

## DETAILS FOR CHILD 1

All Information is required IN FULL by Regulatory Bodies and Jabiru Community Youth and Children's Services

Attendances cannot begin until Enrolment Forms have been confirmed.

<b>First Name</b>				<b>Census Information</b>	This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.				
<b>Last Name</b>				<b>ATSI Descent</b>	Aboriginal not TS Islander TS Islander not Aboriginal Aboriginal and TS Islander Not Aboriginal nor TS Islander				
<b>Preferred Name</b>									
<b>Gender</b>	Female      Male								
<b>School</b>				<b>Language Spoken other than English</b> _____					
<b>Date of Birth</b>			<b>Grade in 2012</b>			<b>Special Considerations</b>	Child at Risk Learning Needs Mobility Needs Other Needs	Disabled Parent Communication Needs Interpersonal Needs	
<b>Country of Birth</b>									
<b>My child may attend the selected programs for Child Care Benefit in the following services for the current year.</b>		Before School      After School Vacation Program		<b>Food and Drink Preferences:</b> (Add further sheets if required)					
		<i>This is not a booking but links your child to Child Care Benefit for selected services when they are used throughout the year.</i>		In addition to health information provided above, please tell us any foods you generally allow your child to refuse, or information about how you manage food issues with your child, that you would like us to understand.					
<b>Child's Address</b>	Is the address the same as Jabiru Account Holder? Yes      No (if no please provide the child's address below)			<b>Cultural/Religious Issues:</b> (Add further sheets if required) Are there any cultural issues that you would like our staff to be aware of, and respect, in dealing with you and your child?					
<b>Street Name and Number</b>									
<b>Suburb</b>			<b>Post Code</b>						
<b>Doctor's Information</b>	This Information is required IN FULL by the Education and Care Service National Regulation 2011								
<b>Doctor's Name</b>									
<b>Doctor's Street Name and Number</b>									
<b>Suburb</b>			<b>Post Code</b>						
<b>Phone N<sup>o</sup></b>									
<b>Medicare N<sup>o</sup></b>									
<b>Immunisation</b>	My child has been fully immunised      Yes      No if no please provide details below.								
<b>Additional Health Information</b>				<b>Behaviour Support</b>					
For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan.				Having read Jabiru's Behaviour Support Principles and Practice in the <i>Communities for Kids Information and Policy Handbook</i> , are there any additional things you would like to tell us about your child, that would help us to support their behaviour in our programs.					
Mild		Moderate		Severe (provide management plan)		<b>Authorisation</b>			
I have attached additional information		Yes		No					
Management Plan sighted by staff: (Print Name)				I give permission for photos or videos to be taken of my child and authorise the use of the photos or videos in promotion of the Jabiru Kids program e.g. newspapers, newsletters, Jabiru website.					
<b>I give permission for Jabiru Kids staff to apply as required</b>		Stingoes:	Yes	No	Band-aids:	Yes	No		
		Sunscreen:	Yes	No		Yes	No		
<b>Is there a court order, parenting plan or other order in place for this child</b>		Yes		No		<b>I certify that the information on this form is true and correct.</b>			

# JABIRU ENROLMENT PROCEDURE PART B

## DETAILS FOR CHILD 2

All Information is required IN FULL by Regulatory Bodies and Jabiru Community Youth and Children's Services

Attendances cannot begin until Enrolment Forms have been confirmed.

<b>First Name</b>				<b>Census Information</b>	This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.			
<b>Last Name</b>				<b>ATSI Descent</b>	Aboriginal not TS Islander TS Islander not Aboriginal Aboriginal and TS Islander Not Aboriginal nor TS Islander			
<b>Preferred Name</b>								
<b>Gender</b>	Female      Male			<b>Language Spoken other than English</b> _____				
<b>School</b>				<b>Special Considerations</b>	Child at Risk      Disabled Parent Learning Needs      Communication Needs Mobility Needs      Interpersonal Needs Other Needs			
<b>Date of Birth</b>			<b>Grade in 2012</b>		<b>Food and Drink Preferences:</b> (Add further sheets if required) In addition to health information provided above, please tell us any foods you generally allow your child to refuse, or information about how you manage food issues with your child, that you would like us to understand.			
<b>Country of Birth</b>				<b>My child may attend the selected programs for Child Care Benefit in the following services for the current year.</b> Before School      After School Vacation Program <i>This is not a booking but links your child to Child Care Benefit for selected services when they are used throughout the year.</i>				
<b>Child's Address</b>	Is the address the same as Jabiru Account Holder? Yes      No (if no please provide the child's address below)			<b>Cultural/Religious Issues:</b> (Add further sheets if required) Are there any cultural issues that you would like our staff to be aware of, and respect, in dealing with you and your child?				
<b>Street Name and Number</b>								
<b>Suburb</b>			<b>Post Code</b>					
<b>Doctor's Information</b>	This Information is required IN FULL by the Education and Care Service National Regulation 2011							
<b>Doctor's Name</b>								
<b>Doctor's Street Name and Number</b>								
<b>Suburb</b>			<b>Post Code</b>					
<b>Phone N<sup>o</sup></b>								
<b>Medicare N<sup>o</sup></b>								
<b>Immunisation</b>	My child has been fully immunised      Yes      No if no please provide details below.							
<b>Additional Health Information</b> For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan.				<b>Behaviour Support</b> Having read Jabiru's Behaviour Support Principles and Practice in the <i>Communities for Kids Information and Policy Handbook</i> , are there any additional things you would like to tell us about your child, that would help us to support their behaviour in our programs.				
Mild      Moderate      Severe (provide management plan)				<b>Authorisation</b> I give permission for photos or videos to be taken of my child and authorise the use of the photos or videos in promotion of the Jabiru Kids program e.g. newspapers, newsletters, Jabiru website. Yes      No				
I have attached additional information      Yes      No								
Management Plan sighted by staff: (Print Name)								
<b>I give permission for Jabiru Kids staff to apply as required</b>		Stingoes:	Yes	No	<b>I certify that the information on this form is true and correct.</b>			
		Band-aids:	Yes	No				
		Sunscreen:	Yes	No				
<b>Is there a court order, parenting plan or other order in place for this child</b>			Yes	No				

# JABIRU ENROLMENT PROCEDURE PART B

## DETAILS FOR CHILD 3

All Information is required IN FULL by Regulatory Bodies and Jabiru Community Youth and Children's Services

Attendances cannot begin until Enrolment Forms have been confirmed.

<b>First Name</b>				<b>Census Information</b>	This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.	
<b>Last Name</b>				<b>ATSI Descent</b>	Aboriginal not TS Islander TS Islander not Aboriginal Aboriginal and TS Islander Not Aboriginal nor TS Islander	
<b>Preferred Name</b>				<b>Language Spoken other than English</b> _____		
<b>Gender</b>	Female      Male			<b>Special Considerations</b>	Child at Risk Learning Needs Mobility Needs Other Needs	Disabled Parent Communication Needs Interpersonal Needs
<b>School</b>				<b>Food and Drink Preferences:</b> (Add further sheets if required) In addition to health information provided above, please tell us any foods you generally allow your child to refuse, or information about how you manage food issues with your child, that you would like us to understand.		
<b>Date of Birth</b>		<b>Grade in 2012</b>		<b>My child may attend the selected programs for Child Care Benefit in the following services for the current year.</b>		
<b>Country of Birth</b>				Before School      After School Vacation Program <i>This is not a booking but links your child to Child Care Benefit for selected services when they are used throughout the year.</i>		
<b>Child's Address</b>	Is the address the same as Jabiru Account Holder? Yes      No (if no please provide the child's address below)					
<b>Street Name and Number</b>						
<b>Suburb</b>		<b>Post Code</b>				
<b>Doctor's Information</b>	This Information is required IN FULL by the Education and Care Service National Regulation 2011			<b>Cultural/Religious Issues:</b> (Add further sheets if required) Are there any cultural issues that you would like our staff to be aware of, and respect, in dealing with you and your child?		
<b>Doctor's Name</b>						
<b>Doctor's Street Name and Number</b>						
<b>Suburb</b>		<b>Post Code</b>				
<b>Phone N°</b>						
<b>Medicare N°</b>						
<b>Immunisation</b>	My child has been fully immunised      Yes      No if no please provide details below.					
<b>Additional Health Information</b>				<b>Behaviour Support</b> Having read Jabiru's Behaviour Support Principles and Practice in the <i>Communities for Kids Information and Policy Handbook</i> , are there any additional things you would like to tell us about your child, that would help us to support their behaviour in our programs.		
For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan.						
Mild      Moderate      Severe (provide management plan)						
I have attached additional information      Yes      No				<b>Authorisation</b> I give permission for photos or videos to be taken of my child and authorise the use of the photos or videos in promotion of the Jabiru Kids program e.g. newspapers, newsletters, Jabiru website. Yes      No		
Management Plan sighted by staff: (Print Name)						
<b>I give permission for Jabiru Kids staff to apply as required</b>	Stingoes:	Yes	No			
	Band-aids:	Yes	No			
	Sunscreen:	Yes	No			
<b>Is there a court order, parenting plan or other order in place for this child</b>		Yes	No			

I certify that the information on this form is true and correct.

# JABIRU ENROLMENT PROCEDURE PART B

## DETAILS FOR CHILD 4

All Information is required IN FULL by Regulatory Bodies and Jabiru Community Youth and Children's Services

Attendances cannot begin until Enrolment Forms have been confirmed.

<b>First Name</b>				<b>Census Information</b>	This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.	
<b>Last Name</b>				<b>ATSI Descent</b>	Aboriginal not TS Islander TS Islander not Aboriginal Aboriginal and TS Islander Not Aboriginal nor TS Islander	
<b>Preferred Name</b>				<b>Language Spoken other than English</b> _____		
<b>Gender</b>	Female		Male	<b>Special Considerations</b>	Child at Risk Learning Needs Mobility Needs Other Needs	Disabled Parent Communication Needs Interpersonal Needs
<b>School</b>				<b>Food and Drink Preferences:</b> (Add further sheets if required) In addition to health information provided above, please tell us any foods you generally allow your child to refuse, or information about how you manage food issues with your child, that you would like us to understand.		
<b>Date of Birth</b>			<b>Grade in 2012</b>			
<b>Country of Birth</b>				<b>My child may attend the selected programs for Child Care Benefit in the following services for the current year.</b> Before School Vacation Program      After School Vacation Program <i>This is not a booking but links your child to Child Care Benefit for selected services when they are used throughout the year.</i>		
<b>Child's Address</b>	Is the address the same as Jabiru Account Holder? Yes      No (if no please provide the child's address below)					
<b>Street Name and Number</b>						
<b>Suburb</b>			<b>Post Code</b>			
<b>Doctor's Information</b>	This Information is required IN FULL by the Education and Care Service National Regulation 2011			<b>Cultural/Religious Issues:</b> (Add further sheets if required) Are there any cultural issues that you would like our staff to be aware of, and respect, in dealing with you and your child?		
<b>Doctor's Name</b>						
<b>Doctor's Street Name and Number</b>						
<b>Suburb</b>			<b>Post Code</b>			
<b>Phone N°</b>						
<b>Medicare N°</b>						
<b>Immunisation</b>	My child has been fully immunised		Yes      No	if no please provide details below.		
<b>Additional Health Information</b> For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan.						
Mild		Moderate	Severe (provide management plan)			
I have attached additional information			Yes	No		
Management Plan sighted by staff: (Print Name)						
<b>I give permission for Jabiru Kids staff to apply as required</b>	Stingoes:	Yes	No			
	Band-aids:	Yes	No			
	Sunscreen:	Yes	No			
<b>Is there a court order, parenting plan or other order in place for this child</b>			Yes	No		
				<b>Authorisation</b> I give permission for photos or videos to be taken of my child and authorise the use of the photos or videos in promotion of the Jabiru Kids program e.g. newspapers, newsletters, Jabiru website. Yes      No		
<b>I certify that the information on this form is true and correct.</b>						



## OFFICE USE ONLY

✓	Tick each one if you have completed <b>all</b> the information for the tab.	Initial ▼
	Number	_____
<input type="checkbox"/>	General Tab	_____
<input type="checkbox"/>	Contacts Tab	_____
<input type="checkbox"/>	Children Tab	_____
<input type="checkbox"/>	Custom Tab	_____
<input type="checkbox"/>	Fee Cycle ? _____	_____
<input type="checkbox"/>	Billing Tab	_____
<input type="checkbox"/>	CCMS Enrol	_____
<input type="checkbox"/>	Registration Fee	_____
<input type="checkbox"/>	Checked by _____	_____
<input type="checkbox"/>	Mailed Confirmation Info	_____
<input type="checkbox"/>	email	
<input type="checkbox"/>	snail mail	

Additional Info:

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is an activity of

**Jabiru Community Youth and Children's Services Assoc. Inc.**

**Central Office**

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