

2012 ENROLMENT FORMS

To complete your enrolment form:

- Every section of the enrolment form **MUST BE** completed.
- 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.
- All sections requiring signatures **MUST BE** signed.
- Once completed return your enrolment form by either post using the reply paid envelope provided, or hand it to the Program Site Manager at the service your child attends.

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.



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 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 have been provided by a parent, a charge of **\$40.00** may be applied to make corrections depending on the time and complexity of the 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

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 Single Father
 Shared Custody Both Grandparents Single Grandparent

Country of Birth

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

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 if you are not able to pick up your child by close of business.

CONTACT 1

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

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

Street Name and Number	
Suburb	
Post Code	
Mobile N^o	
Home N^o	
Work N^o	

AUTHORITIES FOR CONTACT 1 INCLUDE

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can drop off and collect child/children |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contact in emergency if you cannot be immediately contacted |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Give consent to medical treatment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Authorise administration of medication |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service |

CONTACT 2

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

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

Street Name and Number	
Suburb	
Post Code	
Mobile N^o	
Home N^o	
Work N^o	

AUTHORITIES FOR CONTACT 2 INCLUDE

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can drop off and collect child/children |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contact in emergency if you cannot be immediately contacted |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Give consent to medical treatment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Authorise administration of medication |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service |

CONTACT 3

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

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

Street Name and Number	
Suburb	
Post Code	
Mobile N^o	
Home N^o	
Work N^o	

AUTHORITIES FOR CONTACT 3 INCLUDE

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can drop off and collect child/children |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contact in emergency if you cannot be immediately contacted |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Give consent to medical treatment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Authorise administration of medication |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Authorise Jabiru Kids staff to take the child outside the Jabiru Kids service |

CONTACT 4

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

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

Street Name and Number	
Suburb	
Post Code	
Mobile N^o	
Home N^o	
Work N^o	

AUTHORITIES FOR CONTACT 4 INCLUDE

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can drop off and collect child/children |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contact in emergency if you cannot be immediately contacted |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Give consent to medical treatment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Authorise administration of medication |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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/ren's 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).

Signature of person authorised to operate bank account	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <small>signature</small>	Date: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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DIRECT DEBIT DETAILS

Direct Debit Arrangement and Payment Details

First date of Direct Debit:

Preferred day of Direct Debit:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>Wed</small>	<small>Thur</small>	<small>Fri</small>

*To avoid the direct debit you **MUST** pay before the Account Settlement Day.*

Debit Frequency:

<input type="checkbox"/>	<input type="checkbox"/>
<small>Weekly</small>	<small>Fortnightly</small>

OPTION 1: DIRECT DEBIT FROM SAVINGS ACCOUNT

Financial Institution:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Branch:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
BSB Number:	<div style="border: 1px solid black; width: 60px; height: 20px;"></div> - <div style="border: 1px solid black; width: 60px; height: 20px;"></div>		
Account Number:	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>		
	<small>(Max 9 Digits)</small>		
Account Holders Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		

OPTION 2: DIRECT DEBIT FROM CREDIT CARD

	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Card Number:	<div style="border: 1px solid black; width: 380px; height: 20px;"></div>		
Expiry Date:	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Verification Number:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Last 3 digits on back of card

Account Holders Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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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/, 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 through-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 ^o		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 ^o	

Child 3: Details for Childcare Benefit

First Name	
Last Name	
Date of Birth	
Child 3 Centrelink Reference N ^o	

Child 2: Details for Childcare Benefit

First Name	
Last Name	
Date of Birth	
Child 2 Centrelink Reference N ^o	

Child 4: Details for Childcare Benefit

First Name	
Last Name	
Date of Birth	
Child 4 Centrelink Reference N ^o	

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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child 1 Centrelink Reference N ^o	

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

First Name	
Last Name	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2 Centrelink Reference N ^o	

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 thirty 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.

First Name			Census Information	This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.	
Last Name			ATSI Descent	<input type="checkbox"/> Aboriginal not TS Islander <input type="checkbox"/> TS Islander not Aboriginal <input type="checkbox"/> Aboriginal and TS Islander <input type="checkbox"/> Not Aboriginal nor TS Islander	
Preferred Name					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Language Spoken other than English _____		
School			Special Considerations	<input type="checkbox"/> Child at Risk <input type="checkbox"/> Disabled Parent <input type="checkbox"/> Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs	
Date of Birth		Grade in 2012		Food and Drink Preferences: (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.	
Country of Birth			Cultural/Religious Issues: (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?		
My child may attend the selected programs for Child Care Benefit in the following services for the current year.	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Vacation Program		This is not a booking but links your child to Child Care Benefit for selected services when they are used throughout the year.		
	Is the address the same as Jabiru Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no please provide the child's address below)				
Child's Address			Behaviour Support 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.		
Street Name and Number					
Suburb		Post Code			
Doctor's Information	This Information is required IN FULL by the Education and Care Service National Regulation 2011				
Doctor's Name			Authorisation 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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Doctor's Street Name and Number					
Suburb		Post Code			
Phone N^o					
Medicare N^o			THIS SECTION MUST BE SIGNED I certify that the information on this form is true and correct.		
Immunisation	My child has been fully immunised <input type="checkbox"/> Yes <input type="checkbox"/> No if no please provide details below.		Name: (Print)		
Additional Health Information For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (provide management plan)					
I have attached additional information <input type="checkbox"/> Yes <input type="checkbox"/> No			Signature:		
Management Plan sighted by staff : (Print Name)					
I give permission for Jabiru Kids staff to apply as required Stingoes: <input type="checkbox"/> Yes <input type="checkbox"/> No Band-aids: <input type="checkbox"/> Yes <input type="checkbox"/> No Sunscreen: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date: / ... / ...		
Is there a court order, parenting plan or other order in place for this child <input type="checkbox"/> Yes <input type="checkbox"/> No					

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.

First Name			Census Information	This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.	
Last Name			ATSI Descent	<input type="checkbox"/> Aboriginal not TS Islander <input type="checkbox"/> TS Islander not Aboriginal <input type="checkbox"/> Aboriginal and TS Islander <input type="checkbox"/> Not Aboriginal nor TS Islander	
Preferred Name					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Language Spoken other than English _____		
School			Special Considerations	<input type="checkbox"/> Child at Risk <input type="checkbox"/> Disabled Parent <input type="checkbox"/> Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs	
Date of Birth		Grade in 2012		Food and Drink Preferences: (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.	
Country of Birth			Cultural/Religious Issues: (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?		
My child may attend the selected programs for Child Care Benefit in the following services for the current year.	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> 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>		Behaviour Support 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.		
Child's Address	Is the address the same as Jabiru Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no please provide the child's address below)		Authorisation 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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Name and Number			THIS SECTION MUST BE SIGNED		
Suburb		Post Code	I certify that the information on this form is true and correct.		
Doctor's Information	This Information is required IN FULL by the Education and Care Service National Regulation 2011		Name: (Print)		
Doctor's Name			Signature:		
Doctor's Street Name and Number			Date: / ... /		
Suburb		Post Code			
Phone N^o					
Medicare N^o					
Immunisation	My child has been fully immunised <input type="checkbox"/> Yes <input type="checkbox"/> No if no please provide details below.				
Additional Health Information For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan.					
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (provide management plan)					
I have attached additional information <input type="checkbox"/> Yes <input type="checkbox"/> No					
Management Plan sighted by staff: (Print Name)					
I give permission for Jabiru Kids staff to apply as required	Stingoes: <input type="checkbox"/> Yes <input type="checkbox"/> No Band-aids: <input type="checkbox"/> Yes <input type="checkbox"/> No Sunscreen: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a court order, parenting plan or other order in place for this child	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

First Name			Census Information	This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.	
Last Name			ATSI Descent	<input type="checkbox"/> Aboriginal not TS Islander <input type="checkbox"/> TS Islander not Aboriginal <input type="checkbox"/> Aboriginal and TS Islander <input type="checkbox"/> Not Aboriginal nor TS Islander	
Preferred Name				Language Spoken other than English _____	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		Special Considerations	<input type="checkbox"/> Child at Risk <input type="checkbox"/> Disabled Parent <input type="checkbox"/> Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs	
School				Food and Drink Preferences: (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.	
Date of Birth		Grade in 2012	My child may attend the selected programs for Child Care Benefit in the following services for the current year. <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> 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>		
Country of Birth					
Child's Address	Is the address the same as Jabiru Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no please provide the child's address below)		Cultural/Religious Issues: (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?		
Street Name and Number					
Suburb		Post Code			
Doctor's Information	This Information is required IN FULL by the Education and Care Service National Regulation 2011				
Doctor's Name					
Doctor's Street Name and Number					
Suburb		Post Code			
Phone N°					
Medicare N°					
Immunisation	My child has been fully immunised Yes No if no please provide details below.				
Additional Health Information			Authorisation 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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan.					
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (provide management plan)					
I have attached additional information <input type="checkbox"/> Yes <input type="checkbox"/> No					
Management Plan sighted by staff: (Print Name)			THIS SECTION MUST BE SIGNED I certify that the information on this form is true and correct.		
I give permission for Jabiru Kids staff to apply as required	Stingoos: <input type="checkbox"/> Yes <input type="checkbox"/> No Band-aids: <input type="checkbox"/> Yes <input type="checkbox"/> No Sunscreen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: (Print)		
Is there a court order, parenting plan or other order in place for this child	<input type="checkbox"/> Yes <input type="checkbox"/> No		Signature:	Date:/...../.....	

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.

First Name			Census Information	This information is required ONLY for the purposes of our responsibility to comply with the annual Commonwealth Childcare Census.	
Last Name			ATSI Descent	<input type="checkbox"/> Aboriginal not TS Islander <input type="checkbox"/> TS Islander not Aboriginal <input type="checkbox"/> Aboriginal and TS Islander	
Preferred Name				Language Spoken other than English _____	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		Special Considerations	<input type="checkbox"/> Child at Risk <input type="checkbox"/> Disabled Parent <input type="checkbox"/> Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs	
School				Food and Drink Preferences: (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.	
Date of Birth		Grade in 2012			
Country of Birth					
My child may attend the selected programs for Child Care Benefit in the following services for the current year.		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> 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>			
Child's Address	Is the address the same as Jabiru Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no please provide the child's address below)				
Street Name and Number					
Suburb		Post Code			
Doctor's Information	This Information is required IN FULL by the Education and Care Service National Regulation 2011				
Doctor's Name					
Doctor's Street Name and Number					
Suburb		Post Code			
Phone N^o					
Medicare N^o					
Immunisation	My child has been fully immunised <input type="checkbox"/> Yes <input type="checkbox"/> No if no please provide details below.				
Additional Health Information					
For example: food intolerances, illness, allergies, disabilities, severity of symptoms, current management plan.					
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (provide management plan)					
I have attached additional information <input type="checkbox"/> Yes <input type="checkbox"/> No					
Management Plan sighted by staff: (Print Name)					
I give permission for Jabiru Kids staff to apply as required		Stingoes: <input type="checkbox"/> Yes <input type="checkbox"/> No Band-aids: <input type="checkbox"/> Yes <input type="checkbox"/> No Sunscreen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a court order, parenting plan or other order in place for this child		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cultural/Religious Issues: (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?					
Behaviour Support 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.					
Authorisation 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. <input type="checkbox"/> Yes <input type="checkbox"/> No					
THIS SECTION MUST BE SIGNED					
I certify that the information on this form is true and correct.					
Name: (Print)					
Signature:					
Date: / ... /					

OFFICE USE ONLY

✓	Tick each one if you have completed all 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:



is an activity of

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