

Kidz Magic - Capestone

Basic Enrolment Form

Child's Surname											First Name										
DOB	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>										Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female									
Child's CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										Contract Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>									
Child's Address																					
How did you hear about us? (If referred by someone, please give name of the person/business)																					

Account Contact (A/C) Child Care Subsidy Details

Account Contact Full Name																					
A/C CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										A/C DOB	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>									
My subsidy % is											My subsidised hours per fortnight is										

Flexible Care (Routine with Casual Care)

Booking Type

Claiming CCS Complying Written Arrangement	<input type="checkbox"/>	Registered with Centrelink, wanting to claim CCS. Care Agreement needs to be confirmed by parent in MyGov account. Full fees will apply until CCS is granted by Centrelink and parent confirms booking through MyGov account.
Paying Full Fees Relevant Arrangement	<input type="checkbox"/>	Does not wish to claim CCS at all. No confirmation needed in MyGov. Full fees will apply for the period of enrolment.
Paying Full Fees Arrangement with Organisation	<input type="checkbox"/>	Fees being paid by third party (e.g. TAFE Qld, Charity group, Employer) Full fees will apply.

Weekly Sessions

Booked Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Approx. Arrival & Depart Time					

Please discuss with your Centre Manager which option will optimise your subsidised hours.

*Sessions offered are based on subsidised hours. Attendance outside of session hours will incur additional fees. Other conditions may apply.

Office Use Only

Support Base Ticket ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										Entered by?										
*Session Type	<input type="checkbox"/> 6 hours 9:30-3:30pm					<input type="checkbox"/> 9 hours 7:30-4:30pm					<input type="checkbox"/> 10 hours 7:30-5:30pm					<input type="checkbox"/> 12 hours No restrictions					



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Parent/Guardian Contact Details

All listed contacts authorised to collect the child need to provide the Centre with a copy of their photo ID. This is to ensure the safety of your child on their departure from the centre. (Driver's License, 18+ Card or Passport)

If you do not have one of the above listed forms of identification, please provide:

- a) Another form of photo ID (eg. Student ID) and
- b) A government issued document eg. Birth Certificate, Australian Citizenship Certificate, Medicare Card

Account Contact (Parent/Guardian 1)

All statements/invoices/receipts will be addressed to this contact in regards to the account

Name		Attach Photo ID Here C O M P U L S O R Y	
Relation to Child			
Address			
Phone Number			
Mobile Number			
Email Address			
Work Number			
Occupation		Work Address	
Place of Work			
Account Contact (Parent/Guardian 1) can authorise Medical Treatment and/or administration of medication			
Account Contact (Parent/Guardian 1) can authorise an Educator to take the child outside the Premises			

Parent/Guardian 2

Name		Attach Photo ID Here C O M P U L S O R Y	
Relation to Child			
Address			
Phone Number			
Mobile Number			
Email Address			
Work Number			
Occupation		Work Address	
Place of Work			
Parent/Guardian 2 can authorise Medical Treatment and/or administration of medication			
Parent/Guardian 2 can authorise an Educator to take the child outside the Premises			