



KINGSWAY ASC ENROLMENT FORM

Requested start date: _____

OFFICE USE ONLY			
Date Entered		Entered By	
Child's birth certificate COPIED		Photo identification	
Medicare Immunisation history statement		CWA form	
Risk minimisation plan		Medical Conditions added to chart	
GUARDIAN PLEASE CONFIRM BELOW			
Child can go on social media	Y / N	Child CAN be in group Obs only families of service will be able to access this	Y / N

PLEASE ENSURE ALL FELIDS BELOW OF THIS FORM ARE COMPLETED BEFORE RETURNING

CHILD DETAILS

Given Name(s):		Surname:	
Date of Birth		Male / Female	
Child's home address			
Child CRN			

PRIMARY PARENT / GUARDIAN

Primary Parent must also be the registered CRN number holder registered to child CCS

Name:		Surname:	
Relationship to child		Parent CRN	
Address:			
Date of Birth		Contact Number	
Parent working Yes / No	Place of work	Work Number	
Email address			

PARENT / GUARDIAN 2

Name:		Surname:	
Relationship to child			
Address:			
Date of Birth		Contact Number	
Parent working Yes / No	Place of work	Work Number	
Email address			

CUSTODY OF CHILD

Have there been any orders made by any court regarding your child?	YES / NO
If yes please provide details (please also provide any copies of relevant documents) Please note that without this documentation we cannot legally enforce the Order/s.	

MEDICAL INFORMATION

Medical centre name		Doctors name	
Address		Contact number	
Medicare number		Expiry date	Number on card
Please circle if any of the following relate to your child	Asthma ADHD	Developmentally Challenged Hay fever	Sight Impaired Asperger's Global Developmental Delay
Is your child Anaphylactic?	YES / NO		
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?	Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy, or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan When the Plan should be reviewed.		
Does your child have allergies or intolerances?	YES / NO	Please provide details	
Food requirements	Vegetarian YES / NO Egg YES / NO Cheese YES / NO Cows milk YES / NO Other Requirements		
Do you authorise the Responsible Person or other educator to transport the child in an ambulance in the event of an emergency and agree to pay any expenses incurred for medical treatment and transportation?	Yes/No	Signature:	
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Responsible Person or other First Aid qualified educators may administer emergency first aid without making contact Educators will notify the child's parents and/or emergency services as soon as possible.	Yes/No	Signature:	

CHILD ILLNESS

Excluding a child due to illness is sometimes difficult as it can put pressure on parents if they have other commitments, however we have a duty of care to all other children and staff. Our centre has a policy that when a child has been prescribed antibiotics, they **MUST** be administered for 24 hrs before they can return to care.

PERSONS TO BE CONTACTED IN AN EMERGENCY

(OTHER THAN PARENT OR GUARDIAN)

Name		Contact number		MALE / FEMALE
Relationship				
Name		Contact number		MALE / FEMALE
Relationship				

AUTHORISED PERSONS TO COLLECT CHILD FROM SERVICE

(OTHER THAN PARENT OR GUARDIAN)

Full name		Contact Number		Relation	
Full name		Contact Number		Relation	
Full name		Contact Number		Relation	
Full name		Contact Number		Relation	

COLLECTION OF CHILDREN NOTICE

In the case of failure to pick up your child by centre closing time parents/guardians and emergency contacts will be contacted.

Failure to contact either parents/guardians or emergency contacts the centre educators will contact the relevant authorities.

Please note we have a license for the operating hours at our service. We open at 7am and close at 6pm. We cannot have children on the premises before or after our open and close times. A charge of \$1 per minute will be made for any child left after pick-up time. If you are late for a 3rd time, you will be charged \$5 per minute until your child is collected. These fees will be added to your account.

CULTURAL INFORMATION (Optional)

Are you Aboriginal or Torres Strait Islander Descent? Yes / No

Childs country of birth _____

DAYS OF CARE REQUIRED

Please select which type of care you are seeking;

- Flexible with option of additional casual care (any change of booked days need to be put into writing to the service following the service policy)
- Routine - Care that can only occur on the specified days that have been agreed to, there is no flexibility for changing this type of care
- Casual only (all casual bookings must be put through writing to the service)

If you require routine / flexible care, please tick which days are required

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BSC				
ASC				
CHILDS CLASSROOM NAME/NUMBER:				
Should your child required fortnightly care please state the date and rotation in the appropriate box				

All service fee structures including sessional care are available on the service website.

CHILDCARE SUBSIDY

We process Child Care Subsidy enrolments a week before your enrolment start date. This can often take time to process through Centrelink. If it is not processed before payment is due, you will be required to pay full fees until it is processed. Please speak to the office for more information about this.

PAYMENT

We have 2 options of payments, please fill in the option you would like to use. A payment option must be selected before returning enrolment forms. Fees are 1 week in advance and are taken a week before enrolment start date. All information is kept in a secure location.

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Have SPF30+ or SPF50+ sunscreen applied prior to sun exposure, or provide own (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have staff apply Insect Repellent	YES	NO
For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in GROUP Learning Stories, and to be shared with other families that attend the Service through Storypark or our educational platform	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media (Facebook and Instagram) and other internet purposes, such as advertisement and used in organisation's resources	YES	NO

TERMS AND CONDITIONS

Please read and sign to confirm you have read and agree to each point

1. I agree to inform the service in writing immediately of any changes to the information within my child/ren's enrolment.
2. I agree to pay the service \$30 enrolment fee prior to my child starting and am aware that this is non-refundable.
3. I have read the Parent Handbook and am familiar with the Service's Policy Manual at the sign in desk. I agree to follow, support, and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or the email
4. Fees for all bookings at the service are due 1 weeks in ADVANCE. I agree to keep my fees up-to-date and understand that my child/ren's position at the service will be in jeopardy if my fees are not kept up to date. If I do not meet the requirements and I am overdue, I agree to pay any expenses, cost etc. incurred by recovering or attempting to recover any outstanding monies and fees. If fees are overdue a \$10 account fee will be added for every week it occurs. If accounts are not paid as required, legal proceedings will begin with any court/legal costs being paid by the account holder.
5. All parties understand that the fee structure of our service is variable and will be changed at management's discretion and current fees can be obtained by referring to the service website.
6. All parties understand that bookings may change, families must put these changes in writing to the office as you're complying with written arrangement (CWA).
7. Both parents / guardians on the enrolment form are responsible of the account of the child enrolled at the service.
8. All permanent bookings are on a continuous and regular basis unless otherwise stated.
9. All causal bookings must be notified in writing.
10. Casual bookings cannot be cancelled unless 7 days' notice is given. Casual bookings cannot be canceled within the same week of booking.
11. I agree to give two weeks written notice to withdraw my child/ren or reduce booked days. I understand that I will still be charged attendance fees for the TWO weeks from the date given.
12. My child must be personally handed over to a staff member and signed in on arrival and must be signed out and a staff member notified before my child can leave the center.
13. My child must be collected from the center by 6:30pm closing time. A late fee of \$1.00 per minute will be charged every 1 minute after closing if my child has not been collected. I understand that I need to notify the center if I am going to be late. If you are late for a 3rd time a higher fee of \$5 per minute will be charged.
14. I understand all the days booked are paid for. Fees are payable for sick and non-attendance days including public holidays to ensure your child's place.
15. Additional excursion costs are to be debited to your account.
16. My child will not be accepted into the center with any illness which may be transferred to others.
17. I understand that my child will need to have been on anti-biotics for a minimum 24hrs before returning to care.
18. I understand there is a waiting period of 24 hours for immunisations and any form of injection before my child may return to the service.

19. I hereby give permission for Kingsway ASC to administer liquid Panadol/ Nurofen or a Panadol tablet for the temporary relief of pain or fever. Dosage shall be in accordance with instructions printed on the relevant bottle used. I understand the centre will make every effort to contact parents or guardians before administering the medication and I will sign the necessary authority form. If a parent, guardian, or emergency contact are uncontactable, Panadol will be administered.
20. I understand that my child will not be allowed to leave the service with a minor or anyone not on the enrolment form unless prior written notice is given (email or SMS). They must bring photo ID upon arrival.
21. I give permission for prescribed medication to be administered by a qualified educator, upon my authorization on a medication form provided by the service. I understand that if the details are not filled incorrectly or do not match the medication bottle medication will not be given.
22. Should my child's behavior put staff, children, or property at risk, we will make other arrangements for the care of our child and remove them from the centre at the request of the Director.
23. These conditions of enrolment may change but I understand that I will be notified of any changes if my child is enrolled at the centre.
24. I give permission for my child to participate in our emergency drills, children will be under the supervision of staff and may exit the premises during the drill.
25. I give permission for the Responsible Person to sign my child in and out
26. I understand that my child must attend the first and last day of their booking with the service. If they do not attend these days, and any absences before or after Child Care Subsidy will be removed from these days and full fees will be required to be paid.
27. I give my child consent to access all areas of Kingsway Christian College, oval, gymnasium and it's play spaces.

Signed: _____ Name: _____ Date: ___ / ___ / ____

MY CHILD INFORMATION

Please take the time to fill in this form so that our educators have a better understanding as to where your child is currently at, what they have experienced and experiencing in their lives. This information helps guide our educators in the development of your child's learning and well being. please note this information is strictly confidential to the educators directly in contact with your child.

CHILD NAME: _____ D.O.B: _____ AGE: _____

Has your Child attended an education and care service previously? Yes/NO
does your child have any special needs or disabilities we should be aware of to support them during our care? Yes/No/examples

Does your child have any allergies or food intolerances? Yes/No

CHILD WELLBEING

ON A SCALE OF 1-5 (1 BEING NOT VERY WELL, 5 VERY WELL)

Dealing/coping with conflict 1 2 3 4 5

Changes to their routine 1 2 3 4 5

how well they regulate their emotions 1 2 3 4 5

Typically, does your child demonstrate behaviours that can be described as...

CIRCLE AS MANY AS YOU NEED

CONFIDENT REQUIRES REASSURANCE HAPPY QUIET SHY SECURE

BORES EASILY OUTGOING TIMID CUDDLY LOUD QUIET LOUD CHILLED

NERVOUS FIERY FRUSTRATED TIMID AGGRESSIVE ANXIOUS RELAXED

BOTTLES UP EMOTION DIFFICULTY EXPRESSING NEEDS PREFERS TO PLAY INDEPENDENTLY

CULTURAL

If Any, Does Your Family Practice Any Religion/Faith? _____

Does Your Child Speak Another Language, If Yes Please List _____

Family Background: _____

Any Words That Would Be Helpful For The Educators? _____

Do You Celebrate Any Special Occassions, Events? _____

Who Lives At Home With The Child Attending Our Care le Aunty, Siblings, Foster:

Are There Any Special Skills Or Talents That A Family Member Has That They Could Contribute To Our Center. E.G. Police Officer, Dental Nurse, Local Football Coach, Face Painting? Yes/No

CHILD/SERVICE INPUT

What are your child's likes and Dislikes?

What would you like to see in your child's learning and development at our service?

Any other input you would like to give to better improve our education we provide and your child/s time with us?

We are continually committed to improving the early childhood experience for you and your child/children. to do this properly we need to know how you feel and then respond swiftly to your suggestions.

A RATING OF '1' MEANING NEEDS IMPROVEMENT AND A RATING OF '5' MEANING OUTSTANDING.

Relevance of information provided in the orientation package:	1	2	3	4	5
Relevance of information provided verbally	1	2	3	4	5
Staff friendliness:	1	2	3	4	5

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

Were you given the opportunity to ask questions? y / n

Did the service feel welcoming? y / n

Were you thoroughly shown the whole service/rooms? y / n

Were you provided with enough information prior to orientation? y / n

Was there adequate time made for you and your child for orientation? y / n

Were you given an opportunity to ask questions?	y / n
Were your answers adequately answered?	y / n
Were you shown the location of the program and day journal?	y / n
Given adequate suggestions on settling your child	y / n
Were you provided with an information book/parent handbook?	y / n
Did you find the information in the book useful?	y / n
Overall rating of the orientation experience	1 2 3 4 5

Do you have any suggestions on how we can improve your experience with our service?

KINGSWAY ASC FAMILY HANDBOOK

2026



WELCOME!

Kingsway ASC welcomes you and your family.

Our OSHC is designed to create an environment of trust, where your children can grow emotionally, intellectually, socially, and physically. We are proud of our ability to provide quality care and education for the children at our service and look forward to a fulfilling and enjoyable association with your family.

Our goals as a service are.

- To promote a healthy and positive self-image in every child
- To develop in each child a healthy respect and attitude towards others, regardless of their race, culture, sex, and belief
- To encourage educator participation, suggestions, interactions, and ideas in all areas
- To provide happy and caring staff that work as a team.
- To provide a program that meets both individual and group needs and is based on the service's philosophy, goals, regular observations, and child / family / educator input.
- To develop positive social and emotional development through various experiences and activities which are tailored to meet both individual and group's needs.
- To provide a program that includes music, literature, cognitive, fine motor, gross motor, and all other domains of learning.
- To provide a calm, pleasant hygienic environment which is aesthetically pleasing to the children, parents, and educators.

OUR PHILOSOPHY

We acknowledge the Wadjak people of the Noongar nation as traditional owners of the land where Kingsway Christian College and Kingsway ASC stands. We would like to pay respect to the elder's past, present and emerging. We pay respect to the deep knowledge embedded within the Aboriginal and Torres Strait Islander communities and their ownership of country.

At Kingsway ASC we have a dedicated approach to continuous improvement by embedding our service practices, using critical reflection and through meaningful engagement with families and the community.

We believe in continuously reflecting and enacting the guiding principles of the National Law, which are laid out within our statement of practice, daily practices and procedures.

Please see the complete service philosophy on our display board within our service.

SERVICE INFORMATION

Our service is licensed for 39 children.

We are open from 7am to 6pm Monday to Friday for fifty-two weeks of the year excluding public holidays. Offering quality care for children from Kindy to 12 years old.

MANAGEMENT STRUCTURE AND STAFFING ARRANGEMENTS

Owner / Nominated Supervisor –Ann Marie Chemello

- Responsible for the overall running of the service

Director / Nominated Supervisor - See staff photo wall.

- Responsible for admin and day-to-day running of the service.

Educational Leader/ECT – Please see management structure.

- Implements and guides educators

Service Programming Manager – See staff photo wall.

- Implement the educational program of the room and assists Director in day-to-day running's of service

Qualified Educators – See staff photo wall.

- Our qualified educators have a diploma degree or ACECQA equivalent qualification in Early Childhood and support the implementation of the educational program.

Educator Assistants – See staff photo wall.

- Educators support the qualified educators in caring for the children and support the implementation of the educational program.

Trainee Educators – See staff photo wall.

- Educators training in the service studying towards a Certificate 3 or Diploma in Early Childhood.

When permanent staff are absent, relief staff are employed to look after your children. We believe continuity of care is important for children, therefore. Every endeavor is made to use a regular pool of relief staff so that the children are familiar with them.

LEARNING AND PROGRAMS

My time our Place framework builds on the Early years learning framework and extends principles, practice and outcomes to accommodate the contexts and age range of the children and young people who attend school care settings.

The Framework ensures that children in school age care have opportunities to engage in leisure and play-based experiences which contribute fully to their ongoing development.

· Belonging is the basis for living a fulfilling life. Children feel they *belong* because of the relationships they have with their family, community, culture and place.

- Being is about living here and now. Childhood is a special time in life and children need time to just 'be'—time to play, try new things and have fun.

- Becoming is about the learning and development that young children experience.

Children start to form their sense of identity from an early age, which shapes the type of adult they will become.

We plan holistic programs that are responsive to children's lives, interests and learning styles. Which promotes children's physical, personal, social, emotional and spiritual wellbeing as well as the cognitive aspects of learning.

(Holistic Programs are concerned with the growth of every child's intellectual, emotional, social, physical, artistic, creative and spiritual potentials. It actively engages children in the teaching/learning process and encourages personal and collective responsibility. Its aims are to nurture healthy, whole, curious people who can learn whatever they need to know in any new context.)

We empower children to take charge of their learning by offering choices in experiences, interests, and routines. We use conversations, actions, and play as foundational teaching methods, treating children as collaborative partners who contribute ideas, opinions, thoughts, and questions.

Our service utilises a paper based program as well as a digital platform to document and share children's learning and development. Dependent on the requests and requirements of the service at that current time. Our educators observe children throughout the day, using these insights for forward planning. They compile this information to tailor an 'Educational Program' for both individual children and groups.

We value family involvement in our service and encourage all families to participate actively in their child's educational journey. We warmly welcome all suggestions and contributions.

ENROLMENT

Families are required to complete the enrolment form prior to us caring for your child. All sections of the enrolment form must be completed for the service to provide high quality care and education to your child. We ask parents to amend any details when necessary.

Prior to enrolment, we encourage all families to bring their children to meet our educators and fellow school students so that they can familiarise themselves where they will be during their time with us to become familiar with their new surroundings.

At Kingsway ASC, we have an open-door policy where all families are welcome to visit at any time. We also encourage all families to give as much input into our service policies, procedures, practices, and educational program.

If any family member has any special talent, whether it be a musical talent, cooking talent or just enjoy reading stories, we would love for you to share them with us!

We have regular special days throughout the year, some include parent evenings, grandparent days and a special Christmas party at the end of the year.

It is vital that the service is notified of all Court Orders affecting the children within our service and a copy provided.

Without a Court Order we cannot stop a parent collecting a child.

FEES FOR 2025

BSC: \$35 ASC: \$45 VAC CARE: \$100

KINDY BSC: \$37 KINDY ASC: \$47 KINDY VAC CARE: \$110

All pick ups from the Landsdale Farm incur an additional \$5 charge

per session, before Child Care Subsidy (CCS) has been applied.

Please note that BSC/ASC casual bookings incur an additional \$5 and Vacation care \$8. Please note some excursions incur an additional fee. This will be on Vacation form. Some Vacation care days will incur an additional fee, this will be highlighted on the vacation care form.

Families are required to complete the online Child Care Subsidy assessment via [MyGov](#) website prior to starting at the Service. This will determine your eligibility and level of Child Care Subsidy entitlement.

On enrolment we will need the CRN of the person linked with the child, as long with the child's CRN so we can confirm register attendance and ensure that you are receiving the appropriate subsidy.

All bookings are to be made in writing. No booking is confirmed without written correspondence.

PAYMENT

We offer 2 payment methods at our service, deducted from your designated bank account or debit / credit card. Fees are taken the week prior to enrolment, should CCS not process before this, full fees are to be paid until it is.

Fees at our service are to be paid at least 2 weeks in advance and a non- refundable enrolment fee of \$30 is required on booking.

All accounts are charged weekly or under certain circumstances fortnightly when arranged with the Director. Full fees are charged for public holidays and sick days. If your child is absent without notification and your fees are outstanding, the centre reserves the right to allocate your child's placement to another child. When fees are paid to date, the enrolment will stand until that paid period ends. If your fees are not paid, this will result in your enrolment being ceased with the service.

- A \$10 late charge will be added to your account if your account declines.
- 2 weeks' written notice is required when ceasing care or decreasing days
- Due to CCS requirements, we **do not** accept cash payments.

CHILD CARE SUBSIDY

Child Care Subsidy is a means-tested subsidy paid directly to the Service as a fee reduction. There are 3 factors that will determine a family's level of Child Care Subsidy, which include:

1. Combined Family Income
2. Activity Test for both parents
3. Service Type

Transitioning to Child Care Subsidy requires families to provide information and confirm current details by using your Centrelink online account through [MyGov](#). Here you will be asked to provide your combined family income estimate for the financial year, hours of recognised activity including work, training, study and volunteering and the type of childcare your family uses.

Should your CCS drop out or display incorrect % or hourly entitlements, the service cannot alter these, and you will need to contact Centrelink directly to rectify.

ALLOWABLE ABSENCES

Your childcare subsidy will be paid for absences for up to 42 days per child per financial year. The parent gap fee is still payable. Additional absences beyond 42 days for certain reasons may be approved and paid. Please talk to us about the additional absences.

Public holidays will be counted as an absence if the child would normally have attended the Service on that weekday, and fees have been charged for that day for the child.

PRIORITY OF ACCESS

The Australian Government has priority of Access Guidelines for allocating placements when demands exceeds supply. The three levels of priority which our service follows when filling vacant places is as follows;

1. A child at risk of serious abuse or neglect
2. A child of a single parent who satisfies the work / training / study test under section 14 of the A New Tax system (Family Assistance) Act 1999
3. Any other child

Priority shall be given to the following children.

- Children in Aboriginal or Torres Strait Islander Families
- Children in families which include a disabled person.
- Children in families with a low income
- Children in families from culturally and linguistically diverse backgrounds.
- Children in socially isolated families.
- Children of single parents.

ARRIVALS AND DEPARTURES

Our service has a license and insurance between the hours of 7am and 6PM. This means children cannot be on the premises outside of these hours.

We ask that children are brought and collected from the service at the booked times. When changes occur, please contact the Director. This will enable us to make sure the staffing is within the correct ratios.

All children must be signed in and out every day of attendance. Please make sure you advise an educator of your arrival and departure every day.

Our service has a late-free policy as follows.

- A charge of \$1 per minute will be made for any child left after 6pm
- Should late pickups become reoccurring, after 3 late pickups families will be charged \$5 per minute until pick up.

The service will contact families if children are still on the premises after 6PM. Failure in contacting the service will contact emergency numbers on enrolment forms. If no response the service will contact Crisis Care or the local Police department.

ILLNESS

We are sure families would appreciate our concern for protecting the health of all children attending the service. The Director reserves the right to send home or refuse attendance to any child who is considered not well enough to attend, or whose illness may affect the health of other children. For the protection of well children and educators, sick children are asked to be excluded from care until the infectious period is over and the child is well enough to attend.

Our service has a 24-hour exclusion period after medication has commenced or injections. This means children cannot return to the service for 24hrs after they have started antibiotics, have had immunisations or flu injections.

As a protection for all children and educators the service follows strict illness exclusion guidelines. For more information on this please refer to the service Incident, Injury, Trauma, and Illness policy.

IMMUNISATION

From 22 July 2019, children who are not vaccinated due to family choice can no longer be enrolled in care. You must provide a copy of your child's immunisation history from your mygov account. We cannot begin the enrolment process until this is provided.

MEDICATION

All medication is to be handed to the Senior Educator and not left in your child's bag.

All educators have been advised that unless there is an "Authority to Administer Medication" form completed by the parent, medication will not be given to any child. Parents may give authority for children to self-administer medication.

ALLERGIES / MEDICAL CONDITIONS

If your child has any allergies or medical conditions, we cannot stress this enough to please make these clear to the Director upon enrolment. The health and safety of all children within the service is of the utmost importance to us. Please include all relevant information on these conditions. By law, our service requires all children with allergies or medical conditions to have a 'Risk Minimisation and action Plan' and any relevant Action Plan's your child has been given by your Doctor. Please discuss this with the Director. This form is attached to the enrolment package. Food and Meals

We provide all meals at our service. There are a range of different allergies that enter our service every day. To ensure the health and safety of all children and staff we have a firm, no outside food policy. If your child has any allergies / dietary requirements our service will offer alternative meals that suit their needs.

We provide a seasonal menu with a variety of meals that meet the health and nutrition standards for young children. Our cook reflects upon all meals served to ensure children are enjoying what they are eating. These reflections are used to drive the menu and change where necessary.

Mealtimes are approximately as follows;

Breakfast 7:00am-8.00am

Afternoon Tea 3.30pm-4.30pm

Late Snack 5.30pm

WHAT TO BRING

Each day your child attends our service we ask that you clearly label all your child's belongings and bring along with you;

- Water bottle
- A SunSmart approved hat
- A change of clothes appropriate to the season during vacation care
- Any special sun creams

Remember, children are hard at work here and often the most beneficial experiences come from messy play e.g. sandpits, painting, slime etc. Please dress your child in weather appropriate clothing that they can manage easily as we encourage children to try do things themselves.

Please check the lost property box regularly for items belonging you.

Treasures from home – it would be appreciated if children did not bring along toys from home unless required for special days.

COMMUNICATION

It is important to maintain open communication between families, staff and children to ensure the service is meeting all family and children's needs.

We encourage all families to read all notices provided by the service to ensure families are kept up to date on the happenings within the service and Early Childhood sector in general. These notices can be made available through.

- Email
- Newsletters
- SMS
- Verbal communication
- Online communication portals

CCTV

Our Service uses Closed-Circuit Television (CCTV), that includes visual and sound elements to monitor the physical environment. It provides protection and security for staff and children in care, assisting in assuring families that their children are in a safe environment and may also assist with misunderstandings, damages to the Service, theft and potentially false accusations by providing digital evidence. Child safety is embedded in our organisation, and we believe the use of CCTV assists in our risk management strategies to prevent, identify and mitigate risks to children.

Camera Locations are within our services classrooms
For more information please see our services CCTV policy.

PARENT CONCERNS

Communication is an extremely important part of our service. If you have any concerns, our service has a comprehensive 'Grievance' procedure for families. Please see the 'Grievance Procedure for Families' as well as the 'Family Conduct Guidelines'.

We will endeavor to resolve any queries or concerns you may have and work collaboratively with families for a positive outcome for all.

Education and Care Regulatory Unit Boorloo

Campus

Level 7, 130 Stirling Street

Perth WA 6000

PH; 6277 3889

SERVICE LOCATION AND CONTACT

Service Address:

157 Kingsway Rd, Darch WA 6065

Service Email:

admin@kingswayasc.com

Service Number:

0401 942 117



KINGSWAY AFTERSCHOOL CARE ENROLMENT CHECKLIST

Kindly follow the checklist below and make sure all required documents are sent to admin@kingswayasc.com along with the enrolment form. Please note that failure to submit the necessary documents may result in delays with the enrolment process.

- A copy of your child's birth certificate
- Latest immunisation statement (downloaded from mygov)
- If your child is anaphylactic or has allergies, please attach an action plan from a medical practitioner and sign a risk minimisation plan attach to the enrolment
- Copy of photo ID: photos of anyone collecting your child
- Ensure the DDR form is fully completed, including the top section. Ensure that all numbers and letters are inside the boxes to guarantee it processes correctly in the system

*This document does not require to be sent back with the enrolment



ABN: 17 349 353 404 PH: 1800 827 234
DIRECT DEBIT REQUEST - CREDIT CARD

Business:	<input type="text" value="P & A Chemello Nominees Pty Ltd ATF Paul Chemello Trust"/>	ABN/ACN:	<input type="text" value="21661848225"/>
*Surname:	<input type="text"/>	*First Name:	<input type="text"/>
*Mobile Phone:	<input type="text"/>	Customer Reference:	<input type="text"/>
*Email:	<input type="text"/>		
*Address:	<input type="text"/>		

* indicates a mandatory field.

Debit Arrangement / Payment Details

I authorise and request NumeroPro Pty Ltd ATF The Kidsoft Unit Trust (Direct Debit User ID: 424700) to debit payments from my nominated account, as specified below, at intervals and amounts as directed by P & A Chemello Nominees Pty Ltd ATF Paul Chemello Trust in accordance with the Terms and Conditions of this agreement.

Child's Name	Fixed Amount	Fixed	Variable
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee Start Date	Weekly	Fortnightly	Monthly
<input type="text" value="D D - M M - Y Y Y Y"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			4 Weekly
			<input type="checkbox"/>

Debit from Credit Card

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card Number:	<input type="text" value=""/>
Expiry Date:	<input type="text" value="M M - Y Y"/> Card Holder's Name: <input type="text"/>

By Signing this form, I/we authorise **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust**, acting on behalf of the Business, to debit payments from my specified credit card above, and I/we acknowledge that **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** will appear as the business name on my credit card statement. Furthermore, I/we agree to reimburse **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** for any successful claims made by the Card Holder through their financial institution against **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust**

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided NumeroPro Pty Ltd ATF The Kidsoft Unit Trust DDR Service Agreement, and I/we have read and understood the same.

Signature(s) of Nominated Account Holder/Credit Card Holder

<input type="text"/>	Date
	<input type="text" value="D D - M M - Y Y Y Y"/>

Office Use Only	Received Date:	Reference No:	Ver 1.0	COMPLETE USING BLACK INK ONLY
-----------------	----------------	---------------	---------	--------------------------------------



ABN: 17 349 353 404 PH: 1800 827 234

DIRECT DEBIT REQUEST SERVICE AGREEMENT - CREDIT CARD

The following is your Direct Debit Service Agreement with NumeroPro Pty Ltd ATF The Kidsoft Unit Trust ABN 17 349 353 404. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions

- a) **account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.
- b) **agreement** means this Direct Debit Request Service Agreement between *you* and *us*.
- c) **Business** means the "business" as referred to on the DDR form.
- d) **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- e) **debit day** means the day that payment by *you* to *us* is due.
- f) **debit payment** means a particular transaction where a debit is made.
- g) **direct debit request** means the Direct Debit Request between *us* and *you*.
- h) **us** or **we** means **NumeroPro**, (the Debit User) *you* have authorised by signing a *direct debit request*.
- i) **variable** means the *balance due* as and when the debit arrangement is set to run.
- j) **you** means the customer who signed the *Direct Debit Request*.
- k) **your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

I/We hereby authorise NumeroPro Pty Ltd ATF The Kidsoft Unit Trust ABN 17 349 353 404 (herein referred to as "NumeroPro") to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the "Business").

I/We acknowledge that NumeroPro is acting as a Direct Debit Agent for the Business and that NumeroPro does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business. I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business. I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

Debiting your account

By signing a *Direct Debit Request*, you have authorised *us* to arrange for funds (these amounts may vary upon instructions from the Business) to be debited from *your account*. You should refer to the *Direct Debit Request* and this agreement for the terms of the arrangement between *us* and *you*. We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution. I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business. I/We acknowledge that any disputed debit payments will be directed to the Business and/or NumeroPro. If no resolution is forthcoming, I/we agree to contact my/our financial institution. I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable. I/We will also be responsible for any fees and charges applied by my financial institution and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by NumeroPro. I/We authorise NumeroPro to attempt to re-process any unsuccessful payments as advised by the Business. I/We acknowledge that if specified by the Business, a setup, variation, SMS or processing fees may apply as instructed by the Business.

Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days written notice.

Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by writing to: PO Box 1298, Broadbeach QLD 4218 or by telephoning us on 1800 827 234 during business hours or arranging it through your own financial institution.



ABN: 17 349 353 404 PH: 1800 827 234

DIRECT DEBIT REQUEST SERVICE AGREEMENT - CREDIT CARD

Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*. If there are insufficient clear funds in *your account* to meet a *debit payment*:

- a) *you* may be charged a fee and/or interest by *your financial institution*;
- b) *you* may also incur fees or charges imposed or incurred by *us*; and
- c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

You should check *your* account statement to verify that the amounts debited from *your account* are correct.

If NumeroPro is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay NumeroPro on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

I/We acknowledge that there may be a delay in processing if:-

- a) there is a public or bank holiday on the day, or any day after the debit date; or
- b) a payment request is received by NumeroPro on a day that is not a banking business day; or
- c) a payment request is received after normal NumeroPro cut off times, being 4:00pm Queensland time, Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

Dispute

If you believe that there has been an error in debiting *your account*, *you* should notify us directly on 1800 827 234 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct. If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify you in writing of the amount by which *your account* has been adjusted. If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

Accounts

You should check:

- a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- b) *your* account details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

Confidentiality

We will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information. Further information relating to NumeroPro's Privacy Policy can be found at <https://app.kidsoft.com.au/terms/PrivacyPolicy.pdf>

We will only disclose information that *we* have about *you*:

- a) to the extent specifically required by law; or
- b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

Credit Card Payments

I/We acknowledge that "Business" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that NumeroPro will not be held liable for any disputed transactions resulting in the non-supply of goods and/or services and that all disputes will be directed to the Business as NumeroPro is acting as a 3rd party payment provider. I/We acknowledge and agree that in the event that a claim is made, NumeroPro will not be liable for the refund of any funds and agree to reimburse NumeroPro for any successful claims made by the Card Holder through their financial institution against NumeroPro. Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee whichever is greater. I/We authorise:

- a) NumeroPro to verify details of my/our account with my/our financial institution; and
- b) My/our financial institution to release information allowing NumeroPro to verify my/our account details.



ABN: 17 349 353 404 PH: 1800 827 234
DIRECT DEBIT REQUEST - DIRECT DEBIT

Business:	P & A Chemello Nominees Pty Ltd ATF Paul Chemello Trust	ABN/ACN:	21661848225
*Surname:	<input type="text"/>	*First Name:	<input type="text"/>
*Mobile Phone:	<input type="text"/>	Customer Reference:	<input type="text"/>
*Email:	<input type="text"/>		
*Address:	<input type="text"/>		

* indicates a mandatory field.

Debit Arrangement / Payment Details

I authorise and request **NúmeroPro Pty Ltd ATF The Kidsoft Unit Trust** (Direct Debit User ID: 424700) to debit payments from my nominated account through the Bulk Electronic Clearing System (BECS), as specified below, at intervals and amounts as directed by P & A Chemello Nominees Pty Ltd ATF Paul Chemello Trust in accordance with the Terms and Conditions of this agreement.

Child's Name	Fixed Amount	Fixed	Variable
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee Start Date	Weekly	Fortnightly	Monthly
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Debit from Bank, Building Society or Credit Union Account

Financial Institution:	<input type="text"/>	Branch:	<input type="text"/>
BSB Number:	<input type="text"/>		
Account Number:	<input type="text"/>		
Account Holder Name(s):	<input type="text"/>		

I/We authorise **NúmeroPro Pty Ltd ATF The Kidsoft Unit Trust** ABN 17 349 353 404 to debit my/our account at the Financial Institution identified above through the Bulk Clearing System (BECS) in accordance with the Payment details stated above and as per the **NúmeroPro Pty Ltd ATF The Kidsoft Unit Trust** DDR Service Agreement (Ver 3.0) provided.

Failed Transaction Fee: \$4.00

By signing in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **NúmeroPro Pty Ltd ATF The Kidsoft Unit Trust** as set out in this Request and in your Direct Debit Request Service Agreement.

Signature(s) of Nominated Account Holder

<input type="text"/>	Date	<input type="text"/>
<input type="text"/>	Date	<input type="text"/>

Office Use Only	Received Date:	Reference No:	Ver 1.0	COMPLETE USING BLACK INK ONLY
-----------------	----------------	---------------	---------	--------------------------------------



ABN: 17 349 353 404 PH: 1800 827 234

DIRECT DEBIT REQUEST SERVICE AGREEMENT - DIRECT DEBIT

The following is your Direct Debit Service Agreement with NumeroPro Pty Ltd ATF The Kidsoft Unit Trust APCA ID 424700 ABN 17 349 353 404. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions

- a) **account** means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.
- b) **agreement** means this Direct Debit Request Service Agreement between *you* and *us*.
- c) **Business** means the "business" as referred to on the DDR form.
- d) **banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- e) **debit day** means the day that payment by *you* to *us* is due.
- f) **debit payment** means a particular transaction where a debit is made.
- g) **direct debit request** means the Direct Debit Request between *us* and *you*.
- h) **us** or **we** means **NumeroPro**, (the Debit User) *you* have authorised by signing a *direct debit request*.
- i) **variable** means the *balance due* as and when the debit arrangement is set to run.
- j) **you** means the customer who signed the *Direct Debit Request*.
- k) **your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained.
- l) **Sponsor Bank** means the bank sponsoring NumeroPro Pty Ltd ATF The Kidsoft Unit Trust as a debit user in the direct debit system.

I/We hereby authorise NumeroPro Pty Ltd ATF The Kidsoft Unit Trust ABN 17 349 353 404 (herein referred to as "NumeroPro") to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the "Business").

I/We acknowledge that NumeroPro is acting as a Direct Debit Agent for the Business and that NumeroPro does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business. I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business. I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

Debiting your account

You should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*. We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days written notice.

Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by writing to: PO Box 1298, Broadbeach QLD 4218 or by telephoning us on 1800 827 234 during business hours or arranging it through your own financial institution.

Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

If there are insufficient clear funds in *your account* to meet a *debit payment*:

- a) *you* may be charged a fee and/or interest by *your financial institution*,
- b) *you* may also incur fees or charges imposed or incurred by *us*; and
- c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

You should check *your account* statement to verify that the amounts debited from *your account* are correct.



ABN: 17 349 353 404 PH: 1800 827 234

DIRECT DEBIT REQUEST SERVICE AGREEMENT - DIRECT DEBIT

If NumeroPro is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay NumeroPro on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

I/We acknowledge that there may be a delay in processing if:-

- a) there is a public or bank holiday on the day, or any day after the debit date; or
- b) a payment request is received by NumeroPro on a day that is not a banking business day; or
- c) a payment request is received after normal NumeroPro cut off times, being 4:00pm Queensland time, Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

Dispute

If you believe that there has been an error in debiting *your account*, *you* should notify us directly on 1800 827 234 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct. If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify you in writing of the amount by which *your account* has been adjusted. If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

Accounts

You should check:

- a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions. *Direct Debit, through BECS, is not available on all accounts.*
- b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

Confidentiality

We will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information. Further information relating to NumeroPro's Privacy Policy can be found at <https://app.kidsoft.com.au/terms/PrivacyPolicy.pdf>

We will only disclose information that *we* have about *you*:

- a) to the extent specifically required by law; or
- b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).
- c) if the *Sponsor Bank* requests such information to be provided in the event of a claim or relating to an incorrect or wrongful debit



RISK MINIMISATION & MANAGEMENT PLAN

THIS PLAN IS TO BE REVIEWED AT LEAST ANNUALLY AND UPDATED WITH ANY CHANGES

DATE		PHOTO IN COLOUR
CHILD'S NAME		
DATE OF BIRTH		
What is the medical condition that this assessment addresses? (Conditions, Symptoms, Triggers)		
RISK: What are the issues and/or the actual/potential situations that could lead to a medical emergency?		
STRATEGY: What can be done to reduce these risks? Steps to be taken to minimise risk or exposure, including medication to be administered (including location of medication)		
ACTION: Step by step actions to be taken		
COMMUNICATION PLAN		DATE
Relevant staff and volunteers have been informed about the services' medical conditions policy and medical communication plan for the child.		
Relevant staff and volunteers have been informed about this medical management plan and risk minimisation plan and know where to locate in the case of an emergency		
Parent / guardian of child have been informed to communicate any changes to the medical management plan (including risk minimisation plan) for the child in writing.		

EMERGENCY CONTACT DETAILS ON REVERSE



CONTACT INFORMATION

GUARDIAN NAME		GUARDIAN NAME	
MOBILE		MOBILE	
WORK #		WORK #	

IF GUARDIANS ARE UNCONTACTABLE PLEASE USE EMERGENCY CONTACTS BELOW

NAME		NAME	
MOBILE		MOBILE	
WORK #		WORK #	

This plan is to be displayed in an area accessible by staff who are responsible for your child's education and care. This information will not be used for any purpose other than to ensure the safety and wellbeing of your child.

EDUCATOR COMPLETING PLAN	
DATE	
SIGNATURE	
RESPONSIBLE PERSON	
DATE	
SIGNATURE	
GUARDIAN	
SIGNATURE	
DATE	

Review

(any changes a new form to be completed)

Date	Sign

Landsdale Farm - Kingsway Before and Afterschool Care

AUTHORISATION FOR REGULAR TRANSPORTATION

Child's Full Name: _____ **Child's Class Number:** _____

This permission form is active for the 2026 school year beginning from February 2, 2026 and ending December 9, 2026.
Please note that Landsdale Farm transfers will incur a \$5 fee on top of the BSC and ASC charges.
All sections highlighted in yellow must be completed in full.
Please note, we are unable to provide transport for your child/ren unless this information is submitted.

Reason for Transportation	Pick up location and destination	Approximate time and duration of transportation	When a child is being transported	Method of transportation	Requirements for seat belts or safety restraints	Number of children Staff ratio	Supervising educators
Transfer from service (located in Kingsway Christian College) to Landsdale Farm School	Service to Landsdale Farm School: Kingsway Before and Afterschool Care 157 Kingsway Rd, Darch WA 6065 Landsdale Farm School 71 Evandale Road, Darch WA 6065	Departure from KCC 8.30am Arrival Landsdale Farm School 8.45am	Wednesdays As per bookings <u>Before School Care</u>	Walk to Car or Mini Van then using Car or Mini Van to transport children	Children under 7 years require booster seat Children under 4 years require child car seat with harness	Morning Transport <ul style="list-style-type: none">A 1:10 staff-to-child ratio is always maintained.Two staff members are present to complete clear vehicle and child checks.Ratios are maintained as school children are dropped off to BSC prior to transport.Attendance usually ranges between 1-6 children.	Monika Busheski Hollie Schmidt Abigail Lay Daryl Anderson-Marks Jessica Jones Ann Marie Chemello Sarah Chemello or other educators employed at the service
Transfer from Landsdale Farm School to service (located in Kingsway Christian College)	Landsdale Farm School to Service: Landsdale Farm School 71 Evandale Road, Darch WA 6065 Kingsway Before and Afterschool Care 157 Kingsway Rd, Darch WA 6065	Departure from Landsdale Farm School 2:40pm Arrival to KCC 2:50pm-3:00pm	Wednesdays As per bookings <u>After School Care</u>	Car or Mini Van used to transport children back to KCC then walked back to service	Children under 7 years require booster seat Children under 4 years require child car seat with harness	Afternoon Transport <ul style="list-style-type: none">A 1:10 staff-to-child ratio is always maintained.Two staff members are present to complete clear vehicle and child checks.Ratios are supported by two staff as school children do not attend until 3:10pm after transport completedAttendance usually ranges between 1-6 children.	Monika Busheski Hollie Schmidt Abigail Lay Daryl Anderson-Marks Jessica Jones Ann Marie Chemello Sarah Chemello or other educators employed at the service

Medication requirements for the child: Yes/No if yes, what medication?

I consent for Kingsway Before and Afterschool Care to provide regular transportation as detailed for 2026. I authorise the service to seek medical assistance from a medical practitioner or hospital including transportation in an ambulance if required.

Name of Parent/Guardian: _____ **Signature:** _____ **Date:** _____

Education and Care National Regulations 2011- Regulations 102B requires a transport risk assessment to be conducted before our service transports any child. Regulation 102D requires our service to receive written authorisation to transport children. Our service has completed a risk assessment to identify and assess any risks that the transportation of a child may pose to the safety, health and wellbeing of the child. This has been authorised by the Approved Provider and is available to sight at our service. Policies and procedures for transporting children are also available to view.

Regular transportation means the transportation by the service or arranged by the service of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported. An authorisation is only required once in a 12-month period.