



KDV Kids – GET ACTIVE AFTER SCHOOL & HOLIDAY PROGRAMS

After School Care Enrolment Form

Child's Details

First Name		Surname	
DOB		Male/ Female	

Primary Parent's Contact Details

First Name		Surname	
Relation to child		Mobile Phone	
Email		Work Phone	

Secondary Parent's Contact Details

First Name		Surname	
Relation to child		Mobile Phone	
Email		Work Phone	

Emergency Contact Details

First Name		Surname	
Relation to child		Mobile Phone	
Email		Work Phone	

How did you hear about our centre?:

- Brochure/ Flyer School KDV Website
 Sibling attends Friend Social Media

I, _____ (parent/ guardian) give permission for my child,
_____ (child's name) to be picked up from my child's school
_____ (name of school) by KDV staff members and be transported back to the
KDV Kids Get Active After School Care Centre.

I have read the attached parent's handbook and agree to the after school care program's terms & conditions.

I agree to notify the Centre Manager as soon as possible if my child is absent from school and will not require the bus service or after school care.

Parent/ guardian Signature: _____

Date: _____





Booking/ Payment Information:

Days required (please circle)

Mon	Tues	Wed	Thurs	Fri
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Start Date: _____

Include a Hot Shots tennis lesson (free option) Session Day/ Time: _____

Please get in touch with me regarding booking information for the following:

Golf Lessons Swimming Lessons Tutoring Gym Circuit Creche

Options	Direct Debit Weekly Fee
1 Day	<input type="checkbox"/> \$25
2 Days	<input type="checkbox"/> \$50
3 Days	<input type="checkbox"/> \$75
4 Days	<input type="checkbox"/> \$100
5 Days	<input type="checkbox"/> \$125
Sibling/s Total Weekly Fee	
Family / Multiple Days Discount- Less 10%	
Total Weekly Direct Debit	

Payments commence during the first week of your first session. Fees are deducted during school terms only. Direct debits can be cancelled at any time with 14 days' notice. For missed sessions, credit can be used towards our holiday care program (pending availability).

Payment Details (Credit Card OR Bank Account)			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Diners
Name of account/ Card Holder: _____			
Card Number: _____		Exp. MM/YY: _____	
Bank Account BSB: _____		Account Number: _____	
By signing this form, I/we authorise Ezidebit, acting on behalf of KDV Sport Pty Ltd to debit payments from my specified card/ account above			
Signature: _____		Date: _____	

Terms & Conditions: This authorisation is to remain in force in accordance with the terms & conditions listed on the KDV Sport website, the Ezidebit DDR Service Agreement (Ver 1.9) and I/ we have read and understand the same. I/ We acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-policy/>.



Medical Information:

Family Doctor name: _____

Medical Centre name: _____

Phone: _____

Do you have private health cover: Yes / No

Health Care Fund Name: _____

Membership Number: _____

Medicare Number: _____

Does your child have any allergies, medical conditions, anaphylaxis, medical emergency requirements or take regular medication that we should know about? Please list:

Please fill out the attached Medical Management Plan for your child if they have any ongoing medical or health conditions.

Medical Management Plan sighted and copy kept by centre staff Yes / No

Collected / sighted by- Staff member name: _____

General Information:

Does your child have any other special needs/ requirements that we should know about?:

Yes / No Details: _____

Does your child have any special dietary needs? Eg vegetarian, religious beliefs etc:

Does your child have any siblings? Yes / No

Please give details of their names & ages: _____

Any other information you would like us to know about your child and their family?:
