



Kinetic Kids Intake Form

1. Your child's details:

First name: Middle name(s): Last name:
 Preferred name: Date of birth:DD / MM / YYYY
 Home address:
 Suburb: Postcode:
 Medicare card number: ref #:

2. Getting to know your child:

Is there any important information regarding your child's eating needs that you would like us to know? For example – Does your child feed themselves independently? Does your child gag or choke easily?

.....

Is your child in the process of being toilet trained? **o Yes o No**

Is your child toilet trained? **o Yes o No**

Does your child wear nappies / pull ups? **o Yes o No**

Is there any important information regarding your child's toileting needs that you would like us to know?

.....

Do you give consent for The Healthy Hive to change your child's nappy if it is soiled? **o Yes o No**

Do you give consent for The Healthy Hive to assist your child with toileting as needed? **o Yes o No**

Who lives with your child? Names and ages of siblings? Other family members? Pets etc.?

.....

What are your child's favourite activities and interests?

.....

Is there any relevant cultural and / or religious information regarding your child you would like us to know about? **o Yes o No**

If Yes, please detail.

.....

Do you have any concerns regarding your child's learning, development or behaviour that may impact their ability to participate in the physical activities Kinetic Kids session? **o Yes o No**

If Yes, please detail.

.....

.....

.....

.....

3. Medical Information:

Child's Doctor's Name:

Clinic Address:

Telephone: Email:

Has your child ever been hospitalised? **o Yes o No**

If Yes, and it's relevant, please detail.

.....

.....

.....

.....

Has your child received all of the recommended immunisations for their age? **o Yes o No**

What medical conditions has your child been diagnosed with:

- Anaphylaxis or with being at risk of anaphylaxis? **o Yes o No**
- Asthma? **o Yes o No**
- Diabetes? **o Yes o No**
- Epilepsy? **o Yes o No**
- An allergy or intolerance? **o Yes o No**
- A health care need / medical condition? **o Yes o No**

If yes to any of the above, please detail.

.....

.....

.....

.....

Medical declaration and consent:

I / we authorise and consent to trained service staff providing appropriate first aid to my / our child where required **o Yes o No**

I / we authorise and consent to service staff seeking, in the event of an emergency involving my / our child
a. medical treatment from a registered medical practitioner, hospital and / or ambulance service **o Yes o No**

b. transportation of my / our child by an ambulance service **o Yes o No**

4. Parent(s) / Guardian(s) Details:

Each parent / guardian with parental responsibility must be listed in this section and will be required to sign and date the enrolment agreement at the end of this booklet. Please immediately inform our service, in writing, if there is any change to this information.

Parent/Guardian 1:

First name: Middle initial(s): Last name:

Preferred name: Relationship to child:

DOB: DD / MM / YYYY

Is your street address the same as your child?: **☐ Yes ☐ No**

If no, street address:

Suburb: Postcode:

Home telephone: Mobile telephone:

Preferred telephone: Email address:

Parent/Guardian 2:

First name: Middle initial(s): Last name:

Preferred name: Relationship to child:

DOB: DD / MM / YYYY

Is your street address the same as your child?: **☐ Yes ☐ No**

If no, street address:

Suburb: Postcode:

Home telephone: Mobile telephone:

Preferred telephone: Email address:

5. Additional contacts / authorised persons:

Please provide details for a minimum of one (1) additional contacts / authorised persons - other than those listed as a parent / guardian. When collecting your child, additional contacts / authorised persons will need to present appropriate photo ID to prove their identity. Please note that emergency contacts should be 18 years or older.

Additional Contact 1:

First name: Middle initial(s): Last name:

Preferred name: Relationship to child:

DOB: DD / MM / YYYY

Is your street address the same as your child?: ☐ Yes ☐ No

If no, street address:

Suburb: Postcode:

Home telephone: Mobile telephone:

Preferred telephone: Email address:

I / we authorise Additional Contact 1 to:

(please mark points below with checks)

☐ Deliver and collect my child from this service.

☐ Be notified of any emergency involving my child if I / we cannot be immediately contacted.

☐ Consent to medical treatment including the administration of medication to my child if I / we cannot be immediately contacted.

Additional Contact 2 (Optional):

First name: Middle initial(s): Last name:

Preferred name: Relationship to child:

DOB: DD / MM / YYYY

Is your street address the same as your child?: ☐ Yes ☐ No

If no, street address:

Suburb: Postcode:

Home telephone: Mobile telephone:

Preferred telephone: Email address:

I / we authorise Additional Contact 2 to:

(please mark points below with checks)

☐ Deliver and collect my child from this service.

☐ Be notified of any emergency involving my child if I / we cannot be immediately contacted.

☐ Consent to medical treatment including the administration of medication to my child if I / we cannot be immediately contacted.

6. **Photography and Marketing Declaration and Consent**

At The Healthy Hive, your child's safety is our number one priority. We would appreciate the opportunity to photograph and otherwise document the children's experiences while at our sessions for the use on The Helpful Hive's website, and/or Instagram and/or Facebook page. There may also be times during your child's Kinetic Kids session at The Healthy Hive when the news media asks to interview and/or photograph our members for publicity or promotional purposes. We can assure you that your child's full name will never appear in association with his/her photo. This media release form will serve as permission to collect and post such information as needed.

- I authorise The Helpful Hive and its approved contractors to take and use any photographs, video or sound recordings of _____ (My Child) and me; My Child and any other reproductions
<Insert child's name>

or adaptations of My Child's work, either in full or part, in any The Helpful Hive publication, production and presentation (print or online), which may include publication on The Helpful Hive and external websites.

o Yes o No

- I authorise The Helpful Hive and such contractors to take group and individual photographs of My Child, which may be displayed on a The Helpful Hive premises and distributed to other children, their families and staff. These photographs and recordings may also appear in The Healthy Hive publications and in external environments including the Internet. **o Yes o No**

- I / we will share / forward photos (e.g. via email or posting images on social media platforms) of My/Our Own Child/ren only. **o Yes o No**

- I agree that all rights and interest in any image are assigned to The Helpful Hive for use by The Helpful Hive, its licensees or assignees as The Helpful Hive sees fit now and in the future. **o Yes o No**

- I also authorise The Helpful Hive to grant supervised media access to My Child and I acknowledge that: The Helpful Hive has the right to refuse media access where it would, in the opinion of The Helpful Hive interfere with children's well-being; Media access to The Helpful Hive facilities is entirely at the discretion of The Helpful Hive; and - Media access to children will be managed by The Healthy Hive. **o Yes o No**

7. **RELEASE AND WAIVER OF LIABILITY (RELEASE):**

In return for being permitted to enter The Helpful Hive's Kinetic Kids program and participating in the activities at the venue:

(Activities):

1. I agree and acknowledge that:

(a) the Activities, which include, but are not limited to, physical activities in the Kinetic Kids sessions such as jumping, balancing, running; and participating in eating morning tea that I, as the parent/guardian, will provide myself; may be considered dangerous to some and could result in injury, disability or even potentially death to _____ (My Child) and me;

<insert name of child>

(b) I wish, and I wish My Child, to participate in the Activities despite the fact that I am fully aware that the Activities may be considered dangerous to some; and

(c) I accept and assume all risk of any injury to me and My Child and of any damage to my property.

2. I represent and warrant that I am a Parent or Guardian of My Child, I have legal responsibility for My Child and I have the authority and right to sign this Release.

3. By signing this Release, I consent to My Child attending the Kinetic Kids program and undertaking the Activities despite the fact that the Activities may be dangerous.

4. In return for me and My Child being permitted to enter the premises and participating in the Activities:

(a) to the maximum extent permitted by law, I give a complete and unconditional release, from all liability for injury, disability, death and damage to property, to, and agree to hold harmless, The Helpful Hive and its directors, as well as anyone connected to the venue (b) the release in paragraph 3 is given to the Released Parties on my behalf and for and on behalf of My Child, my heirs, assigns, executors and next of kin.

5. I confirm that I:

(a) have had a reasonable opportunity to read this document, understand its terms and effect and seek legal advice on it;

(b) have signed this document freely and without any kind of inducement; and

(c) understand that by signing this document I have given up substantial rights for me and My Child.

Parent's / Guardian's full, printed name 1:

Parent's / Guardian's signature 1: Date: DD / MM / YYYY

Parent's / Guardian's full, printed name 2:

Parent's / Guardian's signature 2: Date: DD / MM / YYYY

Witness' full, printed name:

Witness' signature: Date: DD / MM / YYYY

8. Enrolment Agreement

All of the Helpful Hive's policies & code of conduct can be found on the website: TheHelpfulHive.com.au

In enrolling my / our child in the Kinetic Kids sessions I / we acknowledge that:

- I / we have read and agree to abide by The Helpful Hive [Key Policies and Procedures](#).
- I / we have read and agree to abide by The Helpful Hive [Parental Code of Conduct](#).
- I / we have read and agree to abide by The Helpful Hive [Fees & Refunds Policy](#).
- I / we will notify the service in the event of my / our child having an infectious illness.
- The Helpful Hive is committed to protecting your privacy and will collect personal information only for those purposes set out in The Helpful Hive's Privacy Policy. I / we have read and agree to abide by The Helpful Hive's [Privacy Policy](#).
- I / we will ensure that my / our child is delivered to and collected from the service by an authorised, responsible person and my / our child is:
 - a. handed over to a member of the service staff, and
 - b. signed in on delivery to, and signed out on collection from, the service.
- I / we understand that all The Helpful Hive staff and personnel will make a report to the appropriate authorities if they suspect that any child at the service has experienced or is experiencing physical, sexual or emotional harm or is at significant risk of experiencing physical, sexual or emotional harm or neglect as a result of parent / guardian action or inaction.

- I / we confirm that the information provided in this intake form is true and correct. I / we will immediately inform the service, in writing, if there is any change to the information I / we have provided, including additional contacts / authorised persons listed.

Parent's / Guardian's full, printed name 1:

Parent's / Guardian's signature 1: Date: DD / MM / YYYY

Parent's / Guardian's full, printed name 2:

Parent's / Guardian's signature 2: Date: DD / MM / YYYY

Witness' full, printed name:

Witness' signature: Date: DD / MM / YYYY

***Please complete and submit this form on your child's first day participating in Kinetic Kids by The Helpful Hive**