



## KDV Kids – GET ACTIVE AFTER SCHOOL PROGRAMS

### After School Care Enrolment Form 2026

#### 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 pickup procedures 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
-----	------	-----	-------	-----

Start Date: \_\_\_\_\_

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

- Holiday Camps       Birthday Parties

Please choose from the below options:

### Special Discount Offer

When you enroll in Bus + Kids Club After Care

Get 10% OFF on the Soccer lesson fee

Get 10% discount on the second Tennis lesson each week.

Options	Bus + Kids Club Activities (Mon-Fri)	Bus + Kids Club + Soccer Lesson (Tues/ Thurs)	Bus + Kids Club + Tennis Lesson (Mon-Fri)	Parent Drop off Kids Club (Mon-Fri)
No. of days_____	<input type="checkbox"/> \$40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$30
<b>Total Weekly</b>	\$ _____			
<b>Direct Debit</b>				

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 School term (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 or 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?:

\_\_\_\_\_

## **Cancellation Request**

If you need to change your After Care days or cancel your enrolment/booking for any reason, please send an email to [kidsclub@kdvsport.com](mailto:kidsclub@kdvsport.com)

Please note:

A 14-day cancellation notice is required for all changes and cancellations.

Changes will take effect only after the notice period has been met.

Payments will continue during the notice period and will only stop or be adjusted once the notice period has ended.