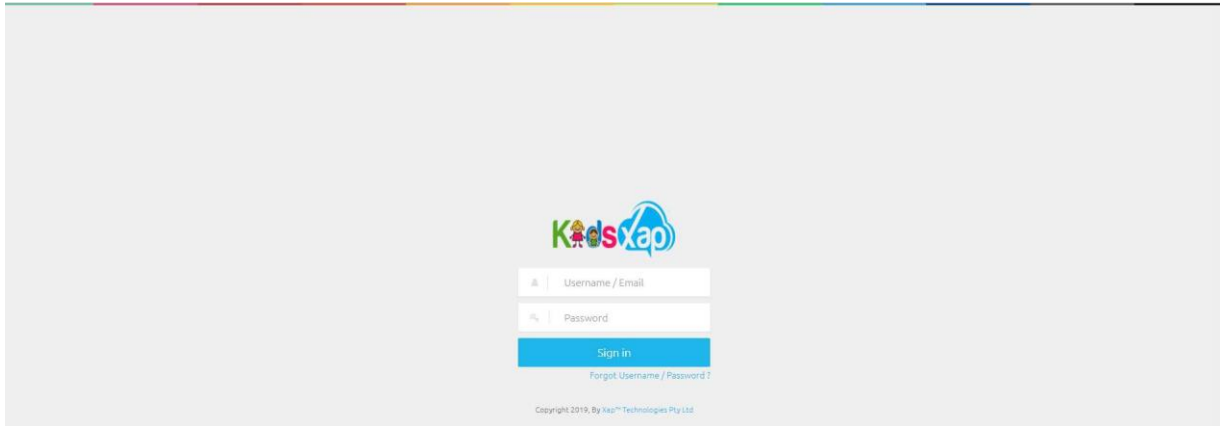
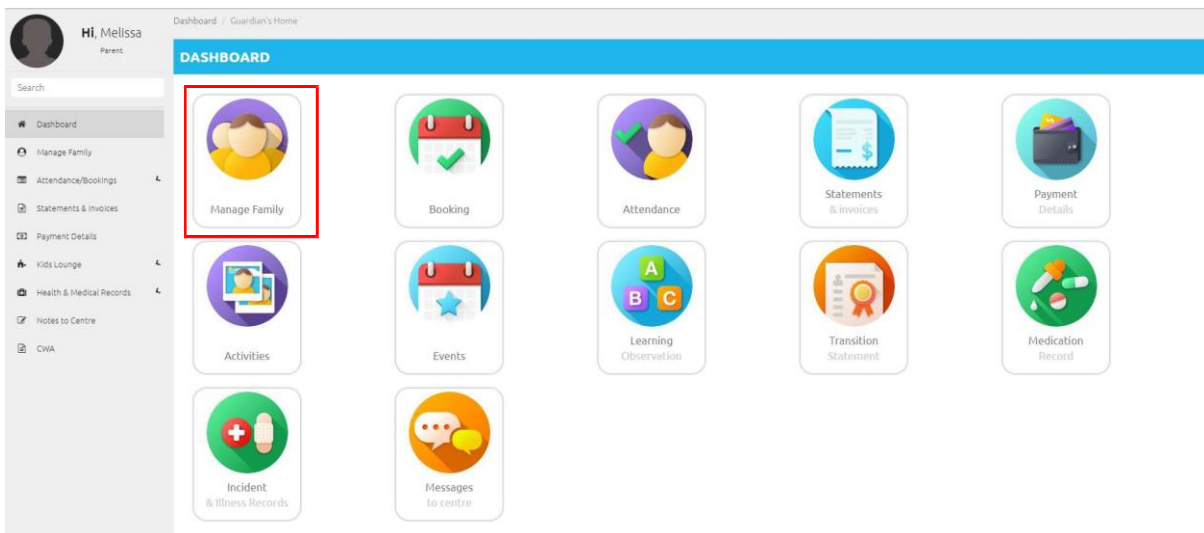


How to set up in KidsXap

1. On your laptop or desktop computer (not phone), sign in to Kidsxap with the username and password that has been sent to your email address

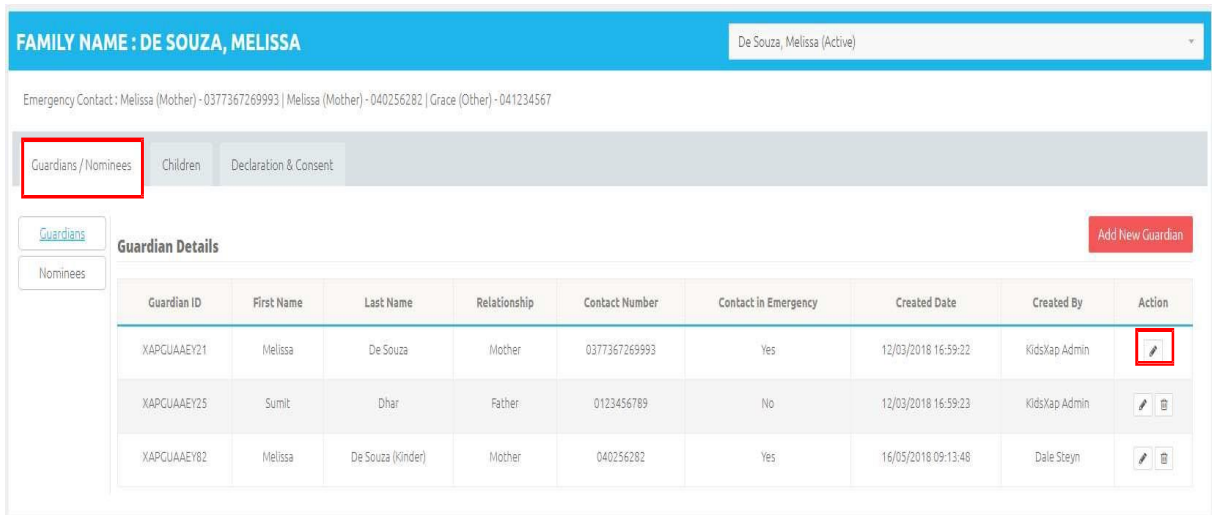


2. When you are logged in, click on Manage families



3. Have a look at the guardian details that have been entered in. To open the guardian profile, click on pencil button to open the profile.

Please note any field with an * is a compulsory field that needs to be filled.



- If another guardian needs to be added such as the secondary guardian, please click on Add new guardian.

FAMILY NAME : DE SOUZA, MELISSA De Souza, Melissa (Active)

Emergency Contact: Melissa (Mother) - 0377367269993 | Melissa (Mother) - 040256282 | Grace (Other) - 041234567

Guardians / Nominees Children Declaration & Consent

Guardians **Guardian Details** Add New Guardian

Guardian ID	First Name	Last Name	Relationship	Contact Number	Contact in Emergency	Created Date	Created By	Action
XAPGJAAEY21	Melissa	De Souza	Mother	0377367269993	Yes	12/03/2018 16:59:22	KidsXap Admin	
XAPGJAAEY25	Sumit	Dhar	Father	0123456789	No	12/03/2018 16:59:23	KidsXap Admin	
XAPGJAAEY82	Melissa	De Souza (KINDER)	Mother	040256282	Yes	16/05/2018 09:13:48	Dale Steyn	

- Next click on Nominees. These are people, other than the guardians, who may have authority to collect your child, or make decisions on your behalf. Add in your nominees by clicking on the Nominees tab.

NOTE; We must have at least 1 nominee with all levels of authority

FAMILY NAME : DE SOUZA, MELISSA De Souza, Melissa (Active)

Emergency Contact: Melissa (Mother) - 0377367269993 | Melissa (Mother) - 040256282 | Grace (Other) - 041234567

Guardians / Nominees Children Declaration & Consent

Guardians **Guardian Details** Add New Guardian

Nominees

Guardian ID	First Name	Last Name	Relationship	Contact Number	Contact in Emergency	Created Date	Created By	Action
XAPGJAAEY21	Melissa	De Souza	Mother	0377367269993	Yes	12/03/2018 16:59:22	KidsXap Admin	
XAPGJAAEY25	Sumit	Dhar	Father	0123456789	No	12/03/2018 16:59:23	KidsXap Admin	
XAPGJAAEY82	Melissa	De Souza (KINDER)	Mother	040256282	Yes	16/05/2018 09:13:48	Dale Steyn	

Click on Add New nominee and fill in the details

FAMILY NAME : DE SOUZA, MELISSA De Souza, Melissa (Active)

Emergency Contact: Melissa (Mother) - 0377367269993 | Melissa (Mother) - 040256282 | Grace (Other) - 041234567

Guardians / Nominees Children Declaration & Consent

Guardians **Authorised Nominees** Add New Nominee

Nominees

In the event that the child is involved in an accident and suffers injury, trauma or illness and a parent or guardian cannot be contacted, Please list the four people parents have authorised to collect and care for the child.

Nominee ID	First Name	Last Name	Relationship	Contact Number	Created Date	Created By	Action
XAPGJAAEY43	Grace	Bennett	Other	041234567	17/10/2018 10:49:40	Dale Steyn	
XAPGJAAEY70	Tom	De Souza	Grandparent		13/03/2018 13:20:52	KidsXap Admin	

6. Next, click on Children tab

To view/edit the child's details, please click the pencil button under action.















Please note any field with an * is a compulsory field that needs to be entered in.

FAMILY NAME : DE SOUZA, MELISSA De Souza, Melissa (Active)

Emergency Contact : Melissa (Mother) - 0377367269993 | Melissa (Mother) - 040256282 | Grace (Other) - 041234567

Guardians / Nominees **Children** Declaration & Consent

All Children Add Child in Waiting List

Child ID	First Name	Last Name	Child DOB	Child CRN	Gender	Health & Diet	Status	Action
XAPCHAAEY17	Amy	De Souza	29/03/2012		Female	Allergies-Yes,Anaphylaxis-Yes,Asthma-Yes,Dietary-Yes,Dental-Yes	Enrolled in ASC,BSC,LDC	 
XAPCHAAEY52	Ben	De Souza	01/09/2017		Male	Anaphylaxis-Yes	Enrolled in LDC	 
XAPCHAAEY188	Dean	De Souza	30/04/2018		Male	No Health Considerations		 
XAPCHAAEY73	Liz	De Souza	01/02/2017		Male	No Health Considerations		 
XAPCHAAEY53	Liza	De Souza	01/02/2017		Female	No Health Considerations		 
XAPCHAAEY68	Michael	De Souza	08/06/2017		Male	No Health Considerations		 
XAPCHAAEY31	Sandy	Kidsxap	13/07/2017		Male	No Health Considerations	Enrolled in LDC	 

Please ensure you click on each section below and complete all necessary questions. You will need to upload a copy of the Immunisation Schedule under the second tab – Health & medical Information.

Save Save & Next Cancel

I will continue later Go to Health & Diet

Health & Diet Details

Sunsmart +

Child's Health, Medical and Immunisation Information +

Allergies/Sensitivity/OR any other Medical Condition +

Anaphylaxis +

Asthma +

Relevant Medical / Health Conditions or Additional Needs +

Dietary Needs +

Dental Needs / Requirements +

Click on Save & Next

7. Next go to the Declaration and consent tab

Please complete this form & click on save.

FAMILY NAME : DE SOUZA, MELISSA De Souza, Melissa (Active)

Emergency Contact: Melissa (Mother) -0377367269993 | Melissa (Mother) -040256282 | Grace (Other) -041234567

Guardians / Nominees | Children | **Declaration & Consent**

Participation

Do you give permission for your child to participate in celebrations or events such as birthdays, Christmas and Easter?

No Yes

Photographs

Do I give permission for my child's name and/or photo to be used for the centre displays and development profiles.

No Yes

Publicity

I give permission for my child's name and/or photo to be used for the centre's promotional events, including media.

No Yes

I would like to hide my child's name in group posts from other children's guardians. [?](#)

No Yes

Declaration and Consent to Emergency Medical Treatment

I, a person with lawful authority / parent responsibility of the child referred to in this enrolment form;

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the care service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the care service.
- Consent to the staff of the care service seek, or where appropriate administering medication or to seek medical treatment from registered medical practitioner, hospital or ambulance service including transportation of the child by an

You have now set up your family in KidsXap!