

How to register on Aimy Plus:

Parent Registration

After clicking the register now button you will be asked to enter the below details for your login

Login Email *

[Use same email](#)

Contact Email *

First Name *

Last Name *

Password *

Must be at least 6 characters

Confirm Password *

Site Name *

I agree with the [Terms And Conditions](#)

After clicking register you will be asked to enter in some details about yourself. The first name and last name will already be entered from the previous step.

Personal Detail

Profile Picture

select a photo



First Name *

Ashley

Last Name *

Garland

Date of Birth *



Please provide at least 1 contact number below

Mobile Phone

Home Phone

Address

Street Address *

Town/Suburb

City/Region *

Post Code *

Country *

 My home address is also my postal (billing) address

Postal Address

Street Address / PO Box *

Town/Suburb

City/Region *

Post Code *

Country *


Additional Information

How did you hear about us? *

If you are eligible for OSCAR Subsidy

WINZ Number

Review Date

Save

Cancel

After clicking save you will be asked to enter details for a second parent/guardian.

Second Parent / Guardian

Profile Picture

select a photo



First Name

Last Name

Email

Relationship to child

Please provide at least 1 contact number below

Mobile Phone

Home Phone

Work Phone

Save

Skip

After second parent/guardian you will be asked to enter information for two mandatory emergency contacts one at a time.

Emergency Contacts

First Emergency Contact Other than parent / guardian

Profile Picture

select a photo



First Name

Last Name

Relationship to Child

Please provide at least 1 contact number below

Mobile Phone

Work Phone

Home Phone

Save

Skip

Second Emergency Contact

Other than parent / guardian

Profile Picture

select a photo



First Name

Last Name

Relationship to Child

Please provide at least 1 contact number below

Mobile Phone

Work Phone

Home Phone

Save

Skip

After entering emergency contacts you will be able to enter information for the child you are enrolling

Child Information

First Name *

Middle Name


Last Name *

Known As

Gender *

Male Female

Date of Birth *

Your relation with child (e.g.
Father, Mother)

School *

Search your school

Class / Room Number

Teacher's Name

Ethnicity

Primary Language

Does your child wear
Glasses?

 No

Does your child wear Hearing
Aids?

 No

Is your child Gluten Free?

 No

Is your child a Vegetarian?

 No

Doctor Name

Doctor Contact

Non-Medical / Dietary
Restrictions

Allow photo tag for my child

* By selecting Yes you accept our [Terms And Conditions](#)

Is the child involved in a
custody arrangement?

No

Is the child in the care of or
known to CYFs?

No

Save

Cancel

After clicking "Save" you will be able to select if you child has any medical conditions and enter in any treatment information that staff looking after you child would need to know

Child Medical Condition

Does your child have any of the following medical conditions?

A.D.H.D :

Asthma :

Diabetes :

Epilepsy :

Haemophilia:

Heart Problems :

Dairy Allergy:

Wheat Allergy :

Peanut Allergy :

Medicine Allergy:

Bee Sting Allergy:

Other :

Save

Skip

Child Medical Condition

Does your child have any of the following medical conditions?

A.D.H.D :

Severity

Describe symptoms

Asthma :

Diabetes :

Epilepsy :

Haemophilia:

Heart Problems :

Dairy Allergy:

Wheat Allergy :

Peanut Allergy :

Medicine Allergy:

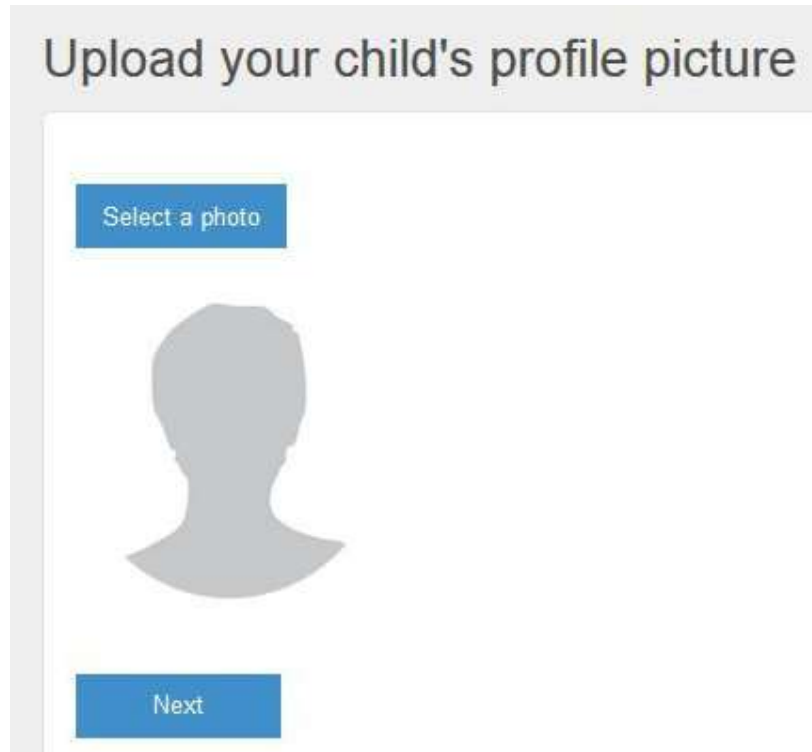
Bee Sting Allergy:

Other :

Save

Skip

After clicking "Save" or "Skip" if your child did not have any medical conditions you will be able to select a photo to upload for your child's profile



After clicking "Next" you will be presented with an overview of the information you entered for your child and for the parent information you entered

Child Profile

Child Information



Name: Nancy Garland
Known As:
Date of Birth: 19/11/2010
[Add / Change Profile Picture](#)

Ethnicity: European
Primary Language: English
Gender: Female
School Attended: Cornwall Park [unclear]
Doctor Name:
Doctor Phone:

Additional Information

Wear Glasses: No
Hearing Aids: No
Tag Photo: Yes
In Custody Arrangement: No

Vegetarian: No
Gluten Free: No
Known To CYFs: No

Parent Information

Primary Parent



Name: Ashley Garland
Email: ashleygarland@inbound.plus
Mobile: (021) 271-6558
LandLine:
Office:
[View profile](#)

Secondary Parent



Name: [unclear]
Email: [unclear]
Relation: [unclear]
Mobile: [unclear]
LandLi: [unclear]
Office: [unclear]

Authorised Pickup

Please list names of people authorised to pick up your child.



Name : Nathan Garland
Mobile : 6421271655
Relationship : Father
[Edit](#) | [Delete](#) | [Change Picture](#)



Name : To
Mobile : 6
Relations
[Edit](#) | [Dele](#)

Non-Authorised Pickup

Please list names of people NOT authorised to pick up your child.

Medical Condition

Condition: A.D.H.D

Severity: Low

Symptoms: Can be distracted and unfocused at times

Treatment: Talk to child and and get them to focus on an object

[Enrol](#)

You will be able to enrol additional children by clicking the "Enrol New Child" button or if you now want to make a booking you can click the "Proceed To Booking" button. If you do not need to enrol anymore children or do not want to make a booking you can click "Dashboard" from the menu bar on the top left.