



2018 Family Day Care Enrolment Form

Child's Name: _____

Child's Date of Birth: _____

Child's Centrelink Customer Reference Number: __ __ / __ __ / __ __ / __ __

(Compulsory – no enrolments will be accepted without this number. This is different to the parent's number)

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Date of Birth: _____

(This is the parent that is registered with Centrelink)

Parent/Guardian 2 Name: _____

Parent Guardian 2 Date of Birth: _____

Parent/Guardian's Centrelink Customer Reference Number:

__ __ / __ __ / __ __ / __ __

(Compulsory – no enrolments will be accepted without this number.)

****Please contact Centrelink and inform them you will be using an approved child care service. Child care benefit and child care rebate eligibility can then be assessed.**

Do you or your partner work as an Educator for a Family Day Care Service? Yes No

(Government registration applies. Please inform our service if you or your partner commence work as an Educator for a Family Day Care Service)

This form must be completed by a parent or guardian for each child enrolled in the Education and Care Service (the Service). The Service must collect the information in this form to meet the requirements of the Education and Care Services National Law Act 2010 (the Law) and the Education and Care Services Regulations 2011 (the Regulations).

1. Information about the Child

Given Names: _____ Usually called: _____
Family Name: _____ Gender: Male Female
Date of Birth: _____ Country of Birth: _____
Language(s) spoken in the child's home: _____
Religion or cultural background (if applicable): _____
Home Address: _____ Post Code _____
Postal Address (if different from above): _____ Post Code _____
Is the child of Aboriginal and/or Torres Strait Islander? Yes No (please tick)
Does the child attend school Yes No If Yes, which school? _____

Information about the child's parents/guardians Persons with authority

Parent/Guardian 1:

Given Name: _____ Family name: _____
Does the child live with this parent? Yes No
Address: Same as child Yes or: _____
Occupation: _____ Country of birth: _____
Name and location of work / study place: _____
Hours of work / study: Full time Part Time Casual
Home phone: _____ Work phone: _____
Mobile phone: _____
Language/s parent speaks: _____ Interpreter required? Yes No
Do you have a Working with children check? Yes No
WWCC Card Number if applicable _____
Highest Level of Education _____
Please provide your email address so that we can email invoices, newsletters etc. directly to you

Parent/Guardian 2:

Given Name: _____ Family name: _____

Does the child live with this parent? Yes No

Address: Same as child Yes or: _____

Occupation: _____ Country of birth: _____

Name and location of work / study place: _____

Hours of work / study: Full time Part Time Casual

Home phone: _____ Work phone: _____

Mobile phone: _____

Language/s parent speaks: _____ Interpreter required? Yes No

Do you have a working with childrens card Yes No

wwcc Card Number if applicable _____

Highest Level of Education _____

2. Court orders, parenting orders or parenting plans relating to the child

(a) Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No go to Question 3(b)

Yes (if yes, please attach)

(b) Are there any other details of court orders relating to the child's residence or the child's contact with a parent or other person?

No go to Question 4

Yes (if yes, please attach)

Do these orders:

➤ Change the powers of a parent/guardian to:

(i) Authorize the taking of the child outside the service by a staff member of that service;

(ii) Consent to the medical treatment of the child;

(iii) Request or permit the administration of medication to the child;

(iv) Collect the child from the service, and/or Yes No (if yes, please attach)

➤ Give these powers to someone else Yes No (if yes, please attach)

In the Regulations:

A Parenting Order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth.

A Parenting Plan means a Parenting Plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

3. Other Person/s Authorisations

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted, the person/s listed below with authority will be contact regarding:

- collecting the child,
- in event of an emergency involving the child,
- consent to medical treatment,
- the administration of medication,
- to authorise an Educator to take the child outside of the Service premises.

Please tick the appropriate boxes for each contact to confirm authorisations.

Please provide a minimum of two contacts

Full Name:	Full Name:
Address:	Address:
Telephone/s: Home: _____ Work: _____ Mobile: _____	Telephone/s: Home: _____ Work: _____ Mobile: _____
Relationship to Child:	Relationship to Child:
<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))	<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))
<input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))	<input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))
<input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))	<input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorize an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorize an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))
Full Name:	Full Name:
Address:	Address:
Telephone/s: Home: _____ Work: _____ Mobile: _____	Telephone/s: Home: _____ Work: _____ Mobile: _____
Relationship to Child:	Relationship to Child:
<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))	<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))
<input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))	<input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))
<input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))	<input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorize an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorize an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))

4. Child's Health and Immunisation Information

Name of Medical Service: _____

Name of Doctor (if applicable): _____ Telephone: _____

Address: _____

Medicare No (if available): _____

Ambulance Subscription: Yes No Ambulance Membership No.: _____

Health Care Card No: _____ Expiry date: _____

Maternal & Child Health (MCH) Centre: _____

By law, the service is required to obtain immunisation information

Is your child's immunisation up to date ? Yes No

Is the child on a vaccine catch up schedule ? Yes No

Does your child have a medical condition preventing them from being fully vaccinated Yes No

A copy of the child's immunisation History Statement from Medicare is attached Yes No

An immunisation status certificate is a statement showing the vaccines a child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR)

Immunisation History Statements can be requested at anytime by contacting Medicare

- Phone 1800 653 809
- Visit the Medicare website
- Email acir@medicareaustralia.gov.au
- Visit your local Medicare office

Does your child have a child health record? Yes No

If yes, please provide to the service for sighting.

If child's health record is sighted, please note the name and signature of the Staff member/Educator who has sighted the document.

Name: _____ Signature: _____

5. Child Specific Medical Conditions

Does the child have any dietary restrictions? Yes No

Reason for the restriction: e.g. vegetarian, intolerance, cultural reasons

If yes, the following restrictions apply: _____

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes No

Has your child been prescribed an adrenaline auto-injector device(AAID) Yes No

Has the anaphylaxis medical management plan been provided to the service? Yes No

In the case of anaphylaxis you will be provided with a copy of the services' anaphylaxis policy. You will be required to provide the service with an individual medical management plan and communication plan for your child

signed by yourself and the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Parent provided with copy of anaphylaxis policy Date __/__/__

Anaphylaxis Management Plan received Date __/__/__

Anaphylaxis Risk Minimisation Communication Plan completed with Parent and Educator Date __/__/__

Epilepsy

Has your child been diagnosed with epilepsy? Yes No

If yes you must provide an Epilepsy Management Plan completed by Medical Practitioner

Epilepsy Management Plan received Date __/__/__

Epilepsy Risk Minimisation Communication Plan completed with Parent and Educator Date __/__/__

Diabetes

Has your child been diagnosed with diabetes? Yes No

If yes you must provide a Diabetes Management Plan completed by Medical Practitioner

Diabetes Management Plan received Date __/__/__

Diabetes Risk Management Communication Plan completed with Parent and Educator Date __/__/__

Asthma

Has your child been diagnosed with asthma? Yes No

If yes you must provide an Asthma Management Plan completed by Medical Practitioner

Asthma Management Plan received Date __/__/__

Asthma Risk Communication Plan completed with Parent and Educator Date __/__/__

Allergies

Does your child have any diagnosed allergies? Yes No

If yes you must provide an Allergy Management Plan completed by Medical Practitioner

Allergy Management Plan received Date __/__/__

Allergy Risk Communication Plan completed with Parent and Educator Date __/__/__

Does your child have any other medical conditions that are relevant to the care of your child

Yes No

If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition?

Childs Cultural/Religious/Specific Health Care/Developmental Needs

UnitingCare Gippsland Family Day Care is committed to providing an environment that values and respects the needs of all children to fully participate. The programs are planned to accommodate the individual needs of all children.

Does your child have any additional health care needs Yes No

Do you have any concerns regarding your child's development Yes No

Do you believe you may need any other additional support or guidance to participate fully in the program Yes No

Are special cultural or religious considerations required for your child/family Yes No

If you have answered yes to any of these questions above please provide details below to assist Educators to maximise your child's participation and ensure full inclusion

Is your child linked to other professional services eg paediatrician, early intervention services therapist
Professional's service name _____

Contact name and details _____

Do you authorise the Educator to communicate with the professional service, to support your child's health and wellbeing _____ Yes No

Professional's service name _____

Contact name and details _____

Do you authorise the Educator to communicate with the professional service, to support your child's health and wellbeing _____ Yes No

CONFIDENTIALITY OF ENROLMENT RECORDS

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 (regulation 181 and 182) and Children's Services Regulations 2009.

Lawful Authority

Parents:

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education and Care Services National Regulations 2011 and Children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians:

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Education and Care Services National Law Act 2010 and Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

PARENTS/GUARDIANS AGREEMENT & AUTHORISATION

I/we, _____ (Print full name/s)
a person / persons having lawful authority for 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 children's 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 s/he becomes unwell at the service;
- consent to the service to administer medication with verbal or written authorisation [as per r.93 to 96] or to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service [as per r.161] (Please note expenses incurred in obtaining medical treatment including ambulance will not be the responsibility of this service.)
- agree to abide by the conditions set out and undertake to pay the daily care fee for the care of my child with Uniting (Victoria Tasmania) Ltd
- agree to the educator/service being informed that care can be cancelled if the account has not been paid.
- agree to inform Uniting (Victoria Tasmania) Ltd of changes to immunisation status.
- understand and agree that I will be required to fill out a permission form for my child/children if they are to attend any routine outings or extraordinary excursions.
- agree that in the event of my child contracting an infectious or contagious illness/disease, she/he may be excluded from care for the period of time recommended by the National Health and Resource Council.
- agree to abide by the Uniting (Victoria Tasmania) Ltd policies, guidelines and conditions of care.
- will inform Uniting Gippsland if there are changes to my circumstances in relation to work commitments, change of address, change of telephone number, court orders etc.
- give my child's educator permission to apply or administer non-prescribed products such as sun screen, barrier cream, nappy cream and moisturisers. A medication form will be required for other medications.
- give permission for my verbal authorization to be provided to agency members in the event of a change in authorised person who will be collecting my child or for the administration of medication for my child.
- give permission for my child's Educator to bathe my child, if circumstances require it for the purpose of toilet training Yes No
- give permission for my Educator and/or agency members to take photographs of my child to be included in documentation relating to the Early Years Learning Framework, program planning and individual as well as group portfolios and observations. Yes No
- give permission for photographs of my child to be used for promotional material e.g. newspaper articles, brochures etc. Yes No

I/we acknowledge that if the account is not paid on a regular basis, I/we may be notified that my child's permanent booking may be cancelled.

PARENT/GUARDIAN SIGNATURE: _____ Date: ____/____/____

PARENT/GUARDIAN SIGNATURE: _____ Date: ____/____/____

These forms must be completed before your child begins with the service. One enrolment form per child

Enrolment Form Court orders Immunisation Record Health Record Anaphylaxis Management Plan Asthma Management Plan Severe Allergy Management Plan Medical Communication Plans