SELBY CHILDCARE ENROLMENT FORM

|  |  |
| --- | --- |
| *Name of service: Selby Childcare* | |
| *Address: 1 Minak Road, Selby 3159* | |
| *Phone #: 97542039* | *Email: occ@selbyhouse.org.au* |

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s birth certificate/identity documents |  | Child Customer Reference Number (CRN) |  |
| Medicare Immunisation History Statement |  | ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma) |  |
| Parent Customer Reference Number (CRN) and date of birth |  | Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan |  |
| Copies of any family law or other relevant court Orders and/or legal documents |  | Photo identification of all emergency contacts |  |

|  |  |
| --- | --- |
| OFFICE USE ONLY | |
| Date Entered | Entered By |

CHILD DETAILS  
*Education and Care Services National Regulations - Regulation 160 (3a, e)*

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | | |
| First given name |  | Second given name |  |
| Preferred first name |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Gender |  |

|  |  |
| --- | --- |
| Centrelink Reference Number (CRN)  *Please note: Parent and child have their own individual CRN number.* |  |

|  |  |
| --- | --- |
| Child’s home address |  |
|  | |
| Child normally lives with |  |

|  |  |
| --- | --- |
| Days of attendance (Please circle): | Mon Tues Wed Thurs Fri |

|  |  |
| --- | --- |
| Child’s Start Date |  |

CHILD SLEEP REQUIREMENTS

|  |  |
| --- | --- |
| Does your child sleep/rest during the day | Yes/No |
| If yes….what time does your child sleep? | |
| Does your child sleep with a comforter? | Yes/No |
| Please explain what comforter they have | |
| Any other helpful comments to help with their sleep/rest time? | |

CULTURAL CONSIDERATION  
*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

|  |  |
| --- | --- |
| Is your child of Aboriginal or Torres Strait Islander origin? | No Aboriginal Torres Strait Islander Both |
| Does your child speak a language other than English at home?  *(Please circle)* Yes / No | If yes, what language (s) other than English are spoken at home. |
| County of birth |  |
| Child’s residency status |  |
| What is your child’s cultural background? |  |
| Please outline any cultural practices  you would like followed:  (Cultural, dietary) |  |
| Religion |  |
| Please outline your child’s religious background and if relevant any religious practices/celebrations you would like followed. |  |

PRIMARY PARENT  
*Education and Care Services National Regulations - Regulation 160 (3b)*

[Primary Parent must also be the registered CCS claimant]

|  |  |
| --- | --- |
| Parent Name |  |
| Parent Surname |  |
| Address |  |
| Phone Number/s | (H)  (M)  (W) |
| Parent Date of Birth |  |
| Email address |  |
| Relationship to child |  |
| Country of Birth |  |
| Languages other than English spoken at home |  |

|  |  |
| --- | --- |
| Parent Centrelink Reference Number (CRN): |  |

|  |  |
| --- | --- |
| Please provide any relevant cultural background details |  |

|  |  |
| --- | --- |
| Does the child normally live with you? (Please circle) | Yes / No |

|  |  |
| --- | --- |
| Occupation |  |

SECONDARY PARENT  
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent Name |  |
| Parent Surname |  |
| Address |  |
| Phone Number/s | (H)  (M)  (W) |
| Parent Date of Birth |  |
| Email address |  |
| Relationship to child |  |
| Country of Birth |  |
| Languages other than English spoken at home |  |

|  |  |
| --- | --- |
| Parent Centrelink Reference Number (CRN) |  |

|  |  |
| --- | --- |
| Please provide any relevant cultural background details |  |

|  |  |
| --- | --- |
| Does the child live with you? (Please circle) | Yes / No |

|  |  |
| --- | --- |
| Occupation |  |

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER  
*Education and Care Services National Regulations - Regulation 160 (3c, d)*

|  |  |  |
| --- | --- | --- |
| Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? | Yes/No  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |
| Are there any other relevant court orders relating to the child’s residence or the child’s contact with a parent or other person? | Yes/No  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |
| Have photographs and names of unauthorised people been attached to this form? | Yes/No | Attached |
|  |
| Briefly outline court order requirements |  | |

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION  
*Education and Care Services National Regulations - Regulation 160 (3a, I, j) Regulation 162(d, g)*

To ensure your child’s safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Medicare Number |  | | |
| Medicare Expiry Date |  | Child’s Medicare reference number |  |
| Doctor’s name |  | | |
| Medical Centre |  | Phone number |  |
| Doctor’s address |  | | |
| Dentist name |  | | |
| Name of Service |  | Phone number |  |
| Dentist’s address |  | | |
| Private Health Cover | Yes / No | Private Health Fund Name |  |
| Private Health Care Membership Number |  | Ambulance Cover | Yes / No |
| Have you provided the service with medicare immunisation statement for your child | | Yes / No | |

CHILD’S MEDICAL DETAILS AND HEALTH CONDITIONS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Allergies- provide details of child’s allergies.  These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other | | | | | | | | |
| Allergy to | |  | | | | | | |
| Medical specialist or doctor who may be currently treating your child for this condition | | |  | | | | | |
| Phone contact |  | | Address |  | | | | |
| Risk of Anaphylaxis | | Yes/No | Has a doctor diagnosed this allergy? | | | | | Yes/No |
| Does your child have a current ASCIA Action Plan? | | Yes/No | Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?) | | | | | Yes/No |
| A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis | | | | | | | | Yes/No |
| If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date). | | | | | | | | |
| What is the expiry date of the adrenaline autoinjector? | | | | | | | Month / Year | |
| Please be advised that if your child is diagnosed  with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible.  *Education and Care Services National Regulations - Regulation 94.* | | | | | Yes/No | Parent 1  Signature: |  | |
| Parent 2 Signature: |  | |
|  | | |

Special dietary requirements

|  |  |
| --- | --- |
| Prohibited Food | Detailed information |
|  |  |

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical condition |  | | | |
| Has a doctor diagnosed this condition? | | | | Yes/No |
| Does your child have a current Action Management Plan (eg Asthma Plan) | | | | Yes/No |
| If yes, is this plan attached? | | | | Yes/No |
| A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90) | | | | Yes/No |
| If yes, is this plan attached? | | | | Yes/No |
| Does your child take any prescribed regular medication for this condition? | | | | Yes/No |
| Medication Name/s |  | | | |
| Medication will only be administered if:   * it is prescribed by a medical practitioner * it is in the original container with the original label * the label contains the child’s name * instructions and dosage can be clearly read * expiry date or use by date is valid * any verbal or written instructions provided by the medical practitioner must be provided by the parent/s   *Education and Care Services National Regulations Regulation 95*  Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form.  *Education and Care Services National Regulations Regulation 93* | | Parent 1  Signature: |  | |
| Parent 2 Signature: |  | |
|  | | |

IMMUNISATION DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, i, j),* *Regulation 162 (f, h, i)*

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

|  |  |  |
| --- | --- | --- |
| Immunisation Status of Child at enrolment | Comment: Fully immunised/catch up schedule | |
| Medicare Immunisation History Statement is provided and has words ‘up to date’ recorded. | Yes/ No | Attached |
| AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity. | Yes/ No | Attached |
| Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a ‘catch up’ schedule has been initiated. | Yes/ No | Attached |

FAMILY INFORMATION

|  |  |
| --- | --- |
| Does your child have any siblings attending our Service? If so, please provide their names and ages. |  |
| Does your child have other siblings at home or attending school? If so, please provide their names and ages. |  |
| Does your child have any other close relations attending the Service? If so, please provide their names and ages. |  |

DEVELOPMENTAL INFORMATION

|  |  |
| --- | --- |
|  | *Please provide any relevant information* |
| Does your child have any problems with hearing, sight or speech?  🞏 Hearing  🞏 Sight  🞏 Speech |  |
| Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? |  |
| Does your child require additional support for learning because of disability? |  |
| Is there anything that you do or modify at home that may assist us to meet the educational needs of your child? |  |
| Has your child begun toilet training? |  |
| Is this the first time your child has been in care?  If *yes,* please indicate the type of early education and care your child has experienced. |  |
| Is your child used to being with other adults and children? |  |
| Does your child have any comforters? (security blanket, dummy, bottle etc) |  |

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE  
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)*

|  |  |  |  |
| --- | --- | --- | --- |
| There may be times or situations where your child has had an accident, injury, trauma or illness and  parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child.  Please ensure you have obtained the person’s consent before listing them as an emergency contact. | | | |
| Full Name |  | | |
| Relationship to child |  | | |
| Phone Number | (H)  (M)  (W) | | |
| Address |  | | |
| Email Address |  | | |
| Can this person be contacted to deliver/collect your child from the education and care service | Yes/No | Parent 1  Signature |  |
| Parent 2 Signature |  |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1  Signature |  |
| Parent 2  Signature |  |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted?  (Please Circle) | Yes/No | Parent 1  Signature |  |
| Parent 2  Signature |  |
| Can this person give authorisation for the Service to take the child on regular outings? | Yes/No | Parent 1  Signature |  |
| Parent 2  Signature |  |

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE  
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Relationship to child |  | | |
| Phone Number | (H)  (M)  (W) | | |
| Address |  | | |
| Email Address |  | | |
| Can this person be contacted to deliver/collect your child from the education and care service | Yes/No | Parent 1  Signature |  |
| Parent 2 Signature |  |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1  Signature |  |
| Parent 2  Signature |  |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted?  (Please Circle) | Yes/No | Parent 1  Signature |  |
| Parent 2  Signature |  |
| Can this person give authorisation for the Service to take the child on regular outings? | Yes/No | Parent 1  Signature |  |
| Parent 2  Signature |  |
| Parent 2  Signature |  |

AUTHORISATIONS

Illness, accident and emergency treatment

*Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)*

|  |  |  |  |
| --- | --- | --- | --- |
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? | Yes/No | Parent 1 Signature: |  |
| Parent 2 Signature: |  |
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental  treatment from a registered dental practitioner or service in the event of an emergency? | Yes/No | Parent 1 Signature: |  |
| Parent 2 Signature: |  |
| Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency? | Yes/No | Parent 1 Signature: |  |
| Parent 2 Signature: |  |
| Do you consent to your child going out of the service to participate in fire evacuation drills on a termly basis? (separate excursion slip will need to be signed as well) | Yes/No | Parent 1 Signature: |  |
| Parent 2 Signature: |  |
| Do you consent to your child going up to the Wombalana Garden to play during the session? (separate excursion form will need to signed as well) | Yes/No | Parent 1 Signature: |  |
| Parent 2 Signature: |  |

ENROLMENT AGREEMENT- CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

|  |  |  |
| --- | --- | --- |
| Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any liability) | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary | YES | NO |
| Have staff apply Nappy Cream/Paste (supplied by parents) | YES | NO |
| Have staff apply Insect Repellent (supplied by parents) | YES | NO |

PHOTOGRAPHY AND VIDEO

|  |  |  |
| --- | --- | --- |
| For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service) | YES | NO |
| For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service | YES | NO |
| For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation | YES | NO |

PARENT AGREEMENT   
*Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

Please tick box to confirm you have read each point:

* I agree to inform the Service in writing immediately of any changes to the above information.
* I agree to keep my fees paid up to date and understand that my child’s position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
* If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
* I agree to pay a late fee of $5.00 per minute if 5 minutes late after the session finishes. (if session finishes at 2:30pm then late fees will be charged from 2:35pm) In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child’s whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
* I agree to provide two weeks written notice to withdraw my child or reduce booked days.
* I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer, they use their own sunscreen, please bring a spare tube to remain at the Service - clearly labelled with your child’s first and last name).
* I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service’s *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service’s policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.
* I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.
* I have read the Family Handbook (on website) and am familiar with the Service’s Policy Manual located under the sign in desk and in the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation. | | | | | |
| PRINT NAME |  | SIGNATURE |  | DATE |  |
| PRINT NAME |  | SIGNATURE |  | DATE |  |

Days of ‘Catastrophic’ Fire Danger

I understand that on **days of ‘Catastrophic’ fire danger,** in the best interests of all involved, Selby Childcare will be cancelled. I also understand that I will still be charged for this day.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRINT NAME |  | SIGNATURE |  | DATE |  |
| PRINT NAME |  | SIGNATURE |  | DATE |  |

**Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.