

Selby Community House
Occasional Childcare Enrolment Form

Date

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority is contained at the end of this form. All information at Selby House is in compliance with the Information Privacy Act 2000 which requires a Privacy Collection Statement to accompany any enrolment form. Questions marked with an asterisk*are not required by the regulations, but you are encouraged to answer these to assist the service in caring for your child. It is essential that your details are kept up to date.

Please notify us of any change of details, as soon as they arise.

DAYS AND TIMES REQUIRED					
Please tick the days that your child will require care:					
Monday	<input type="checkbox"/>	Arrival time	9.30am	Departure time	1.30pm
Tuesday	<input type="checkbox"/>	Arrival time		Departure time	
Wednesday	<input type="checkbox"/>	Arrival time	9.30am	Departure time	1.30pm
Thursday	<input type="checkbox"/>	Arrival time		Departure time	
Friday	<input type="checkbox"/>	Arrival time	9.30am	Departure time	1.30pm
CARE TYPE REQUIRED					
Please tick the care type your child will require:					
Routine Care:	<input type="checkbox"/>	Casual/Flexible Care:	<input type="checkbox"/>		
Start Date:			Fees: \$44 per child as of 5th April 2019		
Number of children attending other childcare services:			Number of children you are claiming Child Care Subsidy (CCS) for		

Our service does provide subsidised care through Centrelink. It is the parent's responsibility to ring Centrelink or go online and apply for a CRN number or apply for the Childcare Subsidy (CCS). We then put your child into our system once you provide us with CRN numbers and then our system will link up with Centrelink and calculate your out of pocket costs. We would like this done before the child start date or else full fees may be asked to be paid until it comes through from Centrelink.

Information about the child

Child CRN:.....
Family Name.....
Date of birth.....Sex: M F
Given Names.....Usually called.....
Home Address:p/c.....

Copy of Birth Certificate given: Yes No
 Languages spoken at home:.....
 *Is the child of Aboriginal and/Torres Strait Islander descent? Yes No
 *Does your child have a developmental delay or disability including intellectual, sensory or
 physical impairment? Yes No

Information about the child's parents or guardians

Mother (or Guardian) name:.....
 CRN:.....
 Date of Birth:.....
 Country of birth.....
 Address (as for child or)

 Ph: Home.....
 Work
 Mobile.....
 Email.....
 Does the child live with the mother or Guardian? Yes No
 Workplace Address (in case of emergency)

 Occupation.....
 Please write which parent is applying for centrelink subsidy for the
 child/ren?.....

Father (or Guardian) name:.....
 CRN:.....
 Date of Birth:.....
 Country of birth.....
 Address (as for child or)

 Ph: Home.....
 Work
 Mobile.....
 Does the child live with the father or Guardian? Yes No
 Workplace Address (in case of emergency)

 Occupation.....

Emergency Contact Information

There may be times when the child is unwell, has an accident etc. and the parents or guardians cannot be contacted when the emergency contact may need to be contacted. To deal with these situations, please include the names of two contacts, who you authorized to drop-off, collect and care for the child.

Name.....
 Address.....
p/c.....
 Phone Home:..... Work.....
 Mobile
 Relationship to child.....

Name.....
 Address.....
p/c.....
 Phone Home:.....Work.....
 Mobile

Court orders relating to the child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

- No go to the next section
- Yes please complete the following:
 1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form;
 2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorize the taking of the child outside the service by a staff member of the service;
 - consent to the medical treatment of the child
 - request or permit the administration of medication to the child;
 - collect the child, and/or
 - b) give these powers to someone else

Please describe these changes and provide the contact details of any person given these powers:

.....

Collecting the child from the children’s service

Your consent is required for other people to collect the child from the children’s service on your behalf. Please list the details of those people who can collect the child in the list below. In the event that the child is not collected from the children’s service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Details of people who can collect the child
 (This list may be added to or changed throughout the year).

Name

Address

Ph: Home:.....Work:.....

Mobile:

Name

Address

Ph: Home:.....Work:.....

Mobile:

Name

Address

.....

Ph: Home:..... Work:.....

Mobile:

Confidential

Child's medical and health information

Name... Doctor/Medical Service.....

..... Ph.....

Address Doctor/Medical Service

.....

.....

Maternal & Child Health Centre

.....

Family Dentist/ Address and Phone contact

.....

.....

*Has the child had their 3 and a half year old assessment? Yes No

If yes, provide details by attaching a copy if relevant.

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

Please provide a copy of your child's current medicare immunisation record.

Medicare No.....

Ambulance Subscription Yes No

Private Health Cover Yes No

Does your child have any special needs? Yes No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached)

.....

.....

Does the child have any allergy or sensitivity? Yes No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached)

.....

Does the child have Asthma Yes No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached)

.....

Does the child have any other medical conditions and needs (eg. epilepsy, diabetes, etc) which are relevant to the children's service? Yes No

If yes, the following management procedures are to be followed (or a copy of the management plan is attached)

.....

Does the child have any dietary restrictions? Yes No

If yes, the following restrictions apply:.....

.....

.....

.....

I-/we give permission for my child to:

Have Band-Aids or sticking plasters applied when necessary? Yes No

Have staff apply Nappy Cream?	Yes	No
Have staff apply your own supplied Insect Repellent?	Yes	No

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? No Yes
- If yes, does your child have an auto injection device (EpiPen)? No Yes
- Has the anaphylaxis medical management plan been provided to the service? No Yes
- Has a risk management plan been completed by the service in consultation with you? No Yes

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

Sunscreen Protection

As recommended by the Anti-Cancer Council of Victoria, the children’s service requests each child wears a suitable hat and arrives with adequate sunscreen protection from harmful U.V. sunrays.

- Yes.....reapply SPF30+ sunscreen, which I have supplied, to my child as required when going outside during September –April months.
- No.....do not reapply SPF30+ sunscreen to my child.

Signature.....

Please provide the name and ages of your child’s siblings:

Name	Age

Has your child been toilet trained? YES NO

Please provide details, if necessary:

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.....

Other Information

Is there anything else the children’s service should know about the child.(e.g. excessive fears, favourite activities, attending other early childhood or early intervention services.etc)

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Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by court order. The Children’s Services Regulations 2009 refer to these powers and responsibilities as lawful authority. It is not affected by the relationship between 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, 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 court order. The definition of guardian under the 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.

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 authorized by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e))

I/We:

1. Have viewed the Selby Community House Occasional Childcare Service (hereafter called the service) and consent to the enrolment of the admitting child (hereafter referred to as the child)
2. Understand that the person/s nominated as parent/carer are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
3. Agree to provide enrolment information to the Australian Government Department of Education and Training and the Department of Human Services (Centrelink) so that I/we can be contacted and provided with information on the new Child Care Subsidy and the Additional Child Care Subsidy that can be claimed for the first time at this service. (Note families are required to register for these subsidies from April 2018 and the first claims will be from 2 July 2018). More information can be found on the Department of Human Services website:
www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1
4. Agree to comply with all Government requirements in relation to the service
5. Agree that in the case of accident or injury, the service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
6. Are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition
7. Understand that the child will be accepted back into the service once a 'clearance certificate' for the child from a medical practitioner is received
8. Are aware that the service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
9. Agree to provide the service with all information regarding the health of my/our child
10. Are aware that the service may occasionally have visitors, or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service's appropriate supervision
11. Are aware that to cancel child care we are required to give notice as soon as possible prior to the commencement of the session otherwise fees will be charged.

I/We have read, understood and agree to abide by the conditions of this Enrolment Agreement.

Primary Parent / Carer

Service Coordinator

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____

PAYMENTS

I agree to pay the childcare fees on a fortnightly basis by providing Selby Community House with direct payment and if these fees are not paid then the service may terminate the child's care until payment has been made. I understand that I will be charged for public holidays if they fall on my child's routine day of care.

X

Primary Parent / Carer

Date: _____

I understand that if I select my child to be on routine care at Selby Community House that if they are away then you may get charged for it unless the service can find another child to fill that spot.

Signature

Primary Parent/Carer

Permission for child to be photographed

I hereby give permission for my child/ren.....
to be photographed for publicity and/or display purposes. I understand that these photos will be kept on file and this information is available to me at any time.

The photograph may appear in any of the following: Yes/No

Local media, Noticeboards, Community House Reports, Shire of Yarra Ranges Publicity material, Facebook or Selby Community House website

OR

I would prefer to be asked before each occasion when photographs are taken
Yes/No

Parents Name.....

Parents Signature.....

Selby Community House Occasional Care Program

I give the staff permission to take my son/daughter.....
to the play area behind the community house whenever the weather permits.
All care will be taken to ensure the safety and wellbeing of my child.
All outings will take place during the low risk times of the day.

Signed parent/guardian.....

Date:.....

DAYS OF TOTAL FIRE BAN

I understand that on days of declared Total Fire Ban, in the best interests
of all involved, Occasional Childcare will be cancelled. I also
understand that I will still be charged for this day.

Signed.....