

ARRABRI OCCASIONAL CHILD CARE ENROLMENT FORM



42 Allambanan Drive Bayswater North 9720-0877

Email: childcare@arrabri.org

CHILD DETAILS

Family Name (required)			
First given name (required)		Second given name	
Preferred first name			
Date of Birth		Gender	
Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number.</i>			
Child's home address			
Child normally lives with			

CULTURAL CONSIDERATION

Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home?	<i>(Please circle)</i> Yes / No If yes, what language (s) other than English are spoken at home.
County of birth	
Does your child have any cultural requirements?	
Does your child have any religious requirements?	

PRIMARY PARENT [Primary Parent must also be the registered CCS claimant]

Parent Name	
Parent Surname	
Address if different to child	
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): <i>Must be claiming parent with Centrelink</i>	
Please provide any relevant cultural background details	
Does the child normally live with you? (Please circle)	Yes / No
Occupation	

SECONDARY PARENT

Parent Name	
Parent Surname	
Address if different to child	
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

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	Attached
	If yes, please provide all relevant documentation and paperwork	
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	Attached
	If yes, please provide all relevant documentation and paperwork	
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached

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

MEDICAL INFORMATION

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 No. (include Medicare Reference No.	
Medicare Expiry Date	
Doctor's name	
Name and address of Medical Clinic	
Phone Number	
Dentist Name	
Dentist Service Name and Address	
Phone Number	
Private Health Cover Fund Name (if applicable)	
Private Health Cover Membership No.	
Ambulance Cover	

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 including phone no. and 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?			
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.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

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: <ul style="list-style-type: none"> 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 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.	Parent 1 Signature:		
	Parent 2 Signature:		

IMMUNISATION DETAILS

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).

Your Immunisation History Statement can be obtained by contacting Services Australia - Medicare:

- by telephone 1800 653 809
- online at <https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register/how-get-immunisation-history-statement>
- in person at your local Services Australia - Service Centre

AIR Immunisation History Statement or AIR Immunisation History Form 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

DEVELOPMENTAL INFORMATION

Please provide any relevant information

<p>Does your child have any problems with hearing, sight or speech?</p> <p><input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech</p>	
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?	
Has your child begun toilet training? If so, what actions and or words do they use for the toilet	
Does your child have any comforters? (security blanket, dummy, bottle etc)	

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

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. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the 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
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
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child in case of emergency?	Yes/No

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

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
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
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No

AUTHORISATIONS - Illness, accident and emergency treatment

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 authorise the Nominated Supervisor or other educator to include your child in emergency evacuation exercises?	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 for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	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 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 if I fail to provide notice of my child's absence by no later than 8.30am on the day of my child's booking.
- ☐ 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 \$10.00 per 15-minute block or part thereof after closing time. 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 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 authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- ☐ I give permission for prescribed medication to be administered by Service Educators 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 and am familiar with the Service's Policy Manual located in the Childcare room and the main 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 can be made in person to a staff member or anonymously in the suggestion box.

☐ If applicable, I give permission for the Service to display my child's medical management plan in a prominent position accessible by all educators, staff and management.

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	

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Brochure		Social Media	
Website		The Club	
Open Day		Maternal Child Health	
Other (please specify)			

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)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of any family law or other relevant court Orders and/or legal documents	

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.

OFFICE USE ONLY

Immunisation sighted by Arrabri Community House Manager or Occasional Child Care Team Leader/ Educator

Signed: _____ Date Sighted: _____

KEY DATE 1	KEY DATE 2	KEY DATE 3	ENROL?
First date child will attend service	Date two months prior to child first attending service	Date of next due immunisation	Is KEY DATE 3 AFTER KEY DATE 2?
			<input type="checkbox"/> Yes – confirm enrolment <input type="checkbox"/> No – do not confirm enrolment