

Enrolment Form

Parents/Guardians Details

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
(This should be the person linked to Centerlink)	
My Customer Reference Number (CRN) From the Family Assistance Office is _____	
Full Name: _____	Full Name: _____
Last Name: _____	Last Name: _____
Date of Birth: _____	Date of Birth: _____
Address: _____ _____	Address: _____ _____
Telephone (Home): _____	Telephone (Home): _____
Telephone (Work): _____	Telephone (Work): _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Employment Details (Please Circle):	Employment Details (Please Circle):
Employed Student/Studying Non-working	Employed Student/Studying Non-working
Place of Employment:	Place of Employment
Occupation _____	Occupation: _____
Days Worked: _____	Days Worked: _____
Nationality: _____	Nationality: _____
Languages Spoken: _____	Languages Spoken: _____
Medicare No: _____	Medicare No: _____
Does the child live with this guardian? Y N	Does the child live with this guardian? Y N

Do you have a preferred Educator? Yes No Who? _____

My Childs Customer Reference Number (CRC) is: _____

Childs Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Years

Sex: Male: Female:

MEDICARE NUMBER: _____ Expiry: _____

Address" (If different from parent): _____

School Attended: (If applicable) _____ Date started School: _____

Place and Country of Birth: _____

Language Spoken: _____ - Cultural Background: _____

Please identify any cultural or religious practices your child must observe while in care: _____

Is your Child currently using any Medication? Yes No (circle) IF yes, please list the medication:

Does your child have any allergies? Yes No (circle) If yes, please list them:

Does your child have any other conditions which the Educator should be aware of: (Colic, constipation; Convulsions Speech difficulties, Asthma, Eczema, Epilepsy etc)

Please note that Werribee Early Years FDC requires a Health Plan from your GP if your child suffers a recurring illness or has a condition which we need to know about. The Health Plan must outline what steps needed to be taken in an emergency.

Emergency Contact Information

Please list at least two people who can collect your child from care if you are unavailable or in case of an Emergency.

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to child: _____	Relationship to child: _____
Mobile: _____	Mobile: _____
Home Phone: _____	Home Phone: _____

DOCTORS NAME: _____	DENTISTS NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: _____	TELEPHONE: _____
PRIVATE HEALTH INSURANCE: YES/NO AMBULANCE INSURANCE: YES/NO IF YES, FUND: _____	
POLICY NUMBER: _____	

Parents should be aware that in the case of an emergency, the Carer is authorized to call an Ambulance and parents are liable for the costs incurred, whether Ambulance Insurance is held or not.

Is the child of Aboriginal and/or Torres Strait Islander origin?

- No No, not Aboriginal or Torres Strait Islander.
- Yes Yes, Aboriginal or Torres Strait Islander.
- Yes Yes, Aboriginal.
- Yes Yes, Torres Strait Islander.

Does the child have a disability or developmental delay including intellectual, physical or sensory impairment: Yes No (Please circle)

Court Orders relating to the child

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

No **Yes** **(Please circle)**

If Yes please bring the original court order/s for staff to see and a copy to attach to the enrolment form:

1. If these orders:
 - Change the powers of a parent/guardian to:
 - Authorize the taking of the child outside the service by staff member of the Service;
 - In the case of a family day care service, the taking of the child outside the family day care Educators residence or family day care venue by the educator;

 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child; collect the child from the service of Family day care, **AND/OR**

2. Give these powers to someone else,

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

Dietary Restrictions

Does the child have any dietary restrictions?

Yes No **(Please circle)** If yes, please record below the restrictions:

Health Cover *(Please circle)*

Ambulance cover:	No	Yes
Private Health Fund:	No	Yes
Healthcare Card:	No	Yes

Health Fund: _____

Medicare Number: _____

Expiry Date: _____

Details of people authorized to collect your child.

Name:	Name:
Address:	Address:
Telephone/s: (H) (W) (Mobile)	Telephone's: (H) (W) (Mobile)
Relationship to Child:	Relationship to Child:

(Your consent is required for other people to collect the child from the Educator's Service on your behalf. Please provide the details you authorize to collect the child. In the event that child is not collected by the parents or guardians cannot be contacted, this persons list will be used to arrange collection of the child.)

Child Health Information

Name of Doctor/Medical Service: _____ Telephone: _____

Address: _____

Maternal & Child Health Centre: _____

Does your child have a health record? (Please circle) Yes No

(A document that records a child's health and development and immunizations)

(Office Only) Name _____ Position _____ of person sighted.)

Does your child have any allergies or sensitivity? (Please circle) Yes No

If YES please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does your child have any special needs? (Please circle) Yes No

If Yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

Anaphylaxis

Has your child been diagnosed at risk or anaphylaxis? (Please circle)	Yes	No
Does your child have an auto injection device (e.g. Epi Pen)?	Yes	No
Has the anaphylaxis medical management plan been provided to the Service?	Yes	No
Has a risk management plan been completed by the service in consultation with you?	Yes	No

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 your 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.

Does your child have any other medical conditions? (E.g. asthma, epilepsy, diabetes,) that are relevant to the care of the 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.

Immunization Record

Ensure, under the No Jab, No Play legislation, before enrolling a child, that evidence is obtained and recorded that the child is:

Fully immunised for their age, or

on a vaccination catch-up program, or

unable to be fully immunised for medical reasons. (Conscientious objection is no longer an exemption under the No, Jab No Play legislation)

Review and update evidence of vaccination records on a regular basis.

<p>Has the child been immunized? (Please circle)</p>	<p>Yes No</p>
<p>If YES, please provide the details by:</p> <ul style="list-style-type: none"> Attaching a copy of the immunization Record from the Child Health Record Book or; Attaching a copy of the immunization Record printout from Local Government or; Attaching the Child History Statement from the Australian Childhood Immunization Register. 	
<p>(Office Only) Sighted by _____ Date _____</p>	
<p>Is there anything else we need to know about? (Child's fear, insecurities, likes dislikes, ECT)</p> <hr/> <hr/> <hr/>	

Consent to emergency medical treatment

I, Full Name) a person with lawful authority of the child referred to in this enrolment form.

- Agree to collect or make arrangements for the collection of the child if the child becomes unwell at the service;
- Consent to a coordinator or Educator of the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service. I acknowledge that the service is not liable for fees or costs in regards to these actions;
- Declare that the information in the enrolment form is true and correct and to undertake to immediately inform the service in the event of any change to the information.

Eligibility — FDC educators and their partners are not entitled to receive child care payments for their own child's session of FDC if, on that same day, the FDC educator provides FDC for an approved FDC service, unless specified circumstances apply.

Are you currently providing care to children as a FDC educator? Yes No (Please Circle)

Is your partner currently providing care to children as a FDC educator? Yes No (Please Circle)

You **must** inform WEYFDC if you, or your partner, becomes an educator in the future.

If yes....

Does your child have a disability? Yes No (Please Circle)

Does your child live in a remote areas of Australia? Yes No (Please Circle)

Do you do any paid work, apart from when you work as a FDC educator? Yes No (Please Circle)

Are you currently enrolled in a course of education and training working towards Certificate 3 level or above? Yes No (Please Circle)

If you have answered Yes top any of the above you will need to fill out the form " child swapping - information request" with supporting evidence.

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 are living 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 to another person.

Guardians A guardian of a child also has powerful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Service Act also covers situations where a child does not live with 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

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/guardian or prescribed in the Children's Services Regulations 2009. (Regulation 35 (1) (d-e)) Proprietors are required to comply with the information Privacy Act, 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

Parents Agreements

Permission to act in case of emergency or accident:

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents and emergency contacts prior to such treatment being sought. However, should this prove impossible, it will be necessary for authority to be given for such treatment to be undertaken. I _____ authorize Werribee Early Years Educators/ staff to seek emergency medical, hospital, dental and ambulance services for my child should this be necessary.

Permission for photographs:

I give permission for Werribee Early Years to take photographs of my child for the purpose of display within the Service. This is used for programming, recording and assessment purposes.

Signature Date

Permission for publicity:

Name of Child.....

YES I give permission for my child's photo/work and/or first name to be used for any publicity purpose by Werribee Early Years FDC..

NO My child's photo/work and/or first name cannot be used for any publicity by Werribee Early Years FDC.

Signed Date.....

Name of Parent/Guardian

Permission to administer Paracetamol:

I authorize the Educator/Coordinator to administer Paracetamol in the recommended dosage when my child's temperature is above 37.5 degrees Celsius. I understand I will be immediately informed should this be necessary.

Signature Date

Permission to practice Emergency Evacuation Procedures:

I give permission for my child to participate in Emergency Evacuation Procedures.

Signature Date

Permission to administer sun care requirements:

I give permission for sunscreen to be applied to my child for outdoor play.

Signature Date

Permission to inspect for head lice:

I give permission for Werribee Yearly Years FDC Educators/Coordinators to check my child’s hair for head lice and nits. I understand any such check will be conducted sensitively and discreetly. If head lice are found my child will be excluded and will not be able to return until effective treatment has commenced.

Signature..... Date.....

Permission to use vehicle:

I DO / DO NOT give permission for educators/coordination staff to transport my child/ren at the request of the educator to events such as playgroups, routine excursions, ect. I understand that the vehicle complies with Werribee Early Years policies regard vehicle use and child safety.

Signature..... Date.....

Permission to celebrate religious, festive and cultural celebrations.

I consent to my child celebrating and participating in activities that are seen by to be educational, learning experiences, joyous occasions and most of all, fun. Example: Christmas, Easter, Chinese New Year, etc.

Signature: Date.....

Policies:

I agree to abide by Werribee Early Years policies.

Signature Date

Do you require School Holiday bookings? Yes No (please circle)

Is your child current enrolled in any other child care service? Yes No (please circle)

Contracted hours and days of care

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Total							

I understand that:

- Werribee Early Years FDC will apply an administration levy as set by the scheme. This is a user pays levy that parents/guardians pay to contribute to the operational costs of the service.
- Each child is entitled to 42 days allowable absences whereby Child Care Benefit will be paid provided a parent/guardian signature is provided on the time sheets. After this amount of allotted days is exhausted full fees will be charged for any absences over the 42 days. Please note that extra allowable absences include sick days accompanied with a doctor's certificate and Public holidays.
- Fees need to be paid to the Educator at the end of each week or as agreed to by the Educator and Parent/Guardian. Two weeks' notice must be provided for holidays and cessation of care.
- If CCB (Child Care Benefit) is cancelled for any reason, I am liable to pay full fees until the matter is solved between Centerlink and myself.
- Werribee Early Years does not tolerate any forms of violence.
- The schemes Policies and Procedures, Emergency Evacuation Procedures, Guidelines for the control of infectious diseases, Staffing, Educator training details, Fees and Charges, Developmental programs are accessible to me at the Coordination Unit Office and/or at the Educators residence.

Signature: (Parent/Guardian)	Date:
Signature: (Educator)	Date
Signature: (Coordinator)	Date

Office Use Only:

Permanent day/s: Mon Tues Wed Thurs Fri Sat Sun (circle)

Commencement Date:

Immunization Record sighted and filed:

Enrolment completed and filed with copy sent to Educator:

Priority of Access

The Commonwealth Government funds child care with a major purpose of meeting the child care needs of families. Where the demand for child care exceeds the available Child Care Benefit (CCB) places, the Family Assistance legislation requires that child care services allocate places to families with the greatest need for child care.

The categories for priority for child care are:

- First priority - a child at risk of serious abuse or neglect;
- Second priority - a child of a single parent who satisfies, or of parent/s who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999; and
- Third priority - any other child

Within these main categories priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families;
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold, or who or whose partner are on income support;
- children in families from a non-English speaking background;
- children in socially isolated families; and
- Children of single parents.