



UPPER HUNTER CHILDREN'S SERVICES ENROLMENT FORM 2017



PLEASE RETURN BY: _____ . Placement can **not be guaranteed if returned after this date.**

PARENT/GUARDIAN 1 (CCB CLAIMANT)

Family Name: _____

Given Name/s: _____

Former/Other names you may be known by: _____

Relationship to child/ren: _____

Home address: _____

Town: _____ postcode: _____

Postal Address (if different to above): _____

Town: _____ postcode: _____

Home phone: _____

Mobile: _____

Email: _____

Date of birth: ___ / ___ / _____

Customer Reference Number: _____ / _____

Family Status: 2 parent 1 parent mother

guardian 1 parent father

Employment Status: Full Time Part Time Non-regular

roster not employed pension/benefit student

Work place: _____

Address: _____

Phone: _____

Occupation: _____

Country of Birth: _____

Cultural background: _____

Aboriginal Torres Strait Islander

Primary language/s spoken in the home: _____

Sample of initials or mark: _____

Signature: _____

PARENT / GUARDIAN 2 (same authorisation rights as Parent 1)

Family Name: _____

Given Name/s: _____

Former/Other names you may be known by: _____

Relationship to child/ren: _____

Home address: _____

Town: _____ postcode: _____

Postal Address (if different to above): _____

Town: _____ postcode: _____

Home phone: _____

Mobile: _____

Email: _____

Date of birth: ___ / ___ / _____

Family Status: 2 parent 1 parent mother

guardian 1 parent father

Employment Status: Full Time Part Time Non-regular

roster not employed pension/benefit student

Work place: _____

Address: _____

Phone: _____

Occupation: _____

Country of Birth: _____

Cultural background: _____

Aboriginal Torres Strait Islander

Primary language/s spoken in the home: _____

Sample of initials or mark: _____

Signature: _____

ELC FDC SOOSH: BSC/ASC VAC

Permanent Casual Start date: ___ / ___ / ___

Child 1 Name: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Please ✓							

FDC Educator name/s: _____ N/A

Contract: DEC Benevolent Society Lady Gowrie

Child 2 Name: _____

	Mon	Tue	Wed	Th	Fri	Sat	Sun
Please ✓							

FDC Educator name/s: _____ N/A

Contract: DEC Benevolent Society Lady Gowrie

- Birth certificate
- Immunisation record
- Nomination of Eligible Hours form (CCB)
- Entered in to Harmony
- Copy to Educator
- Copy to TRIM

Office Use Only

- Authorisation acknowledgements provided
- Copy of Contact Orders / Parenting Agreement provided
- 'Arrival / Departure from care unaccompanied by an adult' form
- Medical Action Plan provided
- Risk Minimisation plan + communicated to Educator / staff

- Debtor set-up date: ___ / ___ / ___
- Enrolment Fee date: ___ / ___ / ___
- First service Additional service
- Cash Cheque EFTPOS Invoice
- PAYMENT Advance - fee estimate given
- Direct Debit - forwarded to finance

EMERGENCY AND AUTHORISED CONTACTS OTHER THAN THE PARENTS/GUARDIANS

Nominated contact persons should be someone who, in the event that we can not contact you or your partner, you would like us to contact. I.e, a relative, close friend, trusted neighbour.

Siblings (over 16) must also be nominated if they are to collect child/ren from care.

An 'Arrival /Departure from care unaccompanied by an adult' form **MUST** be completed for a child to arrive to or leave the care premises unaccompanied (school-age children only), or with someone who is not yet 18 years of age.

Child Name/s: _____

1. Name: _____ Relationship to child: _____ Address: _____ Home phone: _____ Mobile: _____ Employer: _____ Employment address: _____ Work phone: _____	Is authorised to: Deliver / collect child/ren <input type="checkbox"/> Yes <input type="checkbox"/> No MUST be 18yo or over *Be notified in the case of an emergency <input type="checkbox"/> Yes <input type="checkbox"/> No *Consent to medical treatment <input type="checkbox"/> Yes <input type="checkbox"/> No *Consent to administration of medication <input type="checkbox"/> Yes <input type="checkbox"/> No *Give permission for excursions / outings <input type="checkbox"/> Yes <input type="checkbox"/> No 'Arrival / Departure from care unaccompanied by an adult' form completed if this person is under 18 years old <input type="checkbox"/> Yes <input type="checkbox"/> N/A I, _____ acknowledge that I have been nominated as a person who is authorised by this family as indicated above. Signature: _____ sample of initials: _____
---	--

2. Name: _____ Relationship to child: _____ Address: _____ Home phone: _____ Mobile: _____ Employer: _____ Employment address: _____ Work phone: _____	Is authorised to: Deliver / collect child/ren <input type="checkbox"/> Yes <input type="checkbox"/> No MUST be 18yo or over *Be notified in the case of an emergency <input type="checkbox"/> Yes <input type="checkbox"/> No *Consent to medical treatment <input type="checkbox"/> Yes <input type="checkbox"/> No *Consent to administration of medication <input type="checkbox"/> Yes <input type="checkbox"/> No *Give permission for excursions / outings <input type="checkbox"/> Yes <input type="checkbox"/> No 'Arrival / Departure from care unaccompanied by an adult' form completed if this person is under 18 years old <input type="checkbox"/> Yes <input type="checkbox"/> N/A I, _____ acknowledge that I have been nominated as a person who is authorised by this family as indicated above. Signature: _____ sample of initials: _____
---	--

3. Name: _____ Relationship to child: _____ Address: _____ Home phone: _____ Mobile: _____ Employer: _____ Employment address: _____ Work phone: _____	Is authorised to: Deliver / collect child/ren <input type="checkbox"/> Yes <input type="checkbox"/> No MUST be 18yo or over *Be notified in the case of an emergency <input type="checkbox"/> Yes <input type="checkbox"/> No *Consent to medical treatment <input type="checkbox"/> Yes <input type="checkbox"/> No *Consent to administration of medication <input type="checkbox"/> Yes <input type="checkbox"/> No *Give permission for excursions / outings <input type="checkbox"/> Yes <input type="checkbox"/> No 'Arrival / Departure from care unaccompanied by an adult' form completed if this person is under 18 years old <input type="checkbox"/> Yes <input type="checkbox"/> N/A I, _____ acknowledge that I have been nominated as a person who is authorised by this family as indicated above. Signature: _____ sample of initials: _____
---	--

Parent name: _____

Signature: _____

Date: ___ / ___ / ___

MEDICAL DETAILS

Family Doctor Name: _____ Address: _____ Phone: _____	Family Dentist Name: _____ Address: _____ Phone: _____
Name of Health Fund: _____	Ambulance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD 1 DETAILS

Surname: _____

Given Name/s: _____

Former/other names may be known by: _____

Nickname/s: _____

Gender: Male Female Date of Birth: ___ / ___ / ___

Care Start date: ___ / ___ / _____

Medicare Number: _____ / _____

Customer Reference Number: _____ / _____

School status: not yet attending school attending school

Name of school: _____ N/A

Class: _____ Teacher's Name: _____

Country of Birth: _____

Cultural background: _____

Aboriginal Torres Strait Islander

Primary language/s spoken in the home: _____

Disability/Diverse needs: _____ Nil

hearing sight mobility developmental delay

Other: _____

① Staff will complete the 'Risk Minimisation Plan' with you

Number of sibling/s in other approved services: _____ Nil

Normally resides with: mother father other: _____

Court orders/Parenting Orders/Parenting Plan?: Yes No

Copy of Order / Plan attached: Yes N/A

Details of natural parent (if not Parent 1 or Parent 2)

Name: _____

Address: _____

Contact number: _____

Specific Health Care Needs /Allergy/relevant Medical Condition

Nil Allergy Diagnosed or At risk of anaphylaxis

Asthma Diabetes Seizures On regular medication

Other: _____

① Staff will complete the 'Risk Minimisation Plan' with you, and provide a copy of the Medical Conditions Policy

Copy of medical Management Plan attached: Yes N/A

Dietary restrictions: _____ Nil

Is this child fully immunised for his/her age?: Yes No

Copy of Immunisation Record attached: Yes No

① A copy of the Immunisation History Statement MUST be provided, and kept up to date, or this child will not be able to attend care.

Name of Pre-school attended: _____ N/A

Phone: _____ Days: M T W T F

Name of other child care: _____ N/A

① A 'Nomination of Eligible Hours' form may be required

CHILD 2 DETAILS

Surname: _____

Given Name/s: _____

Former/other names may be known by: _____

Nickname/s: _____

Gender: Male Female Date of Birth: ___ / ___ / ___

Care Start date: ___ / ___ / _____

Medicare Number: _____ / _____

Customer Reference Number: _____ / _____

School status: not yet attending school attending school

Name of school: _____ N/A

Class: _____ Teacher's Name: _____

Country of Birth: _____

Cultural background: _____

Aboriginal Torres Strait Islander

Primary language/s spoken in the home: _____

Disability/Diverse needs: _____ Nil

hearing sight mobility developmental delay

Other: _____

① Staff will complete the 'Risk Minimisation Plan' with you

Number of sibling/s in other approved services: _____ Nil

Normally resides with: mother father other: _____

Court orders/Parenting Orders/Parenting Plan?: Yes No

Copy of Order / Plan attached: Yes N/A

Details of natural parent (if not Parent 1 or Parent 2)

Name: _____

Address: _____

Contact number: _____

Specific Health Care Needs /Allergy/relevant Medical Condition

Nil Allergy Diagnosed or At risk of anaphylaxis

Asthma Diabetes Seizures On regular medication

Other: _____

① Staff will complete the 'Risk Minimisation Plan' with you, and provide a copy of the Medical Conditions Policy

Copy of medical Management Plan attached: Yes N/A

Dietary restrictions: _____ Nil

Is this child fully immunised for his/her age?: Yes No

Copy of Immunisation Record attached: Yes No

① A copy of the Immunisation History Statement MUST be provided, and kept up to date, or this child will not be able to attend care.

Name of Pre-school attended: _____ N/A

Phone: _____ Days: M T W T F

Name of other child care: _____ N/A

① A 'Nomination of Eligible Hours' form may be required

CHILD 1 DETAILS cont...**Child name:** _____

Other household members:

Name: _____ relationship: _____ age ____

Name: _____ relationship: _____ age ____

Name: _____ relationship: _____ age ____

Cultural/Religious/family customs to be observed: _____**Other important information** for us to know:

Favourite activities: _____

Fears: _____

Special words: _____

Toileting: _____

Mealtime requirements: _____

Sleep routine/preferences: _____

Other: _____

Permission for Release and Exchange of Information:Are there any other professionals involved with the child's care?
(including attendance at school / another service) Yes NoPermission is given for staff / Educators to release and exchange
information relevant to the care of my child, with the following
people or organisations:**Name:** _____

Role / title: _____

Organisation: _____

Phone: _____ Mobile: _____

Email: _____

Name: _____

Role / title: _____

Organisation: _____

Phone: _____ Mobile: _____

Email: _____

Name: _____

Role / title: _____

Organisation: _____

Phone: _____ Mobile: _____

Email: _____

CHILD 2 DETAILS cont...**Child name:** _____

Other household members:

Name: _____ relationship: _____ age ____

Name: _____ relationship: _____ age ____

Name: _____ relationship: _____ age ____

Cultural/Religious/family customs to be observed: _____**Other important information** for us to know:

Favourite activities: _____

Fears: _____

Special words: _____

Toileting: _____

Mealtime requirements: _____

Sleep routine/preferences: _____

Other: _____

Permission for Release and Exchange of Information:Are there any other professionals involved with the child's care?
(including attendance at school / another service) Yes NoPermission is given for staff / Educators to release and exchange
information relevant to the care of my child, with the following
people or organisations:**Name:** _____

Role / title: _____

Organisation: _____

Phone: _____ Mobile: _____

Email: _____

Name: _____

Role / title: _____

Organisation: _____

Phone: _____ Mobile: _____

Email: _____

Name: _____

Role / title: _____

Organisation: _____

Phone: _____ Mobile: _____

Email: _____

Parent name:**Signature:****Date:**

___ / ___ / ___



HEALTH CARE



RISK MINIMISATION PLAN

Parent and service complete this plan in accordance with National Regulation 90.1, to support the inclusion of a child if they have a **specific health care need, allergy or other relevant disability or medical condition.**

Child's name:

D.O.B

Specific health care need, allergy or condition:

please attach any available relevant information or diagnosis

Current photo

Is the child's condition


Improving chronic deteriorating

Please describe your child's Abilities	Impact of the condition / potential care risks for child Eg, prone to falls, can choke easily, has seizures while asleep, involuntary hand movements,	Risk Rating (low medium high)	Specific care required to minimise risk Eg, training, use of equipment, specific monitoring , precautions, hygiene measures, medication, sensory processing, etc
Physical / mobility / positioning	<input type="checkbox"/> Nil OR Please describe:		<input type="checkbox"/> Nil OR Please describe:
Communication	<input type="checkbox"/> Nil OR Please describe:		<input type="checkbox"/> Nil OR Please describe:
Social interaction / behaviour	<input type="checkbox"/> Nil OR Please describe:		<input type="checkbox"/> Nil OR Please describe:
Learning and play / general development	<input type="checkbox"/> Nil OR Please describe:		<input type="checkbox"/> Nil OR Please describe:
Sleeping	<input type="checkbox"/> Nil OR Please describe:		<input type="checkbox"/> Nil OR Please describe:
Meals / eating	<input type="checkbox"/> Nil OR Please describe:		<input type="checkbox"/> Nil OR Please describe:
Self-help / routines / transitions	<input type="checkbox"/> Nil OR Please describe:		<input type="checkbox"/> Nil OR Please describe:

LIKELIHOOD	CONSEQUENCE			Risk Rating (low medium high)	Care required to minimize risk Eg, Training, use of equipment, specific monitoring (describe), precautions, hygiene measures, etc
	Major	moderate	minor		
Likely	High	High	Medium		
Possible	High	Medium	Low		
Unlikely	Medium	Low	Low		
Other specific risks or impact of the condition	<input type="checkbox"/> Nil OR Please describe:				<input type="checkbox"/> Nil OR Please describe:
Regular medication (including side-effects) <i>(please complete an authorisation to administer medication):</i>	<input type="checkbox"/> Nil OR Please describe:				<input type="checkbox"/> Nil OR Please describe: <i>(any emergency medication, or medication needed during care MUST be supplied for the child to attend care)</i>
Are there any emergencies that could arise?	<input type="checkbox"/> Nil OR Please describe:				<input type="checkbox"/> Nil OR Please describe / attach emergency action plan <i>(This MUST be provided for the child to attend care)</i>

Is there a current Health Care Plan in place?

No

Yes → due for review / update: ___ / ___ / _____
→  please attach a copy

Any additional comments / information?

Plan developed by:

Staff name:

Signature:

date

___ / ___ / _____

Parent name:

Signature:

date

___ / ___ / _____

AGREEMENTS / PERMISSIONS / UNDERSTANDINGS

ELC, FDC and SOOSH

Priority of Access to care	<p>I agree that in accordance with Commonwealth Priority of Access guidelines, Upper Hunter Shire Council Children's Services endeavour to allocate care placement to families on the following basis:</p> <p>Priority 1: child at risk of serious abuse or neglect Priority 2: child of a single parent who satisfies, or of parents who both satisfy, the work / training / study test Priority 3: any other child</p> <p>Priority 3 placements: I agree that I can be provided with 14 calendar days notice to relinquish part or all of my care placement, in order for the service to provide a place for a higher priority child, in accordance with <i>Family Assistance legislation</i>.</p> <p>SOOSH placements for children who have not yet started school: I agree that I can be required to leave the service so that SOOSH can provide a place for a school child, in accordance with <i>Family Assistance legislation</i>.</p>	<p>Initials _____</p> <p>Initials _____</p> <p>Initials _____</p>
Attendance records	I agree to record and sign the actual times of attendance for my child/ren, at the time of arrival and at the time of departure , in accordance with the requirements of the <i>Education and Care Services National Regulations 2011</i> and <i>Family Assistance legislation</i> . I agree to sign this record to verify its accuracy.	Initials _____
Payment of fees	I agree to pay the calculated weekly fees by the due date in accordance with the service Fee policy, or in accordance with my FDC Educator's Independent Fee Policy. I am aware that should my payment fall in arrears, my child/ren may be refused care, and my care contract/booking can be terminated. I further understand that action may be taken to recover any outstanding fee amounts.	Initials _____
Fees and absences	I agree to pay fees in accordance with my care contract / booking, to hold my child/ren's care place in the event of any absences from my usual care contract / booking (including illness, vacation, RDO's, Public Holidays)	Initials _____
Notice for terminating care	I agree to give the required notice to cancel my care contract / booking. I understand that full fees will be payable for any absences after my child's last day of care used during the notice period.	Initials _____
Collection for illness or accident	I agree to collect my child/ren within a reasonable time frame as requested by service staff, or my FDC Educator: <ul style="list-style-type: none"> ▶ if they become seriously ill, or display symptoms of a potentially infectious illness, or are too unwell to participate in the usual activities and routines of the service, and ▶ if they have an accident for which it is felt medical attention ought to be sought 	Initials _____
Exclusion for infectious illness	I agree to exclude my child/ren from care for the period recommended by the Department of Health or my child/ren's Medical Practitioner, if s/he contracts an infectious illness / disease. I further agree to provide a Medical clearance on request, confirming my child/ren is no longer infectious and is well enough to return to care, and prior to re-admission into care.	Initials _____
Exclusion for non-immunisation	I agree to exclude my child/ren from care during any outbreak of a vaccine-preventable disease, if a current up-to-date record of my child/ren's immunisation is not held by the service. I understand that usual fees are still payable for these absences.	Initials _____
Upholding policies	I agree to abide by the policies of the service.	Initials _____
Emergency medical treatment	I authorise the Upper Hunter Shire Council care service and/or my child's Educator to seek and obtain any necessary medical, dental, hospital, ambulance treatment, or transport in an ambulance as is deemed necessary for the welfare of my child/ren in the event of an emergency (<i>Regulation 161</i>). I understand I am responsible for any costs incurred.	Initials _____
Permission for emergency evacuation practices	I give permission for my child/ren to participate in emergency evacuation practices, that may involve them being taken outside the education and care premises for brief periods of familiarisation with emergency evacuation procedures and evacuation assembly points.	Initials _____
Photographic and Media consent	<p>I hereby consent to the service, and Upper Hunter Shire Council and its successors and assigns, making and using any image/photograph/media in which my child/ren or I appear:</p> <ul style="list-style-type: none"> ▶ In documenting my child/ren's learning and participation in the service and it's activities ▶ Within Upper Hunter Children's Services premises, activities and publications ▶ In promoting Upper Hunter Children's Services (such as community events, community displays and information occasions, media releases) <p>I agree this consent is subject to the following:</p> <ol style="list-style-type: none"> 1. This consent allows the service and the Upper Hunter Shire Council to use, make unlimited reproductions, license or sell the image/photograph/media for the purposes of marketing and any other purpose or activity of the service and Upper Hunter Shire Council throughout the world. 2. I agree that I have not claim or any right, title or interest in or to the image/photograph/media or to any reward or compensation for granting this consent to the service and Upper Hunter Shire Council 3. I agree this consent is irrevocable and is given to the service and Upper Hunter Shire Council in perpetuity. 4. This consent is given on behalf of myself and my child/ren, or where I or my child/ren appear in the image/photograph/media as a representative of any corporation, body corporate, partnership or other employer, it is given on behalf of that party and I warrant that I am authorised to do so. 	<p>Initials _____</p> <p>Initials _____</p> <p>Initials _____</p> <p>Initials _____</p> <p>Initials _____</p> <p>Initials _____</p>
Permission for sunscreen	I give permission for SPF30+ sunscreen to be applied to my child/ren. In the case of my child/ren having an allergy to sunscreen, I agree to provide a suitable sunscreen and/or an alternate plan for effective sun safety.	Initials _____
Permission for Paracetamol	I authorise the recommended dosage of paracetamol may be administered to my child/ren should his/her temperature exceed 38.5°C. I understand staff / Educators will make reasonable attempts to contact me, or a person authorised by me to consent to administration of medication, to receive verbal permission prior.	Initials _____

Collection of children and Access	<p>I understand that children will only be released to parents, or persons authorised in writing prior. <i>(Regulation 99)</i></p> <p>I understand that the service / Educator must ensure that a parent of a child may enter the premises at any time that the child is being educated and cared for by the service <i>(Regulation 157)</i> - access can only be denied to a parent if access is prohibited or restricted by court order, AND a copy of this order is held by the service / Educator.</p> <p>I understand that the service / Educator is not required to allow entry if:</p> <ul style="list-style-type: none"> ▶ permitting the parent's entry would pose a risk to the safety of the children and staff, or conflict with any duty of the service / Educator under the law, or ▶ The service / Educator reasonably believes that permitting the parent's entry would contravene a court order <i>(Regulation 157)</i> 	<p>Initials _____</p> <p>Initials _____</p> <p>Initials _____</p>
Authorisation for medication	<p>I understand that I, or a person I have authorised in writing, must provide written authorisation to administer medication to my child.</p> <p>I understand that medication will only be administered in accordance with regulatory requirements. <i>(Regulation 93, 95, 96)</i></p>	Initials _____
Asthma or Anaphylaxis Emergency	I understand that medication may be administered to my child/ren without authorisation in case of an asthma or anaphylaxis emergency. Should this occur, I will be notified as soon as practicable. <i>(Regulation 94)</i> .	Initials _____
Authorisation for excursions	<p>I understand that I, or a person I have authorised, must provide written permission prior to my child being taken off the care premises for any outing or excursion <i>(Regulation 102)</i>.</p> <p>FDC ONLY: I understand that if I prefer my child/ren not participate in a planned outing or excursion, I may seek alternate care through the Family Day Care Office, and fees will not be payable to my usual Educator for that period.</p>	<p>Initials _____</p> <p>Initials _____</p>
Permission for performances and presenters	I understand that the service may organise visiting performers or presenters as part of its' planned activities. I understand that I will be advised of these prior, and I may choose that my child/ren not participate.	Initials _____
Release and exchange of information	I understand that specific observation of my child/ren by students undertaking child-related studies, or referral to other agencies or professionals, may only occur with my written authorisation.	Initials _____

FDC FAMILIES ONLY

Register of Educators ,and placements	I understand that Upper Hunter Shire Council is the Approved Provider of the Upper Hunter Family Day Care scheme in accordance with the <i>Education and Care Services National Regulations 2011</i> . Under this regulation, Upper Hunter Family Day Care maintains a register of Educators, and will put me in contact with appropriate Educators. Upper Hunter Shire Council does not employ these Educators, nor does Council engage them as independent contractors – Educators are self-employed and hold their own Public Liability insurance. The Educator provides the direct care of my child/ren. I understand there is no guarantee of placement for my children with the scheme if my Educator is no longer able to provide care for my child/ren.	Initials _____
Emergency supervision	I agree that in the event of an emergency, staff of Upper Hunter Shire Council or another person as authorised by the Upper Hunter Family Day Care scheme may temporarily assume responsibility for supervision of my child/ren as necessary to ensure the continued wellbeing and safety of my child/ren.	Initials _____
Payment of Administration Levy	I agree to pay the Parent Administration Levy to Upper Hunter Family Day Care in accordance with Upper Hunter Shire Council's Revenue policy. I agree to pay the levy amount to my Educator, who collects this on behalf of the Service.	Initials _____
Exchange of information with FDC staff	I give permission for information regarding my child/ren's education and care to be exchanged between my Educator and staff of Upper Hunter Family Day Care.	Initials _____

PRIVACY STATEMENT

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998.

The intended recipients of the personal information are officers within Council; data service providers engaged by Council from time to time; any other agent of the Council; and relevant government authorities.

The supply of information is voluntary. If you cannot provide or do not wish to provide the information sought, Council may be unable to process your application.

You may make application for access or amendment to information held by Council. You may also make request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the Act.

Council is the agency that holds the information. Enquiries regarding this matter can be addressed to the Public/Privacy Officer.

DECLARATION

I declare that the information in this enrolment form is true and correct, and endeavour to inform the service of any changes to this information as soon as is practicable.

Parent name: _____ Signature: _____ Date: ____ / ____ / ____

Office Use Only