



# UPPER HUNTER CHILDREN'S SERVICES ENROLMENT FORM 2018



**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: \_\_\_\_\_

**Date of birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_

Customer Reference Number: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Home address:** \_\_\_\_\_

Town: \_\_\_\_\_ postcode: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_

Town: \_\_\_\_\_ postcode: \_\_\_\_\_

**Family Status:**  2 parent/guardian  Grandparent  
 1 parent mother/guardian  1 parent father/guardian

**Employment Status:**  Full Time  Part Time  Non-regular  
 pension/benefit  student  not employed  roster

Work place: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

Cultural background: \_\_\_\_\_

Aboriginal  Torres Strait Islander  neither

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: \_\_\_\_\_

**Date of birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_

Customer Reference Number: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Home address:** \_\_\_\_\_

Town: \_\_\_\_\_ postcode: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_

Town: \_\_\_\_\_ postcode: \_\_\_\_\_

**Employment Status:**  Full Time  Part Time  Non-regular  
 pension/benefit  not employed  student  roster

Work place: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

Cultural background: \_\_\_\_\_

Aboriginal  Torres Strait Islander  neither

Primary language/s spoken in the home: \_\_\_\_\_

**Sample of initials or mark:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Start date:** \_\_\_ / \_\_\_ / \_\_\_  ELC  FDC SOOSH:  BSC/ASC  VAC  Permanent  Casual

**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)
- Copy of Contact Orders / Parenting Agreement provided
- Authorisation acknowledgements provided

### Office Use Only

- 'Arrival / Departure from care unaccompanied by an adult' form
- Medical Action Plan provided
- Risk Minimisation plan + communicated to Educator / staff

- Entered in to Harmony
- Copy to Educator
- Copy to TRIM

## 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.

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: _____	<b>Is authorised to:</b> Deliver / collect child/ren <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MUST be 18yo or over</b> *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 16-18 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: _____
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2. Name: _____ Relationship to child: _____ Address: _____ Home phone: _____ Mobile: _____ Employer: _____ Employment address: _____ Work phone: _____	<b>Is authorised to:</b> Deliver / collect child/ren <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MUST be 18yo or over</b> *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 16-18 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: _____
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3. Name: _____ Relationship to child: _____ Address: _____ Home phone: _____ Mobile: _____ Employer: _____ Employment address: _____ Work phone: _____	<b>Is authorised to:</b> Deliver / collect child/ren <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MUST be 18yo or over</b> *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 16-18 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: _____
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Parent name:

Signature:

Date: \_\_\_ / \_\_\_ / \_\_\_

## MEDICAL DETAILS

Medical Practitioner / service: _____ Address: _____ Phone: _____
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Family Dentist Name: _____ Address: _____ Phone: _____
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Name of Health Fund: _____
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Ambulance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## CHILD 1 DETAILS

**Surname:** \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Former/other names may be known by: \_\_\_\_\_

Nickname/s: \_\_\_\_\_

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ Gender:  Male  Female

**Customer Reference Number:** \_\_\_\_\_ / \_\_\_\_\_

Medicare Number: \_\_\_\_\_ / \_\_\_\_\_

**Home address:** \_\_\_\_\_

Town: \_\_\_\_\_ postcode: \_\_\_\_\_

**School status:**  not yet attending school  attending school

Name of school: \_\_\_\_\_  N/A

Class: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**Care Start date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

Cultural background: \_\_\_\_\_

Aboriginal  Torres Strait Islander  neither

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*

**Specific Health Care Needs /Allergy/relevant Medical Condition**

Nil  Allergy  Diagnosed or At risk of anaphylaxis

Asthma  Diabetes  Seizures  On regular medication

Other: \_\_\_\_\_

Copy of medical Management Plan attached:  Yes  N/A

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

**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.*

**Attends another service?:** \_\_\_\_\_  N/A

Phone: \_\_\_\_\_ Days:  M  T  W  T  F

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

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: \_\_\_\_\_

## CHILD 1 DETAILS cont...

**Other household members:**

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ age \_\_\_\_\_

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  No

Permission 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: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

## CHILD 2 DETAILS

**Surname:** \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Former/other names may be known by: \_\_\_\_\_

Nickname/s: \_\_\_\_\_

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ Gender:  Male  Female

Customer Reference Number: \_\_\_\_\_ / \_\_\_\_\_

Medicare Number: \_\_\_\_\_ / \_\_\_\_\_

**Home address:** \_\_\_\_\_

Town: \_\_\_\_\_ postcode: \_\_\_\_\_

**School status:**  not yet attending school  attending school

Name of school: \_\_\_\_\_  N/A

Class: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Care Start date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

Cultural background: \_\_\_\_\_

Aboriginal  Torres Strait Islander  neither

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*

**Specific Health Care Needs /Allergy/relevant Medical Condition**

Nil  Allergy  Diagnosed or At risk of anaphylaxis

Asthma  Diabetes  Seizures  On regular medication

Other: \_\_\_\_\_

Copy of medical Management Plan attached:  Yes  N/A

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

**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.*

**Attends another service?:** \_\_\_\_\_  N/A

Phone: \_\_\_\_\_ Days:  M  T  W  T  F

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

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: \_\_\_\_\_

## CHILD 2 DETAILS cont...

**Other household members:**

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ age \_\_\_\_\_

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  No

Permission 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: \_\_\_\_\_

**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, medical condition, allergy or other diagnosed disability**.

Child's name:

D.O.B

Specific health care need, allergy or condition:

*please attach any available relevant information or diagnosis*

Is the child's condition

- Improving    chronic    deteriorating

*Current photo*

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		
<b>Other specific risks or impact of the condition</b>	<input type="checkbox"/> Nil OR Please describe:				<input type="checkbox"/> Nil OR Please describe:
<b>Regular medication (including side-effects)</b> <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>
<b>Are there any emergencies that could arise?</b>	<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><b>Priority 3 placements:</b> 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><b>SOOSH placements for children who have not yet started school:</b> 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 <b>actual</b> times of attendance for my child/ren, <b>each time they arrive and depart</b> , in accordance with the requirements of the <i>Education and Care Services National Regulations 2011 (Regulation 158)</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 <b>full fees</b> 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"> <li>▶ 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</li> <li>▶ if they have an accident for which it is felt medical attention ought to be sought</li> </ul>	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 _____
Permission for Emergency medical treatment	I authorise the Upper Hunter Shire Council care service and/or my child's Educator to seek and obtain medical treatment from a registered medical practitioner, hospital or ambulance service, and transportation by an ambulance service, as is deemed necessary ( <i>Regulation 161</i> ). I understand I am responsible for any costs incurred.	Initials _____
Permission for First Aid	I give permission for First Aid to be administered to my child by an educator or staff member who holds a current approved First Aid qualification, as is deemed necessary.	Initials _____
Permission for emergency practices	I give permission for my child/ren to participate in emergency 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 _____
<b>Photographic and Media consent</b>	<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"> <li>▶ In documenting my child/ren's learning and participation in the service and it's activities</li> <li>▶ Within Upper Hunter Children's Services premises, activities and publications</li> <li>▶ In promoting Upper Hunter Children's Services (such as community events, community displays and information occasions, media releases)</li> </ul> <p>I agree this consent is subject to the following:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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</li> <li>3. I agree this consent is irrevocable and is given to the service and Upper Hunter Shire Council in perpetuity.</li> <li>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.</li> </ol>	<p>Initials _____</p> <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 notification 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"> <li>▶ 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</li> <li>▶ The service / Educator reasonably believes that permitting the parent's entry would contravene a court order <i>(Regulation 157)</i></li> </ul>	<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	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> .	Initials _____
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 _____
Excursions	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.	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:	___ / ___ / ___
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**Office Use Only**