



# Family Enrolment Form

**Child's** Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Gender M / F  
 Child's preferred name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Child's CRN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Postal Address (if different from above): \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  Aboriginal or Torres Strait Islander  
 Primary Language spoken by child: \_\_\_\_\_  
 Legal Guardian: \_\_\_\_\_ Cultural Background: \_\_\_\_\_

**Mother's** Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_  
 Mothers Maiden Name: \_\_\_\_\_ Are you known by another name? \_\_\_\_\_  
 Postal Address (if different from above): \_\_\_\_\_ Parent CRN: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  Aboriginal or Torres Strait Islander  
 Primary Language spoken: \_\_\_\_\_ Are you a current Family Day Care Educator? Yes No  
 Employment Status:  Fulltime  Part time  Casual  Student  Unemployed  Pension/Benefits  Home Duties  
 Occupation: \_\_\_\_\_ Employer Name & Location: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Days & Hours: \_\_\_\_\_

**Father's** Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_  
 Are you known by another name? \_\_\_\_\_ Spouse CRN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Postal Address (if different from above): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  Aboriginal or Torres Strait Islander Primary Language spoken: \_\_\_\_\_  
 Employment Status:  Fulltime  Part time  Casual  Student  Unemployed  Pension/Benefits  Home Duties  
 Are you a current Family Day Care Educator? Yes No  
 Occupation: \_\_\_\_\_ Employer Name & Location: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Days & Hours: \_\_\_\_\_

| <b>Office Use Only</b>                  |          | <b>Date</b> | <b>Staff Initial</b> |
|---|----------|-------------|----------------------|
| Enrolment Fee received                  | Yes / No | __/__/__    | _____                |
| Application processed in Harmony        | Yes / No | __/__/__    | _____                |
| Enrolment Confirmed                     | Yes / No | __/__/__    | _____                |
| Birth Certificate copied for file       | Yes/ No  | __/__/__    | _____                |
| Immunisation History Statement for file | Yes/ No  | __/__/__    | _____                |
| Educators selected or referred to       |          |             | _____                |
| Copy of Enrolment given to Educators    | Yes / No | __/__/__    | _____                |

**Reasons for seeking childcare:**

Working / Student: Yes / No

Respite: Yes / No

Child with a disability: Yes / No

Parent with a disability: Yes / No

Date care to commence: \_\_\_\_\_

Name of educator if known: \_\_\_\_\_

**Days & Hours of Care Required:**

|        | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--------|-----|------|-----|-------|-----|-----|-----|
| Start  |     |      |     |       |     |     |     |
| Finish |     |      |     |       |     |     |     |

**Who is authorised to pick up and deliver your child?**

In accordance with the State Law, we must have, on file, the name and telephone numbers of the individuals permitted to drop off and collect your child from care. If someone arrives to collect your child, and the coordination unit or Educator have not been notified and their name is not on the list below, the Educator CANNOT allow your child to leave the care environment. No child will be released into the care of a person under the age of 18years. Any changes to the list below must be done personally by adding names to the list below, or by completing an Additional Child Collection Form from your Educator.

Non-custodial parents will not be given access to children under any circumstances. The centre MUST have a copy of the court order to verify custody in the child's file, and all staff will be made aware of the existence of such documentation.

1. Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

**AUTHORISATIONS**

**Emergency Contacts:** list at least two people (other than parents/guardians listed on front page) that we may call if (1) we cannot contact you in an emergency (2) may consent to medical treatment of, or to authorise administration of medication to your child in an emergency. *Education & Care Services National Regulations 160 (3)(b) (ii) (iv)*

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ Phone: (mobile) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Phone: (work) \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ Phone: (mobile) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Phone: (work) \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ Phone: (mobile) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Phone: (work) \_\_\_\_\_

I hereby agree to notify the emergency contacts listed above to inform them they may be contacted in the event of an emergency and be willing to consent to the authorisation of administration of medical treatment for my child.

Signed: \_\_\_\_\_ (parent signature) Date: \_\_\_/\_\_\_/\_\_\_

In the event of an emergency, I authorise the family day care educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service.

Signed: \_\_\_\_\_ (parent signature) Date: \_\_\_/\_\_\_/\_\_\_

In the event of an emergency, I authorise the family day care educator to seek transportation of my child by an ambulance service.

Signed: \_\_\_\_\_ (parent signature) Date: \_\_\_/\_\_\_/\_\_\_

Is there anyone who is prohibited from having contact with or collecting the child, or are there any Parenting Orders concerning the child/ren? Yes No If yes, please provide details below:

*Please attach a certified copy of any Court orders if applicable.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Medical History:**

Has the child/ren been immunised? Yes / No

*Please note that new enrolments cannot be accepted in child care from 1<sup>st</sup> January 2018 if a child is unimmunised. Child Care Subsidy is not paid for children who are unimmunised.*

*Please attach a copy of your immunisation history statement.*

Known Allergies: \_\_\_\_\_

Does your child have any food sensitivities? Yes / No

If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

Has your child experienced any language or speech difficulties, physical problems, health related issues, serious illnesses, hospitalisation or any other health or non health related difficulties? Yes / No

*If yes, please complete Child Care Plan and attach supporting documentation.*

Do you consent to NVFDC addressing concerns of your child with relevant agencies? (eg. Speech Pathologist, Early Intervention) Yes / No

Does your child have a family meeting plan from any other childcare service? Yes / No (eg. Early Intervention)

Does your child have any other medical information your Educator needs to know? (eg. Asthma, anaphylaxis, epilepsy)? \_\_\_\_\_

Does your child have a health plan? Yes / No *(please provide a copy to Educator and Coordination unit)*

Does your child require regular medication? Yes / No

If yes, give details of dosage & frequency (also please complete a 'Parent's Medication Consent Form'):

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Are there any religious requirements in case of an accident? Yes / No

If yes, give details: \_\_\_\_\_

Has your child had any of the following?: please tick

Measles \_\_\_\_ German Measles \_\_\_\_ Ear Infection \_\_\_\_ Hepatitis \_\_\_\_ Chicken Pox \_\_\_\_ Throat Infection \_\_\_\_

Does the family have Ambulance cover? Yes / No

Medicare Number: \_\_\_\_\_ Number on Card Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Health Fund Details: \_\_\_\_\_

Name of Health Fund: \_\_\_\_\_ Childs Policy Number: \_\_\_\_\_

**Child's Routine**

Has your child been in care before? Yes / No

If yes, please indicate what type of care \_\_\_\_\_

Has your child ever been away from home without parents/carers? Yes / No

If yes, please indicate for how long and at what age? \_\_\_\_\_

Does your child have a daytime sleep? Yes / No

If yes, what are the usual / average times? Am: From \_\_\_\_\_ to \_\_\_\_\_ pm: From \_\_\_\_\_ to \_\_\_\_\_

Will your child bring any special security items? (Toy, blanket, dummy, bottle etc)

Does your child have any special routine(s) on being put to bed?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special word that means "bed", "rest" or "sleep" at this time?  
\_\_\_\_\_

Is your child toilet trained? Yes No or "in training"? Yes /No

Does your child have any particular habits / likes / dislikes that the Educator needs to know about?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special requirements that the Educator needs to know about? (eg: additional needs, cultural or religious practices)? Yes / No

If yes, please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you most want your child to gain while attending care?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns or worries?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your child while they attend care?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Obligation to provide CCS Statements of Entitlement every 2 weeks:**

Services must issue fortnightly statements for all children in respect of whom fee reductions are provided (even where the fee reduction amount is zero). The statements are to cover a 2 week period ('the statement period').

Do you wish to receive these statements by Email?      Yes / No

If email, please print email address clearly here: \_\_\_\_\_

If you do not wish to receive these statements by Email, they will be printed for your Educator to give to you.

Parent Signature: \_\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy:**

Information provided on this form is relevant to your child's enrolment to Nambucca Valley Family Day Care. This information will be used, stored & accessed in accordance with the *Commonwealth Privacy Act 1998 – Privacy Amendments (Private Sector) Act 2000* and is consistent with the policy for Nambucca Valley Family Day Care.

**Service Information and Parental Newsletters**

Nambucca Valley Family Day Care publishes Parent Newsletters quarterly to provide information about current events and service information to all families enrolled in the service.

If you wish to receive these newsletters via email as a PDF please let us know so we can add you to our distribution list?      Yes / No

Parent Email Address: \_\_\_\_\_

I would prefer a printed copy given to me from my Educator      Yes / No

**Privacy:**

Information provided on this form is relevant to your child's enrolment to Nambucca Valley Family Day Care. This information will be used, stored & accessed in accordance with the *Commonwealth Privacy Act 1998 – Privacy Amendments (Private Sector) Act 2000* and is consistent with the policy for Nambucca Valley Family Day Care.

# Child Care Plan

**\*\*Confidential\*\***



Does your child have any areas of concern for example mobility, behavioural problems, toileting, dietary requirements, sleep patterns, hygiene/bathing/dressing, language, medication, or other?

**No** Signed: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ (go to next page)

**Yes** If yes please complete and sign below:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Parent's Name: \_\_\_\_\_

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

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

Educator Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date care is to commence: \_\_\_\_\_ Days in care: MON TUE WED THU FRI

Child's areas of concern: \_\_\_\_\_

| Area of Concern                          | Comment |
|--|---------|
| Mobility (is equipment required)         |         |
| Behavioural Problems                     |         |
| Toileting                                |         |
| Diet Requirements (is assistance needed) |         |
| Sleep Patterns                           |         |
| Hygiene/bathing/dressing                 |         |
| Language                                 |         |
| Medication                               |         |
| Other relevant information               |         |

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



## Children with Severe Allergies

**\*\*Important: All parents MUST complete & sign this form\*\*  
Please fill out a separate form for each child**

The purpose of Nambucca Valley Family Day Care collecting this information is to identify children who may have severe allergic reactions (Anaphylaxis).

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

Child Name: \_\_\_\_\_

1. My child has an allergy to:

Insect sting: \_\_\_\_\_ (specify)

Drug: \_\_\_\_\_ (specify)

Food:

|             |           |
|-------------|-----------|
| Peanuts     | Y/N       |
| Other nuts  | Y/N       |
| Fish        | Y/N       |
| Shellfish   | Y/N       |
| Other _____ | (specify) |

Latex: \_\_\_\_\_

Other: \_\_\_\_\_ (e.g. sunscreen, antiseptic wipes, soap etc)

2. My child has been hospitalised with a severe allergic reaction Y/N

3. My child has been prescribed an EpiPen Y/N

Is there any other information that Nambucca Valley Family Day Care should be aware of? If so, please give details:

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I declare that my child has no other known or diagnosed allergies other than those indicated above. I agree to notify my Educator and the Nambucca Valley Family Day Care office should any of the above information changes.

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

**TO BE COMPLETED AND SIGNED EVEN IF NO KNOWN ALLERGIES**



# Authority for Administering Paracetamol in an Emergency



In the case of an emergency, a child with a high fever (which may endanger the child's health if not controlled immediately) may be administered ONE ONLY dose of Paracetamol liquid.

The following conditions must apply:

- The child has a temperature of 38 degrees C or more.
- Other methods of lowering the temperature (such as sponging) have been attempted.
- The permission note below is signed by a parent.
- The recommended dosage for the child's age/weight is adhered to.
- The Family Day Care office is informed, prior to administering the Paracetamol.
- A written record is kept of the date, time and amount of Paracetamol administered and child's temperature prior to administration.
- If possible, the child's parent or emergency contact is to be phoned and verbal permission given to administer the Paracetamol.
- The parent should be contacted and requested to collect the child.

## Parental permission to administer paracetamol in the case of an emergency:

I give my permission for Family Day Care Staff/Educators to administer one dose of liquid Paracetamol to my child according to the above conditions/directions. I understand and accept any potential risks or adverse effects from the administration of this medication and have checked with my doctor or the person prescribing the medication about the potential risks and adverse effects.

Parents name \_\_\_\_\_

Childs name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Nambucca Valley Family Day Care

### CHILD PHOTO PERMISSION AUTHORITY

▪ I, ..... (parent's name) give permission for photos of my child ..... (child's name) to be used by Nambucca Valley Family Day Care. These photos will be used within the Scheme for programming and development and display within the Family Day Care office and Carer homes.  Yes  No

▪ I, ..... (parent's name) give permission for photos of my child ..... (child's name) to be used by Nambucca Valley Family Day Care. These photos may be used in advertising and promoting the Scheme within the community including all advertising, promotional products, Nambucca Valley Family Day Care website and facebook page.  Yes  No

Parent Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# PARENT AGREEMENT

Initialling all boxes indicates your agreement to the following conditions of enrolment in accordance with Nambucca Valley Family Day Care (NVFDC) Policies & Procedures and Education and Care Services National Regulations 2011 under the Children and Young Persons (Care and Protection) Act 1998.

I hereby agree to the following:

Please initial each box

To abide by the conditions set out in the selected Educator's fee schedule.

To pay fees (booked or actual hours, whichever is the greater) as specified in the fee schedule. If I am using casual care, I will pay my fees as negotiated by the Educator.

To give notice when I wish to terminate care, as specified in my Educator's fee schedule or be willing to pay childcare fees in lieu of that notice being given. Depending on the circumstances, this may be at the full fee rate.

To notify the NVFDC office and the Educator of any changes in address, telephone numbers, emergency contacts, employment details and Child Care Subsidy details.

To sign in and sign out the Payment & Attendance Record daily (including all absences). This is a legal requirement.

To inform the Family Assistance Office of any changes that will affect my Child Care Subsidy.

To contact the NVFDC office to confirm care commencement date, hours and Educator's name.

I understand that my care may cease if there is a two week unexplained absence or if my fees fall in arrears by the same period.

I am aware that in the case of split care, relief care, casual care, emergency care or any other care involving alternative Educators, the fee schedules of those Educators may differ.

I have been informed that Educators are required to have their registration certificate on display in their service and are required to inform families of any registered Relief Educator and any changes to the situation. I understand it is my responsibility to sight the registration certificate.

I understand that in the event of the Educator giving notice that their service will close, the NVFDC office will make every effort to find alternative care. However, there is no guarantee that alternative care will be available.

I agree to treat as confidential all information I receive relating to the personal or home lives of my Educator or other families in care.

I agree to establish specific pick up and drop off times with my Educator and that it is my responsibility if I leave my child at the Educators home if the registered Educator or Relief Educator is not present.

I agree to discuss Handover Procedures with my Educator.

In the event of an emergency in my Educators home, I authorise NVFDC to arrange suitable alternative care until I can collect my child. This might include a Family Day Care staff member undertaking care or transport of my child to an alternative Educator's home. I understand I will be contacted as soon as possible regarding the situation.

- I agree to the NVFDC staff/Educators monitoring my child's development whilst in care.
- I agree to provide a hat (either broad-brimmed or legionnaire style) and an SPF 30+ broad spectrum, water resistant sunscreen for my child for use in all outdoor activities.
- In the event that I have not provided sunscreen, I give permission for my Educator to apply an appropriate sunscreen when required, as per the Sun Safety Policy.
- I agree not to smoke in registered Family Day Care premises or on Family Day Care outings.
- I will notify my Educator in advance of the name, address and contact number of any person who has permission to collect my child other than those stated on the registration form.
- I understand that unless I provide a copy of any court parent orders relating to my child in care, my child can be released to either parent.
- I agree to notify the NVFDC office and the Educator of any changes in my child's health or medical treatments. If my child has a diagnosed illness (e.g. Asthma) I will provide the Educator with a Health Care Plan.
- To provide up to date Immunisation History Statement to the service as my child reaches their Immunisation milestones ie. 2, 4, 6, 12mth, 18mth & 4 years.
- I authorise the Educator or the NVFDC office to seek medical or dental treatment in cases of emergencies. I agree that I will be liable for any costs associated with this treatment.
- I agree to exclude my child from Family Day Care if they have an infectious disease for the time specified by the NVFDC's Exclusion policy.
- I agree to notify the Educator if my child will not be attending care.
- I understand that I will need to sign a medication form before my Educator can administer any prescribed or incidental medications to my child.
- I agree to collect my child, if in the Educators opinion; my child's illness is affecting the quality care of other children.
- I agree to pay an initial non-refundable enrolment fee of \$20.00 per child.
- I agree for my child to participate in routine excursions that the Educator undertakes with the children as outlined in the Educators routine excursion list.
- I have read and understood my obligations in relation to claiming Child Care Subsidy (CCS) and the completion of my child's Payment & Attendance Record.
- I understand that Child Care Subsidy (CCS) is not payable for absences before my child has started care or after my child has left care including the notice period.

**\*\*You must provide copies of your child's Birth Certificate and Immunisation History Statement\*\***

Parent Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_