

## Child Care Enrolment Form

*(Complying Written Arrangement)*

**The Victorian Children’s Services Regulations require a signed and dated enrolment form for each individual child.**

A parent or guardian who has lawful authority in relation to the child must complete these forms.

**Lawful Authority:**

**Parents**

All parents have powers and responsibilities in relation to their children which can only be changed by a 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 the parents, such as whether or not they have lived together or are married. A court order, such as Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

**Guardians**

A guardian of a child also has lawful authority. A legal guardian is given authority by a court order. The definition of “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his or her 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.

| Responsible Parent/Guardian  | Other Parent/Guardian                               |
|--|---|
| <b>Full Name:</b><br><br><b>Date of Birth:</b> ___/___/____              | <b>Full Name:</b>                                   |
| Customer Reference Number (CRN):-required if claiming Child Care Subsidy | Relationship to child:                              |
| <b>Home Address:</b>   | Home Address – if different from Responsible Parent |
| <b>Home Phone:</b>   | Home Phone: -if different from Responsible Parent   |
| <b>Work Phone:</b>   | Work Phone:   |
| <b>Mobile:</b>   | Mobile:   |
| <b>Email:</b>  | Email: - if different from Responsible Parent       |

Main Language spoken at home is: \_\_\_\_\_

Do you need access to an interpreter? **No**    **Yes**    If yes, what language? \_\_\_\_\_

|  |                                  |
|--|----------------------------------|
| <b>Reason for Application</b>  | Please circle those that apply:- |
| At Risk            Working/Studying            HILAC facilities            Socialising child            Respite/Appointments |                                  |
| Other-please specify:  |                                  |

**Childs Details**

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sex: Male / Female

Child's Customer Reference (CRN) claiming Child Care Subsidy \_\_\_\_\_

Child's Medicare number: \_\_\_\_\_

Family Name: \_\_\_\_\_

Child's Given Names: \_\_\_\_\_

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

**Emergency contacts other than Parents**

There may be times when the child has an accident, injury, trauma, or illness and the parents/ guardians cannot be contacted. To deal with these situations the centre would notify one of the following people: who may collect the child from the service.

|                       |                        |
|-----------------------|------------------------|
| Name:                 | Name:                  |
| Address:              | Address:               |
|                       |                        |
| Relationship to child | Relationship to child: |
| H/Phone:              | H/Phone:               |
| W/Phone:              | W/Phone:               |
| Mobile:               | Mobile:                |

**Collecting the Child from the Service other than Parents**

A person with lawful authority of the child can authorise other people to collect the child from the service on their behalf. Please list below details of the people who can collect the child. In the event that the child is not collected from the service and the parents/guardians cannot be contacted, this list will also be used to arrange someone to collect the child. This list may be added to or changed throughout the year. Please note: Persons collecting the child from the service who are not known to staff will be asked to produce some form of photo identification prior to the child being handed over into their care.

|          |          |
|----------|----------|
| Name:    | Name:    |
| Address: | Address: |
| H/Phone: | H/Phone: |
| W/Phone: | W/Phone: |
| Mobile:  | Mobile:  |

|          |          |
|----------|----------|
| Name:    | Name:    |
| Address: | Address: |
| H/Phone: | H/Phone: |
| W/Phone: | W/Phone: |
| Mobile:  | Mobile:  |

## Care Arrangement

### Provision of Care:

This service offers two types of booking/care arrangements:

Casual Booking and Routine Booking (outlined in Enrolment & Access Policy on page 6)

- Casual Booking arrangement automatically applies to all enrolments
- Routine Booking arrangement is organised by families when required :

I will require a Routine Booking  I may require a Routine Booking in the future

### Fee Details:

Child Care Fees are \$10.00 per child, per hour or there part of. \*Fees are payable on the day of care.

Care commencement date \_\_\_\_\_

### **Child Care Subsidy or Additional Child Care Subsidy** (fee reduction)

This Child Care Centre is approved by the Department of Education, Education and Training (DET) under the Family Assistance Law: Government subsidies are available to eligible families.

Families can choose to have their Child Care Subsidy (CCS) applied to their care costs at this service.

If you already claim CCS with another child care and education service you can split the payment between services.

Please indicate your choice: Not claiming CCS at this time  Claiming CCS fee reduction

**Please note:-** If you are intending to claim for Child Care Subsidy the first time you need to contact Centrelink to apply. You will receive Customer Reference Numbers for yourself and your child/ren and we require these numbers before we can formally enrol your child/ren for CCS

After enrolment families are required to go to their myGov account to approve care/booking pattern at this service in order for the subsidy to flow from Government and generate a fee reduction. If your child is absence for 8 weeks or more families are required to renew this approval on myGov.

**Please complete with name, signature and date to confirm all details on this form are accurate and complete**

**I agree with the Care Arrangement:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**How did you find out about this service?** Please circle- Word of Mouth Facebook HILAC Visits

Advertising Material Other: please specify \_\_\_\_\_



## Court Orders Relating to the Child

Are there any court orders relating to the powers and responsibilities of the parents/guardians in relation to the child or access to the child?

**NO** – go to the next section

**YES** - Please complete the following:

1. Please provide a copy of the court order to be attached to the enrolment form, and also the original to be sighted by the Centre Coordinator. *Office Use: Court Order attached*
2. If these orders change the power of a parent/guardian to:  
Authorise the taking of the child outside the service by a staff member  
Consent to medical treatment of the child;  
Request or permit the administration of medication to the child;  
Collect the child; and/or  
Give these powers to someone else, please describe these changes and provide the contact name, address and phone number of any person given these powers.

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## Immunisation History:

Has your child been fully immunised? **YES** **NO** (please circle)

**Parent/guardians are required to provide an Immunisation History Statement that states your child:**

- Is up to date with vaccinations for their age **OR**
- Is on a vaccine catch-up schedule **OR**
- Has a medical condition preventing them from being fully vaccinated

**Immunisation History Statements are available from:**

Your local Medicare Office or email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au) or ph. 1800 653 809 or visit Medicare website

## Medical Doctor Information:

Name of Doctor/Medical Service: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

## Medical and Health Information:

**Does your child have any of the following medical conditions or additional needs?**

**Anaphylaxis:** Has your child been diagnosed at risk of anaphylaxis?

**Yes No**

If yes, does your child have an auto injection device (*EpiPen or Anapen*)?

**Yes No**

Before your child can commence with the service you need to:-

Provide your child's current Anaphylaxis Management Plan signed by the medical doctor who is treating your child.

*Office Use: Plan provided on \_\_\_/\_\_\_/\_\_\_*

The service needs to:-

In consultation with you, complete a risk minimisation plan. *Office Use: Plan completed on \_\_\_/\_\_\_/\_\_\_*

Provide you with a copy of the risk minimisation plan and the service anaphylaxis management policy.

*Office use: Provided on \_\_\_/\_\_\_/\_\_\_*

**Asthma:** Has your child been diagnosed with Asthma?

**Yes No**

If yes, you need to supply a copy of your child's current Asthma Management Plan signed by the medical doctor who is treating your child. *Office use: Plan provided on \_\_\_/\_\_\_/\_\_\_*

**No child with anaphylaxis or asthma can attend the service until the above documents have been provided and completed.**

|  |     |    |                       |     |    |
|--|-----|----|-----------------------|-----|----|
| <b>Autism</b>                          | Yes | No | _____                 |     |    |
| <b>Convulsions</b>                     | Yes | No | _____                 |     |    |
| <b>Diabetes</b>                        | Yes | No | Medical Plan Provided | Yes | No |
| <b>Dietary Restrictions</b>            | Yes | No | _____                 |     |    |
| Please list restrictions: _____        |     |    |                       |     |    |
| _____                                  |     |    |                       |     |    |
| <b>Developmental Delay</b>             | Yes | No | _____                 |     |    |
| <b>Eczema</b>                          | Yes | No | _____                 |     |    |
| <b>Epilepsy</b>                        | Yes | No | _____                 |     |    |
| <b>Hearing</b>                         | Yes | No | _____                 |     |    |
| <b>Heart Condition</b>                 | Yes | No | _____                 |     |    |
| <b>High Temperature Convulsions</b>    | Yes | No | _____                 |     |    |
| <b>Mild Allergies</b>                  | Yes | No | Medical Plan provided | Yes | No |
| Please list allergies & symptoms _____ |     |    |                       |     |    |
| _____                                  |     |    |                       |     |    |
| <b>Physical Disability</b>             | Yes | No | _____                 |     |    |
| <b>Speech</b>                          | Yes | No | _____                 |     |    |
| <b>Vision</b>                          | Yes | No | _____                 |     |    |

**Please detail any & all requirements your child's above medical condition/s may raise in relation to providing care for your child & provide a copy of any medical management plan:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is your child an Aboriginal or TS Islander**      Yes       No

**Do you have any religious or cultural requirements that you would like observed while your child is in care?**

Yes       No       **If yes, please provide details** \_\_\_\_\_

\_\_\_\_\_

## Declaration and Consent to Emergency Medical Treatment:

I, \_\_\_\_\_ (print full name) the responsible person with

lawful authority of the child referred to in this enrolment form:

- \* Declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information;
- \* Provide authorisation to the person's named as emergency contacts and person's able to collect;
- \* Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service;
- \* I will notify the service should I require my child to be collected by any other person other than those nominated in this form;
- \* Consent to the staff of the children's service seeking, or administering such emergency medical treatment by a medical practitioner, hospital or ambulance service as is deemed necessary, and that I will cover any necessary expenses incurred;
- \* I agree to keep my child home when suffering from an illness or a disease that is likely to affect the health of other children;
- \* I will sign my child in upon arrival and out upon departure. I will ensure my child is collected by the required time, and understand the consequence of paying a late fee;
- \* I hereby give permission for my child to leave the centre premises under the direction and supervision of staff when evacuation is necessary due to an emergency situation or an evacuation drill.
  
- \* I **do / do not** (please circle your response) give permission for my child to be photographed or videoed whilst attending the centre for the purposes of the required Early Years Frameworks planning documentation;
- \* I **do / do not** (please circle your response) give permission for my child to be photographed or videoed whilst attending the centre for the purposes of promotion of the Occasional Care Centre.

Parent Guardian Full Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Confidentiality of enrolment records:**

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 authorised by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e))

"Personal and or health information collected by the Occasional Care Centre is used to enable us to provide the education and care of your child attending our service and to enable us to manage, monitor and administer the service as we are required. The personal and/or health information will be used solely by the Occasional Care Centre for this purpose and/or directly related purposes. The Occasional Care Centre may disclose this information to other organisations if required by legislation (e.g. to the Family Assistance Office or DET) for the administration of Child Care Subsidy CCS. The parent/guardian understands that the personal and/or health information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer

## ENROLMENT AND ACCESS POLICY

|                         |                         |
|-------------------------|-------------------------|
| <b>Commencement</b>     | 24 September 2012       |
| <b>Last Review</b>      | May 2018                |
| <b>Approved</b>         | 21 September 2012       |
| <b>Next Review Date</b> | May 2019                |
| <b>Trim File</b>        | D-16-62727              |
| <b>Signature</b>        | Director Shire Services |

### **PURPOSE.**

- To provide clear and consistent processes to ensure enrolments are completed as required under the Children's Services Regulations 2009.
- To ensure the service is meeting the Priority of Access rules as outlined in the current Department of Education and Training Child Care Service Handbook.
- To provide clear and consistent information for the placement of children.

### **PROCEDURE**

- Bookings will be taken and fees charged on an hourly session basis – 9am-10am, 10am-11am, 11am-12pm.
- Parent/guardians can book one, two or three sessions per day
- All Routine bookings are in place for one school term and therefore if required for the following term need to be re-booked.
- The service is required to be compliant with the Children's Services Regulation's child: staff ratio at all times. If parents wish to leave their child/children at the service no more than 5 minutes prior to the hourly session starting, then they need to consult with staff, who will determine that the child: staff ratio is compliant. Parents need to ensure that they collect their child/children on time at the end of their booked session.
- An enrolment form must be completed prior to any child commencing at the centre and will contain all the required information as outlined in the Children's Services Regulations 2009, Division 3: Regulations 31, 33, 34.
- All children are required to be fully immunised or on a catch up schedule or diagnosed with a medical condition preventing them to be immunised to be eligible for enrolment at this service.
- Parent/guardians need to notify the centre if any information required in the enrolment form changes.
- Enrolment forms give authorisation to child care staff to act in case of an emergency.
- Parent/guardians or persons authorised by the parent/guardian, who brings or collects child to/from the service must record and sign the child's times of arrival and departure.
- The names and contact numbers of all person authorised by parent/guardian, to collect children from the centre must be included on the enrolment form. Any changes to these authorities must be recorded in the enrolment form by the parent/guardian as soon as possible.

- Priority of Access to the centre will be as outlined in the current Department of Education and Training (DET) Child Care Service Handbook:- :

Priority 1 – a child at risk of serious abuse or neglect

Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy the work, training, study test

Priority 3 – any other child

- Under Priority 3-any other child
- Casual Bookings can be made any time at HILAC reception up to 3 weeks in advance, if a cancelation is made before 8.30 am of the session day no fee is charged. The appropriate fee will be charged for a no show.
- Routine Bookings are in place for one school term and therefore if required for the following term need to be re-booked at HILAC reception. Fees are charged for all booked sessions
- Routine term bookings are taken at the end of each school term and over the holiday period. With the exception of the Christmas holidays when bookings are taken in the two weeks before term one commences.
- Placements will then be made using the following priority system:-
  - Families accessing HILAC swimming classes/facilities
  - Families accessing other HILAC facilities
  - All other occasional care users

Families will be advised if their preferred days/hours cannot be accommodated and offered alternative day/s or hour/s or if they need to be placed on the waiting list.

- All other bookings, including Routine bookings and Casual bookings, made after the beginning of the new term will be allocated on a non-preferential basis and as availability allows.
- Casual bookings for school-age children can be made with the following limitations:
  - The conditions of our Department of Education & Early Childhood Development license is that only 4 school-age children can attend at any one time
  - School-age children can attend prior to their 8<sup>th</sup> birthday

#### Sources

Children's Services Regulations 2009 – Department of Education and Childhood Development  
Current Child Care Service Handbook - Department of Education and Training



Social Media Authorisation Form

I \_\_\_\_\_ (Parent/Guardian Full Name) authorise my child/ren's photo and non-personal information to be used in online digital spaces, as approved by HILAC Occasional Care Coordinator discretion, including:

(Please tick)

- Blogs
  - Bulletin Boards
  - Citizen journalism and news sites
  - Forums and discussion boards
  - Instant messaging facilities
  - Microblogging sites (e.g Twitter)
  - Online encyclopedias (e.g. Wikipedia)
  - Podcasts
  - Social networking sites (e.g Facebook, Myspace, Bebo, Friendster, LinkIn, Instagram, Twitter)
  - Video and photo sharing sites (e.g. Flickr, YouTube)
  - Video Podcasts
  - Wikis
  - Any other websites that allows individuals to use simple publishing tools or new technologies emerging from the digital environment.
- ❖ *Please note the absence of a reference to a particular site or kind of social media activity does not limit the application of this authorisation.*

- I understand that all content used will be closely considered by Occasional Care Coordinator & Educators before uploading online and will be in compliance to our HILAC Occasional Care Social Media Guidelines. The rights and privacy of each Family and Child will be considered at all times.
  - I give permission for my child/ren's face to be uploaded to social media**
  - I understand that I can withdraw this permission at any time**
- OR**
- I do not give permission for my child/ren's photo and non-personal information to be used in online digital spaces**

Child 1 Full Name: \_\_\_\_\_

Child 2 Full Name: \_\_\_\_\_

Child 3 Full Name: \_\_\_\_\_

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

Occasional Care Coordinator Name: \_\_\_\_\_

Occasional Care Coordinator Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_