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**Murrindindi Family Day Care**

Perkins Street Alexandra Ph.: 5772 0362

MHBCC@murrindindi.vic.gov.au

**FAMILY ENROLMENT FORM 2020**

This form must be completed by a parent or guardian who has the parental responsibility for the child. A brief explanation of ‘parental responsibility’ is included below.

The National Education and Care Regulations 2011, (regulations 160-162), requires us to keep enrolment records for each child that includes specific information. All information provided in this form will remain confidential.

If you have any questions, please contact the Coordination unit on the above number.

**CONTACT DETAILS – Parent /Guardian 1**

**Name**...................................................................................................................**Date of Birth**.................................................

**Home Address**:..........................................................................................................................................................................

**Postal Address (if different than home address):** ..................................................................................................................

**Email Address**:..........................................................................................................................................................................

**Home telephone Number**:......................................**Mobile**:...........................................**Work Phone**: ...................................

**Customer reference Number(CRN)**:.....................................................................................................................................

(Phone Centrelink on 136150 to be assessed for CCS)

**Occupation**.....................................................................................**Work Status – Employed/Not employed (please circle)**

**Country of Birth**..........................................................................**Primary Language**.............................................................

**Does the child live with this parent?** **Yes/No (please circle)**

**CONTACT DETAILS – Parent /Guardian 2**

**Name**.................................................................................................................**Date of Birth**......................................................

**Home Address**:............................................................................................................................................................................

**Postal Address (if different than home address):** .....................................................................................................................

**Email Address**:.............................................................................................................................................................................

**Home telephone Number**:.......................................**Mobile**:...........................................**Work Phone**: .....................................

**Customer reference Number(CRN)**:...........................................................................................................................................

**Occupation**........................................................................**Work Status – Employed/Not employed (please circle)**

**Country of Birth**............................................................................**Primary Language**.............................................................

**Does the child live with this parent?** **Yes/No (please circle)**

**INFORMATION ON CHILD REQUIRING CARE:**

|  |  |
| --- | --- |
| **Last Name:** | **First Name:** |
| **Child is usually called:** | **Date of Birth:**   **/ /**  **\_\_\_\_\_\_\_\_** |
| **Home Address:** |
| **Medicare Number:****\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ / \_** | **Child’s Customer Reference Number (CRN)****\_ \_ \_ \_ \_ \_ \_ \_ \_ /**  |
| **Country of Birth:** | **Cultural Background/Language spoken at home** |
| **Gender (Please circle):** Male Female Intersex/unspecified | **Is your child of Aboriginal and/or Torres Strait Islander origin? (Please circle)**Yes, Aboriginal Yes, Torres Strait islander Neither |
| **Any special considerations for your child (e.g. any cultural, religious or dietary requirements or additional needs?**  |  |

 **COURT ORDERS RELATING TO THE CHILD:**

Are there any:

* **COURT ORDERS/PARENTING ORDERS OR PARENTING PLANS** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
* Other **COURT ORDERS** relating to the child’s residence or the child’s contact with a parent or other person?

NO  go to the next section YES  **please complete the following:**

1. Bring the **original** court order/s/plans for staff to see and copy to attach to this enrolment form;
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities.

**LAWFUL AUTHORITY**

All parents have duties, powers, responsibilities and authority in relation to their children. The Children’s Services Regulations

2009 (Victorian Regulations) refer to these as lawful authority. Lawful authority is also known as parental responsibility. Lawful authority includes the right to have, and make decisions about, the daily care and control of the child and responsibility fo r the long-term welfare of the child. It is not affected by the relationship between the parents, such as whether or not they live together or are married. Lawful authority sits with the parents unless otherwise determined by a court. For example, a legal guardian is given lawful authority by a court order. In some circumstances a child may be living with a guardian i n an informal care arrangement without a court order. In these cases, the person(s) the child is living with and who has the day -to-day care and control of the child is the guardian(s). The person(s) who has lawful authority for a child (parent(s), legal guardian(s) or guardian(s)) can enrol a child at a children’s

service, complete the enrolment form and sign the relevant authorisations pursuant to regulations 31(d), 31(f) and 31(g).

**Authorisations**

Please list on the following page the details of those people who you have authorised as emergency contacts for the child. You can amend this list at any time. In the event that the parent or guardian cannot be contacted the person/below with authority will be contacted regarding collecting the child in the event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside the service premises. Please tick the appropriate boxes to confirm authorisations.

**EMERGENCY CONTACTS AND AUTHORISATIONS** **(OTHER THAN PARENT/GUARDIAN)**

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Phone (work)(Home)(Mobile) | Phone (work)(Home)(Mobile) |
| Relationship to child | Relationship to child |
|  Authorised to collect (Authorised Nominee) *(Reg 160(3)(b)(iii))*Authorised to in the event of an emergency*(Reg 160(3)(b)(ii))*Authorised to consent to medical treatment*(Reg 160(3)(b)(iv)*Authorised for the administration of medication *(Reg 160 (3)(b)(iv))*Authorised to authorise an educator to take the child outside the premises *(Reg 160(3)(b)(iv)&(v))* |  Authorised to collect (Authorised Nominee) *(Reg 160(3)(b)(iii))*Authorised in the event of an emergency*(Reg 160(3)(b)(ii))*Authorised to consent to medical treatment*(Reg 160(3)(b)(iv)*Authorised for the administration of medication *(Reg 160 (3)(b)(iv))*Authorised to authorise an educator to take the child outside the premises *(Reg 160(3)(b)(iv)&(v))* |

 **Declaration and consent to emergency medical treatment**

I *(Print full name)*

a 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 children’s service in the event of any change to this information;

 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;

 consent to the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

* Consent to transportation to hospital by ambulance if necessary.

 In a case of an emergency, you authorise your educator to seek verbal permission to administer medication from you or an emergency contact; OR verbal authorisation from a practitioner or paramedic if you, (the authorising) person cannot be reasonably contacted.

**…………………………………………………………………………………………………………… ………………………………………………………………**

***Signature Date***

The Australian Government has made changes to the family assistance law affecting Child Care Subsidy (CCS) approved Family Day Care (FDC) services. These changes are intended to end the practice of ‘child swapping’ within FDC unless specified circumstances apply. The changes were applied from October 12, 2015.

We are now required to ask you the following questions:

|  |  |  |
| --- | --- | --- |
|  1. Are you currently providing care to children as a Family Day  Care educator? | No | Yes |
|  2. Is your partner currently providing care to children as a FamilyDay Care Educator? | No | Yes |
| 3. Do you undertake to inform Murrindindi Family Day Care should this situation change? | No | Yes |
| If you answered ‘Yes’ to question 1 or 2, please contact the Murrindindi Family Day Care on 5772 0362 for further information. |

***Child’s medical and health information (r. 162)***

Name Doctor/Medical Service: …………………………………………………………………………………. Telephone: ……………………………………………. Address Doctor/Medical Service: ……………………………………………………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s immunisation record:**Is your child’s immunisation up to date? |  Yes |  No |  |
| If **Yes,** please attach the Immunisation History Statement from the Australian Childhood Immunisation Register[(http://www.medicareaustralia.gov.au or call](file:///C%3A%5CUsers%5Csuep%5CAppData%5CLocal%5CHewlett-Packard%5CHP%20TRIM%5CTEMP%5C%28http%3A%5Cwww.medicareaustralia.gov.au%20or) 1800653809). Please note that if your child is under school age they **WILL NOT** be able to commence care until we have this statement. |

If **No**, please contact this office for further information.

*Please note that unless children are fully vaccinated for their age, are on an approved catch up plan (planned and approved by an approved provider), or have a statement advising that vaccinations cannot be done due to a medical reason, this service cannot enrol this child.*

Does your child have any of the following?

Asthma  Yes  No

Diabetes

Epilepsy

Other

Yes

 Yes

Yes

 No

 No

 No

If **yes** please provide details and a management procedure to be followed.

(**\*\* MANAGEMENT PLAN, RISK MINIMISATION PLAN AND COMMUNICATION PLANS need to be supplied).**

………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………….. Does your child have any allergies or sensitivity?  Yes  No (please tick)

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

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**ANAPHYLAXIS**

Has your child been diagnosed at risk of anaphylaxis?  Yes  No

Does your child have an auto injection device (e.g. EpiPen®)?

Has the anaphylaxis medical management plan been provided to the service?

Has a risk management plan been completed by the service in consultation with you?

 Yes

 Yes

 Yes

 No

 No

 No

In the case of anaphylaxis, you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form. More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

Does your child have any other specific healthcare or medical conditions that are relevant to the care of your child?

 Yes  No (please tick)

If **yes**, please provide details of any medical condition and any management procedure to be followed with respect to the

medical condition.

………………………………………………………………………………………………………………………………………………………………………………………………………

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Does the child have any dietary restrictions?  Yes  No (please tick) If **yes**, the following restrictions apply:

……………………………………………………………………………………………………………………………………………………………………………………………

**Murrindindi Family Day Care**





**Photographic Release Form**

I, the undersigned, give permission to Murrindindi Family Day Care to use my full name and photographic likeness or any part thereof in all forms of media for advertising, trade, promotion and/or the express purpose described below.

**Express purpose:**

My name and image may be used in the promotion of Murrindindi Family Day Care. My name and image may be used by Murrindindi Family Day Care in printed materials, publications such as magazines and corporate communication pieces, online promotions including the internet and e-mail campaigns, and other promotional materials. My name and image may also be provided by the Murrindindi Family Day Care to a third party, such as a company, business or other commercial entity, for use in their promotional publications.

Print Name: Address:

Telephone home: Mobile:

**If the signatory is under 18 years of age:**

I, (print name) of (address)

am the parent/legal guardian of the individual named above, and I have read this release and approve of its terms.

**Terms and Conditions**

a) I hereby consent to the Murrindindi Family Day Care and any other party reproducing or using, re-using, publishing or republishing my image or likeness, including but not limited to photographic portraits, pictures, video or film of me in which I may appear in whole or in part, composite or distorted in

character or form, without restriction as to changes or transformations in conjunction with my own name, in full or part, or a fictitious name, or reproduction in colour or otherwise, in any and all media (including but not limited to print and electronic copy) now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b) I hereby relinquish any right that I may have to examine or approve the completed product or products, final advertising copy, printed matter or other promotional materials that may be used in conjunction with my name and image or the use (including commercial use) to which they may be applied.

c) I hereby affirm that I am over 18 years of age and have the right to contract in my own name. d) I have read this document prior to signing and I fully understand and agree with its contents. e) This release shall be binding upon me and my heirs, legal representatives and assigns.

 **Signature: Date**

The signing of this contract means that the hours below will be charged each week until the contract is terminated or replaced by another contract.

**Every child must still have a timesheet per fortnight.**

**Parents must still indicate drop off and collection times and initial daily (preschool children) or sign weekly (school aged children).**

**If the hours vary (e.g. a school aged child who usually has after school care is in care all day during the holidays) please indicate a variation to the contract on the timesheet.**

**Please indicate absences on the timesheet.**

*\*Please note that a separate contract is required for each child and one for each educator.*

Is the care to be provided on a: (please tick appropriate type)

*This information is required in accordance with subsection 200B(3) of the Family Assistance Administration Act*

\**Fees are subject to change, however notice will be given of any changes.*

|  |  |  |
| --- | --- | --- |
| Routine basis |  | if the sessions are set and will not change |
| Casual basis |  | if the sessions aren’t known and may change from week to week |
| Flexible basis(recommended) |  | if the sessions are usually set but may change. |

# Routine and flexible arrangements should be listed below if known.

# Educators name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Day of the week** | **Start time** | **Stop time** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |

|  |  |
| --- | --- |
| **Contract start date DD/MM/YYYY** |  |

 **PARENTS’AGREEMENT AND PERMISSION FORM** *(please read carefully).*

 I agree that in the event that my child needs medical assistance and neither I nor anyone authorised to

 consent to medical treatment can be contacted, the person caring for my child has permission to seek

 treatment in the case of accident or illness. I agree that all medical expenses will be my responsibility.

 I understand that MHBCC operate on a priority of access basis.

 I agree to pay my educator what I owe each fortnight.

 I understand that care may not be available if I do not pay my educator the amount I owe by an agreed date.

 I agree to supply a proper fitting sunhat for my child’s protection and agree to dress my child in appropriate clothing to prevent sun damage to their skin.

 I agree that in the event of my child/ children contracting an infectious or contagious disease, he/she may be excluded from care for the period of time recommended by my doctor, or the Department of Health, and that my educator or service has the right to request a certificate for their safe return.

 I consent to educators checking my child for head lice should the need arise. This may be due to the

child or other children in care showing symptoms of having head lice. Please refer to the ‘’Head Lice’’ policy.

 I agree to deliver my children to the FDC Educator and sign my child/ children in and out of care each day.

 I agree to the educator transporting my child/ children when and where necessary (less than 5kms

from educator’s home)

 I have read the Murrindindi Family Day Care Parent Information Pack and I agree to meet these responsibilities and to meet the requirements of the program.

 I acknowledge that the service policies are available at all times to view. I understand that I will be notified of any major changes to these policies. I agree to abide by the service requirements and service policies.

 I agree to keep my educator informed of current contact phone numbers.

 I agree that Murrindindi Family Day Care service pay my/our Child Care Subsidy directly to the

FDC Educator and deduct the administration levy from this subsidy prior to payment.

 I agree to advise the Family Day Care service office and the children’s FDC Educator, if any of the information provided in this form changes.

 I agree to provide adequate clothing, taking into account that children have mishaps. I agree that children need to participate in activities without the worry of their clothes getting dirty. I agree to provide suitable clothing for prevailing weather conditions.

 I agree to provide safe (nut free) and nutritious food for my child/ children whilst in Family Day Care

 **All information provided in this form will be handled in strict confidence.**

 **In signing below, you are agreeing to abide to all the points as indicated above under “PARENTS’AGREEMENT**

 **AND PERMISSION FORM”.**

|  |  |
| --- | --- |
| **PLEASE WRITE NAME:** |  |
| **Parent’s Signature:****Date:** |  |
| **/ / 20** |  |