

## CHILD ENROLMENT FORM

Type of care required? (Please tick)

Full time Before school Does the child have Special need child? Yes /No

Part time After school What is the special need?\_\_\_\_\_\_\_\_\_\_\_

Casual School holidays

**A parent or guardian who has lawful authority in relation to the child must complete this form. There is a definition of lawful authority at the end of this form**

**Information about the child CONFIDENTIAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_**

|  |  |
| --- | --- |
| Family Name: | Given names: |
| Date of Birth \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ | Male  Female |
| Address: Suburb Post Code: | |
| Place of Birth: | Country of Birth: |
| Healthcare Card #: | Medicare number: |
| Main language spoken at home: | Other languages spoken: |
| Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)  No, not Aboriginal or Torres Strait Islander Yes, Aboriginal and Torres Strait Islander  Yes, Aboriginal Yes, Torres Strait Islander | |
| Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No  **guardian/ parent** Email**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Information about the child’s parents/ guardians**

|  |  |
| --- | --- |
| Parent/ Guardian 1- CCS recipient | Parent/ Guardian 2 |
| Surname: | Surname: |
| First name: | First name: |
| CRN : | CRN : |
| Date of Birth: | Date of Birth: |
| Please tick if same as Residential Address  Address:  Suburb: Post Code: | Please tick if same as Residential Address  Address:  Suburb: Post Code: |
| Home telephone: | Home telephone: |
| Mobile: | Mobile: |
| Country of Birth: | Country of Birth: |
| Languages spoken at home: | Languages spoken at home: |
| Name of Employer Name of School | Name of Employer/ Name of School |
| Occupation: | Occupation: |
| Work address: | Work address: |
| Work Telephone: | Work Telephone: |
| Does the child live with you? Yes No | Does the child live with you? Yes No |

**Emergency Contacts**

There may be times when the child has an accident, injury, trauma or illness or other emergency and the parents/guardians cannot be contacted. To resolve these problems the educator or Moonlight Family Day Care Services coordination unit should notify one of the following people who are authorized to collect and care for the child.

**Details of people authorized to collect your child**

Parental/guardian consent is required for other people to collect the child from family day care. Please list below those people you authorize to collect the child. This list may be change or added to throughout the year. In the event that the child is not collected from family day care and the parents /guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

**P.S Two Contacts are Mandatory. Do not put Parents or Educator Information.**

|  |  |  |
| --- | --- | --- |
| Full Name: | | Full Name |
| Address: | | Address: |
| Home telephone: | Work telephone: | Home telephone: |
| Mobile: | | Mobile: |
| Relationship to the child: | | Relationship to the child: |

**Court orders relating to the child**

Family day care requires a copy of any Custody or access order, which affects the child named on this enrollment form.

Are there any Family Court Orders affecting the Custody of, or access to, the child named in this enrolment form? Yes No (go to the next section)

If yes, please provide brief details and bring the original court order for staff to see and copy:

**Arrangement of Care/ Care Agreement**

Care arrangement such as days, hours or any travel or food needs to be discussed with and agreed to by the educator.

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

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

**Child health Information**

|  |
| --- |
| Doctor/ Medical Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact no.: |
| Address: |
| Suburb: Post Code: |

**Educator’s Contact no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents on a roster are required to attach a copy of their roster to the time sheets each week.**

School Children

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Care Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Start time |  |  |  |  |  |  |
| Finish time |  |  |  |  |  |  |
| Start time |  |  |  |  |  |  |
| Finish time |  |  |  |  |  |  |

Non School Children

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Care Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Start time |  |  |  |  |  |  |
| Finish time |  |  |  |  |  |  |

**Travel arrangements**

Does your child need to be taken to/picked up from school by the educator? Yes No

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any religious or cultural practices (including food) that affect your child whilst in care? Yes No

If yes, please provide details

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

**Changes to care arrangements**

Any changes to the care arrangements (for example: changes to booked days and hours of care, changes of travel days and times), a new Care Agreement form needs to be completed.

**Termination**

Two weeks’ must be given for the termination of care, CCB entitlement will only apply until the last day of attendance. Full fee for remaining booked hours (without CCB), will then apply unless an approved absence is used.

I have read, discussed and understand the conditions of this agreement. I understand this form will be kept at the office for our records.

|  |
| --- |
|  |

Parent/Guardian Signature:

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

**Routine Excursions**

Excursions are an essential part of family day care and will be conducted safely.

Children learn from a broad range of experiences and from the environment around them. Moonlight Family Day Care Services recognizes the importance of developing children’s social skills and encourages educators to provide a safe balance of indoor and outdoor play. A routine excursion or regular outing is defined as a visit to places such as, trips to the local playground, the library, school and preschool, the local shops and the maternal and child health centre.

**Each educator has different routine excursions - please discuss these with the educators when you meet with them.**

This form is for parents/ guardians to sign to allow their children to participate in these excursions. Families who do not wish for their child to participate in the excursion must fill out the bottom section of this form and must make alternative care arrangements on the days of the excursions.

**Excursion permission:**

|  |  |
| --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission/ DO NOT for participation for  If I answered no, I understand that I will need to make alternative arrangements on the days of the excursions.  (parent/ guardian’s full name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the routine excursions as discussed with  (child’s full name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (educator’s full name)  I give permission/ I do not give permission for my child to attend these excursions by:  Walking public transport car Vehicle registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This permission is effective for the period\* \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_.  \*Permission covers a 12 month period from the date of enrolment.  I give permission for the provision of any medical treatment that may be required while on the excursion under the educator. I agree to an ambulance being called to my child if such medical assistance is necessary.   |  | | --- | |  |   Parent/Guardian Signature:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |

Child’s medical information  **(please tick)**

Does your child have any special needs: Yes No

If yes, please provide details of any special needs and any management procedure to be followed with respect to that special need.

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

Does your child have any allergies or sensitivity? Yes No

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

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

**Anaphylaxis**

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

Does your child have an auto injection device? Yes No eg. Epipen or Anapen)

Has the anaphylaxis medical management

plan been provided to the service? Yes No

Has a risk management plan been completed by

the service in consultation with you? Yes 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 Record.

Does your child have any other medical conditions? Yes No

(eg Asthma, epilepsy, diabetes, etc that are relevant to the care of your child)

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

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

Does your child have any dietary restrictions? Yes No

If yes, the following restrictions apply:

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

Is there anything else that family day care should know about your child? Yes No

(eg Excessive fears, favourite activities, attending another early childhood

service or early intervention service, etc.)

If yes please give details:

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

Are you covered for the cost of an ambulance? Yes No

### Child’s Immunisation record

Is your child up to date with their immunisations? Yes No

If yes please provide details by

Attaching a copy of the Immunisation Record from the Child Health Record book;

### Medication

Is your child taking any regular medication? Yes\* No

If yes please give details:

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

\*A medication form must be completed with the educator before medication can be administered.

**Declaration and consent to emergency medical treatment**

|  |  |
| --- | --- |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being a person with lawful authority of the  (parent/ guardian’s full name)  Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ referred to in this enrolment form,  (child’s full name)  Declare that the information in this enrolment form is true and correct and undertake to immediately inform the Family Day Care Coordination Unit 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 he/ she becomes unwell whilst attending family day care;  Consent to Moonlight Family Day Care Services seeking any medical, hospital and/or ambulance assistance that the child referred to in this enrolment form should require and agree to pay the full costs connected with this treatment.   |  | | --- | |  |   Parent/Guardian Signature:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |

## Lawful Authority

### Parents

All parents have powers and responsibilities in relation to their children that 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 married. A court order, such as under the 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 lawful 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.

**Privacy/ Confidentiality Statement**

Moonlight FDC Services is committed to protecting the confidentiality of your records. The information recorded is collected and maintained in accordance with the Children’s Services Regulations 2009, Information Privacy Act 2000 and the Health Records Act 2001.