



# Early Learning Childcare Services

## ENROLMENT FORM 2019

A parent or guardian who has lawful authority in relation to the child must complete this form. The licensed children's services must collect the child's enrolment information in this form, as required by the Children's Services Regulations 2009 (Regulations).

Privacy Legislation requires that Caulfield South Community House (CSCH) treats all personal information as strictly confidential.

**Child's Name:** \_\_\_\_\_

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

**Are you registered at CentreLink to receive Child Care Subsidy** YES  No

**Name of Primary Carer Claiming CCS:** \_\_\_\_\_

**(CCS Child Care Subsidy) CRN Registration No:** \_\_\_\_\_

**Please nominate the day/s you wish to attend the Early Learning Child Care Service at Caulfield South Community House:**

**Early Learning Child Care Service (15 months – 5 years):**

Monday 9.30am -2.30pm     Tuesday 9.30am -2.30pm     Wednesday 9.30am-2.30pm

**Pre-School Activity Group**

Monday 9.30am -2.30pm     Thursday 9.30am -2.30pm     Friday 9.30am -2.30pm

## Information about your child

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M  F  (Please tick)

Given Names: \_\_\_\_\_ Usually called: \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Primary Mobile Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

\*Is the child of Aboriginal and/or Torres Straight Islander origin? (Please tick)

No, not Aboriginal or Torres Straight Islander       Yes, Aboriginal

Yes, Aboriginal and Torres Straight Islander       Yes, Torres Straight Islander

## Information about the child's parents

| Mother   | Father   |
|--|--|
| Name   | Name   |
| Address – (as per child) or:   | Address – (as per child) or:   |
| Email :  | Email :  |
| Home Telephone   | Home Telephone   |
| Mobile   | Mobile   |
| Does the child live with the mother?<br><br>No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Does the child live with the father?<br><br>No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |

## VERY IMPORTANT

### Emergency Contacts

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorized to collect and care for the child after an accident, injury, trauma or illness.

|                       |                       |
|-----------------------|-----------------------|
| Name                  | Name                  |
| Relationship to Child | Relationship to Child |
| Address               | Address               |
| Home Telephone        | Home Telephone        |
| Mobile                | Mobile                |

### Collecting your child from the CSCH children's service

Your consent is required for other people to collect your child from the children's service on your behalf. Please list the details of at least three people who can collect your child in the table below. In the event that your child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect your child.

#### Details of people with permission to collect your child

| Name                   | Name                   |
|------------------------|------------------------|
| Address                | Address                |
| Relationship to Child: | Relationship to Child: |
| Home Telephone         | Home Telephone         |
| Mobile                 | Mobile                 |

| Name                   | Name                   |
|------------------------|------------------------|
| Address                | Address                |
| Relationship to Child: | Relationship to Child: |
| Home Telephone         | Home Telephone         |
| Mobile                 | Mobile                 |

**PLEASE COMPLETE THIS SECTION ONLY IF APPLICABLE**

## Information about the child's Guardian's & Court Orders

| Guardian Female (only complete if applicable)  | Guardian Male (only complete if applicable)  |
|--|--|
| Name   | Name   |
| Address - as per child or:   | Address - as per child or:   |
| Home Telephone   | Home Telephone   |
| Mobile   | Mobile   |
| Does the child live with the guardian?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Does the child live with the guardian?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |

### Court orders relating to the child

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

No  (go to the next section)                      Yes  (**please complete the following**).

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form
2. If these orders:
  - (a) change the powers of a parent/guardian to:
    - authorize the taking of the child outside the service by a staff member of the service;
    - consent to the medical treatment of the child;
    - request or permit the administration of medication to the child;
    - collect the child, AND/OR
  - (b) Give these powers to someone else,
3. Please describe these changes and provide the contact details of any person given these powers:

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#### 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 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.

**Child's Medical and Health Information**

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

Address Doctor/Medical Service: \_\_\_\_\_

\*Maternal & Child Health (MCH) Centre: \_\_\_\_\_

Ambulance Membership No: \_\_\_\_\_

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

No  Yes  (please tick)

Does the child have any allergy or sensitivity? No  Yes  (please tick)

**If yes,** the following management procedures are to be followed (attach a copy of the management plan)

\_\_\_\_\_

Does the child have any medical conditions and needs (eg epilepsy, diabetes, asthma etc) which are relevant to the children's service? No  Yes  (please tick)

**If yes,** the following management procedures are to be followed (or a copy of the management plan is attached):

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

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

Does your Child have an auto injection device (eg EpiPen)? Yes  No

Has the anaphylaxis medical management plan been provided to the services? Yes  No

Has a risk Management plan been Completed by the Service in consultation with you? Yes  No

Does the child have any dietary restrictions? No  Yes  (please tick)

**If yes,** the following restrictions apply:

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

## CONFIDENTIAL

### Child Immunisation Record

Has the child been immunised? No  Yes  (please tick)

If yes, please provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation Record print out from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register

#### \*Other Information

Please note any other information the children's service should know about your child (eg. excessive fears, favourite activities, attending other early childhood service or early intervention service):

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## 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 s/he becomes unwell at the service;
- consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

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

*Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.*

## PERMISSION TO PHOTOGRAPH YOUR CHILD

On occasions we would like to take photographs of your child/ren. These will show your child/ren participating in the program and may be put on display in the Community House. We may also use your child's photo in promotional material such as brochures, newsletters, social media. (ie. Facebook) and local external media (ie. Leader newspaper).

Photographs may also be taken at events such as concerts or Open Days where groups of children and parents gather. (i.e. parents, grandparents, carers) that may photograph the children. At all other times, photographs can only be taken by a person approved by the House Manager.

We cannot take photos of your child/ren without your written permission. If you agree to your child's photo being taken and used for the purposes outlined above, please sign the form below and return it with your enrolment documentation.

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I give permission for \_\_\_\_\_ (Name of Child) to be photographed for the purpose of developmental observation or displaying the children participating in the child care program.

*I understand that it is an offence to publish photos of minors who are wards of the State or subject to family court proceedings and declare this does not apply to my child.*

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

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

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I give permission for \_\_\_\_\_ (Name of Child) to be photographed and for the photos to be used in promotional material such as brochures, newsletters, social media (ie. Facebook) and local external media (ie. Leader newspaper).

*I understand that it is an offence to publish photos of minors who are wards of the State or subject to family court proceedings and declare this does not apply to my child.*

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

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



## PERMISSION TO ATTEND THE COMMUNITY GARDEN ACTIVITIES

On occasions we would like to take the children into our Community Garden for children's growing and environmental, sustainability activities. The children will be encouraged to access our garden beds to view and pick fruit and vegetables and will be encouraged to touch and taste various organic garden harvests.

We cannot take your child into our garden environment without your written permission. If you agree to allow your child to participate in garden and growing activities, please sign the form below and return it with your enrolment documentation.

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I give permission for \_\_\_\_\_ (name of child) to attend the Caulfield South Community Garden during incursion activities.

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

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

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## PROTECTING YOUR RIGHT TO PRIVACY

When you enrol with us we ask for details about yourself and your child, which will be used as our point of contact. There may be some questions we ask that you may feel worried about, such as the language spoken in the home, ages of other children, occupation of parent/guardians, court orders and child's health.

This information is used only for funding, planning and program delivery purposes.

You are also asked to give us information about people that we may have to contact in an emergency or who can collect your child. We ask that these people are aware that their contact details are provided to us and that you have their consent to provide this information.

If you have any concerns about providing the information requested please see the Manager who will be able to assist you. Please be assured that any information provided to us is kept confidential and any concerns you may raise about the way we handle your information will also be kept confidential.

If you would like access to what records we hold about you, or you would like to correct or update any information we may have, please speak to the Manager who would be pleased to discuss this with you.

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I have read the above information and understand the purposes for the collection of my personal information and information I have given about others.

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

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





## Early Learning Childcare Services

### EARLY LEARNING CHILD CARE SERVICES –

### PLACEMENT AGREEMENT

I \_\_\_\_\_ (please print name), being the parent/legal guardian of  
\_\_\_\_\_ (child's name) have chosen to place my child at the Caulfield South  
Community House Early Learning Child Care Services.

1. I give permission for my child to leave the child care premises under the direction and supervision of staff in an emergency situation or during a fire drill where evacuation is necessary.
2. I consent to the staff of the child care program seeking such emergency medical, hospital, dental, or ambulance services and/or treatment as is necessary if I or any of my emergency numbers cannot be contacted and I undertake to pay for any expenses incurred.
3. I have read the Parent Information Hand Book and agree to abide by the programs policies as outlined in the document.
4. I agree to advise the child care staff at my earliest convenience if my child will be absent due to holidays or illness.
5. I agree to exclude my child from the program if unwell. I undertake to inform the child care staff if my child has a contagious illness.

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



## Caulfield South Community House





## Early Learning Childcare Services

### EARLY LEARNING CHILD CARE SERVICES – CANCELLATION POLICY

In order to ensure our programs can be delivered by expert qualified staff and offer wonderful opportunities for the children to engage in incursions and other developmental programs, it is important that we monitor the number of children enrolled in our programs each term. We urge you to assist us by informing the office administration (in advance) of your intentions for the following term.

If you are unable to continue with the program at any stage, we must receive two week's notice in writing, otherwise a **\$100.00 cancellation fee will apply**.

**Your signature is required stating that you have read, understood and agreed to the Caulfield South Community Early Learning Child Care Cancellation Policy**

Parents Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Primary Email Address : \_\_\_\_\_

Parent/guardian to sign: \_\_\_\_\_

### NOTIFICATION OF UPDATED POLICIES

As part of our licencing requirements it is imperative we maintain accurate documentation and current legislative Policies and Procedures for both the Community House and the Child Care.

***Upon securing a place at CSCH Early Learning Child Care Services, we will forward you a Letter of Confirmation including an electronic copy of the CSCH Policies and Procedures document.***

## ARE YOU ENTITLED TO GOVERNMENT ASSISTANCE? (CCS)

Caulfield South Community House is a Child Care Subsidy (CCS) approved Child Care Provider. CCS is a payment made by the Australian Government to help families with the cost of a quality child care and Early Learning Service. This subsidy is paid directly to CSCH to reduce your fortnightly fees.

Some basic requirements must be satisfied for an individual to be eligible to receive the Child Care Subsidy. These include:

- The age of the child (must be 13 or under and not attending secondary school)
- The child meeting immunization requirements
- The individual, or partner, meeting the residency requirements

Three levels of testing will determine a family's level of Child Care Subsidy

1. A Family's combined income will determine the percentage of subsidy they are eligible to receive
2. An activity test will determine how many hours of subsidized care families can access
3. The type of child care service will determine the hourly rate cap.

| Step | Hours of Activity        | Maximum number of hours of subsidy per child* |
|------|--------------------------|---|
| 1    | 8-16 hours               | 36 hours                                      |
| 2    | More than 16 to 48 hours | 72 hours                                      |
| 3    | More than 48 hours       | 100 hours                                     |

\* Per fortnight. Source: [www.education.gov.au/child-care-subsidy-activity-test](http://www.education.gov.au/child-care-subsidy-activity-test)

## CSCH Early Learning Child Care Fees and Charges

|                                  |   |
|----------------------------------|---|
| <b>Early Learning Childcare:</b> | <b>\$56.00 per session per child (5 hour session)</b> |
| <b>Pre-School Program</b>        | <b>\$56.00 per session per child (5 hour session)</b> |

CSCH Early Learning Child Care operates and abides by the Victorian State School Term Dates and will offer optional School Holiday Child Care Programs. The Community House is only closed for a four week period over the Christmas/New Year Celebration period.

Fees are invoiced in advance on a fortnightly basis. Invoicing includes sick days and family holidays, but excludes periods of time when the service is closed. Various payment arrangements can be arranged, these must be confirmed with the Manager and Finance Officer.

**Membership Fee:** Families are required to become Members of Caulfield South Community House. An annual calendar year membership fee of \$15 applies to members.

**Administration/enrolment Fee:** \$50.00 per child. (One-off payment paid at enrolment)  
Families who pay the enrolment fee will receive a CSCH outside play hat and a logo t-shirt.

**Incursion Fee:** \$100.00 per child (per session). This is an annual fee which covers costs for all our incursions over the year. This fee will be charged for children attending 3-5 Year Pre-Kinder Activity Group sessions (SportzBuzz, Music, Yoga and Garden programs).

**Cancellation:** If a family decides to withdraw from the Early Learning Childcare - two weeks cancellation notice in writing is required. Any fees in credit after the notice period will be refunded back to the family.