EARLY LEARNING CHILDCARE SERVICES ENROLMENT FORM 2017

Child's Name: _____ Date: _____ / _____ / _____

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of 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.

Please nominate the Day/s you wish to attend the Early Learning Childcare Sessions at Caulfield South Community House:

Occasional Care (15 months – 3 years):

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

Kindergarten Program (3-5 Year old)

☐ 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:
Occupation	Occupation
Email :	
Home Telephone	Home Telephone
Mobile	Mobile
Does the child live with the mother? No ☐ Yes ☐ (please tick)	Does the child live with the father? No ☐ Yes ☐ (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
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
Home Telephone	Home Telephone
Mobile	Mobile

Name	**Name**
Address	Address
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 (if 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? No ☐ Yes ☐ (please tick)	Does the child live with the guardian? No ☐ Yes ☐ (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:

   _____

   _____

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.

CONFIDENTIAL

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):

_____

_____

_____

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.

I give permission for _____ (Name of Child) to be photographed for the purpose of developmental observation or displaying the children participating in the childcare 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:** _____

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:** _____

PROTECTING YOUR RIGHT TO PRIVACY

Caulfield South Community House provides a range of educational, health, personal development, art and craft activities (Kindergarten) as well as the Occasional Child Care program.

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.

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: _____

Caulfield South Community House

EARLY LEARNING CHILDCARE 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 Childhood Education Services for ☐ Occasional Care and/or ☐ Kindergarten.

1. I give permission for my child to leave the childcare 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 childcare 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 and Policy Hand Book and agree to abide by the programs policies as outlined in the document.
4. I agree to advise the Childcare 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 Childcare staff if my child has a contagious illness.
6. I understand that the full fee for childcare will be charged irrespective of whether or not my child has attended the program when they have a regular term booking.

Signed: _____Date: ____ / ____ / ____

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 Childcare.

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

Caulfield South Community House

EARLY LEARNING CHILDCARE 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.

3 Year Old Kindergarten Program
The Kindergarten program runs parallel to Government Primary School terms from February to December each year. Families will be invoiced three weeks prior to the end of term 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**.

Occasional Care Program
At the end of each school term, our administration team will forward an email to each family to confirm your intentions to continue your child's placement for the following term.
Families will be invoiced three weeks prior to the end of term 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 agree to the Caulfield South Community Kindergarten/Occasional Care Cancellation Policy

Parents Name: _____ Childs Name: _____

Home Address: _____PostCode_____

Home Phone Number:_____ Mobile Number:_____

Primary Email Address : _____

Parent/guardian to sign: _____

Caulfield South Community House is a Registered Childcare Provider. We are a Not for Profit, Level 2, Limited Hours self funded Early Learning Child Care Service, we do not receive any state government kindergarten program funding and therefore we cannot pass on the government rebate to you. Please be assured that our quality programs fees are compatible/comparable to other child care services providers. Depending on your Family Tax A or B status, you are eligible to receive an entitlement through the Family Assistance Office/Medicare Office. We have the appropriate forms in the office for you to take to support your claims.

KINDERGARTEN PROGRAM FEE OUTLINE

Kindergarten fees:

$400.00 Early Years Childcare Services Fee (per term)

In addition:

$115.00 Administration Fee:
Non-refundable deposit is to be paid at the time of enrolment to secure your position.
This amount also covers incursions such as Sportzbuzz, Music & Gardening programs and sun hat

$15.00 CSCH Membership fee (One off fee paid with Term 1 fees)

Payment Plans are also available and can be easily arranged after discussions with the Finance Officer or Manager

If you are unable to continue with the program at any stage throughout the year we must receive two (2) weeks notice in writing. If this notice period is not communicated a $100.00 cancellation fee will be charged per child per session.

OCCASIONAL CARE PROGRAM FEE OUTLINE

Occasional Care fees:

$50.00 Early Years Childcare Services Fee (per session) paid one term in advance

In addition:

$25.00 Administration Fee:
Non-refundable deposit is to be paid at the time of enrolment to secure your position.

$15.00 CSCH Membership fee (One off fee paid with Term 1 fees)

Payment Plans are also available and can be easily arranged after discussions with the Finance Officer or Manager

If you are unable to continue with the program at any stage throughout the year we must receive two (2) weeks notice in writing. If this notice period is not communicated a $100.00 cancellation fee will be charged per child per session.