|  |  |
| --- | --- |
| **New client** |  |
| **Update info** |  |
| **Send copy** |  |
| **FDC Educator** |  |
|  |

**FamilyDayCare-2**

**Date of Application…/…/…**

**FAMILY DAY CARE APPLICATION AND AGREEMENT FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Status:** | 2 parent home |  | Guardian/Grandparent |  | Sole parent mother |  |
|  |  |  |  |  | Sole parent father |  |
|  |  |  |  |  |  |  |
| **Employment Status:** | Full time work |  | Part Time work |  | Non regular work |  |
|  | Student |  | Pension/Allowance |  | Unemployed |  |
|  | Unpaid work |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Child’s Residential Status:** |  |  | Lives with both parents |  | Lives with parent 1 only |  |
|  |  |  |  |  | Lives with parent 2 only |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian 1 Personal Details** | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name: | | | |  | |  | | | | | Given names: | | | |  | | |  | | | | | |
| Preferred name: | | | | |  |  | | | | | | | | | | | |  | | | | | |
| Relationship to Child: | | | | | |  | | | | | Parents Date of Birth: | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Address Details** | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Address: | | | | | |  | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | |  | | | | | | | | | | | | | | | | | |
| Contact Phone: (H) | | | | | |  | | | | | | | | | | | (M) | |  | | | | |
| Email address: | | | |  | | | | | | | | | | | | | | | | | | | |
| \*Please note Payment Advices/Invoices will be sent to this email address | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Details** | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth: | | | | |  | | | | | | | Language spoken at Home: | | | | | | | |  | | | |
| Are you of Aboriginal and/or Torres Strait Islander origin? (please tick) | | | | | | | | | | | | | | | | | | | | | | | |
|  | No, not Aboriginal or Torres Strait Islander | | | | | | | | | | |  | | Yes, Torres Strait Islander | | | | | | | |  | Yes, Aboriginal |
| \*We ask this question so that we can plan activities in the care environment that are linked to your culture and heritage and be able to offer you culturally appropriate support services if you need. | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | |  | | | | | | | | | | | | | | | | | | | | |
| Workplace: | |  | | | | | | | | | | | | | | Workplace Phone:(W) | | | | |  | | |
| Are you a FDC Educator? | | | | | | |  | Yes |  | No | | | If yes for which service: | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian 1 Personal Details** | | | | | | | | | | | | | | | | | | | | | | |
| Family Name: | | | |  | |  | | | | | Given names: | | | | |  | | | | | | |
| Preferred name: | | | | |  |  | | | | | | | | | |  | | | | | | |
| Relationship to Child: | | | | | |  | | | | | Date of Birth: | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Address Details** | | | | | | | | | | | | | | | | | | | | | | |
| Residential Address: | | | | | |  | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | |  | | | | | | | | | | | | | | | | |
| Contact Phone: (H) | | | | | |  | | | | | | | | | | | (M) |  | | | | |
| Email address: | | | |  | | | | | | | | | | | | | | | | | | |
| \*Please note Payment Advices/Invoices will be sent to this email address | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Other Details** | | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth: | | | | |  | | | | | | | Language spoken at Home: | | | | | | |  | | | |
| Are you of Aboriginal and/or Torres Strait Islander origin? (please tick) | | | | | | | | | | | | | | | | | | | | | | |
|  | No, not Aboriginal or Torres Strait Islander | | | | | | | | | | |  | | Yes, Torres Strait Islander | | | | | | |  | Yes, Aboriginal |
| \*We ask this question so that we can plan activities in the care environment that are linked to your culture and heritage and be able to offer you culturally appropriate support services if you need. | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | |  | | | | | | | | | | | | | | | | | | | |
| Workplace: | |  | | | | | | | | | | | | | Workplace Phone:(W) | | | | |  | | |
| Are you a FDC Educator? | | | | | | |  | Yes |  | No | | | If yes for which service: | | | | | | | | | |

**Hours/Days of care requested:** Commencing from: \_\_\_\_/\_\_\_\_/\_\_\_\_

|  |  |
| --- | --- |
| Monday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tuesday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Wednesday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Thursday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Friday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Weekend care:** |  |
| Saturday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sunday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Reason for Child Care:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Work |  | Seeking employment |  | Studying |  | Professional Referral Services |  | Respite |  |

If your family is involved with any Professional Referral Services e.g. Child First, Speech Pathologist, Colac Area Health or Maternal & Child Health please list below and a contact person:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Organisation: |  | | |

I give permission for the above person to be contacted regarding my child’s placement in Family Day Care.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**\*Please note this information will only be used as collaborative approach to your child’s childcare needs.**

**Court Orders, Parenting Orders or Parenting plans:**

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/children or access to the child/children?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No |  | Go to the next section | Yes |  | Please complete the following: |

1. Bring the original court order, parenting order or parenting plan for the staff to see and a copy to attach to this enrolment form;
2. If these orders/plans:
3. change the powers of a parent/guardian to:

* authorise the taking of the child/children outside the service by a staff member of the service;
* in the case of a family day care service, the taking of the child/children outside the family day care educator’s residence or family day care venue by a family day care educator;
* consent to the medical treatment of the child/children;
* request or permit the administration of medication to the child/children;
* collection the child/children from the service or family day care, AND/OR

1. give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does the court order pertain to a particular child within your family if so please indicate below:

|  |  |
| --- | --- |
| **Child 1 Name:** |  |
| **Child 2 Name:** |  |
| **Child 3 Name:** |  |
| **Child 4 Name:** |  |

**Lawful Authority:**

**Parents**

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Education and Care Services National Regulations, 2011 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 live 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.

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 has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the Education and Care Services National Act, 2010 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 Care Subsidy:**

Do you wish to apply for Child Care Subsidy as reduced childcare fees?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

***\*It is the parent’s/guardian’s responsibility to ensure that they have registered for Child Care Subsidy with Centrelink.***

***Parents will need to confirm their enrolment status through their MyGov account.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent Name: | |  | | CRN: |  |
| ***(This is the parent registered with Centrelink to receive CCS)*** | | | | | |
| Child 1 | Name: | |  | CRN: |  |
| Child 2 | Name: | |  | CRN: |  |
| Child 3 | Name: | |  | CRN: |  |
| Child 4 | Name: | |  | CRN: |  |

\***Note**: **A Customer Reference Number (CRN) is to be obtained for the responsible parent and each child before commencing care. Contact the Centrelink on 136150 to register your family for child care subsidy.**

Do you use another child care service?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes which service do you use?

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

**Transport:**

I give permission for my child/children to travel with a Family Day Care Educator by car or public transport.

Written permission must be obtained from parents for children to participate in excursions and routine outings.

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

I do not give permission for my child/children to travel with a Family Day Care Educator by car or public transport.

|  |  |
| --- | --- |
| No |  |

**Publicity:**

From time to time photographs, videos and audio tapings of children are taken within the FDC Service. These photos are used for program planning, children’s displays and promotional material for the Family Day Care Service such as newspaper articles, pamphlets, information displays, Facebook, or in the Council Annual Report and Municipal Early Years Plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I give permission for photographs, videos and audio tapings of my child/children to be taken for use within the Service. | Yes |  | No |  |
| I wish to be contacted first before any photographs, videos and audio tapings of my child/children are used for promotional purposes outside the Service. | Yes |  | No |  |
| I give permission for the Educator to take photos for the purpose of correspondence with you and for use in your child’s portfolio. | Yes |  | No |  |
| I give permission for the field officer to take photos on a visit to send as a sms messages to myself for communication purposes | Yes |  | No |  |

***Note photos of children are stored securely and parents may have access to these photos at any time.***

**Food and Nutrition:**

|  |  |  |  |
| --- | --- | --- | --- |
| Pp Parent |  | Educator |  |

Who will provide the food for your child in care?

I agree to provide my child with nutritious meals in consultation with the Family Day Care Educator and in accordance with the Family Day Care Nutrition Policy.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Sun Smart:**

I understand that in accordance with the Family Day Care Sun Smart Policy I am to provide all necessary clothing, hats and sunscreen for the protection, health and wellbeing of my child/ren, to protect them from the sun and UV rays.

I therefore give permission for my Educator to apply sunscreen on a regular basis or as deemed necessary to my child/ren.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Medical Information: (if you don’t have a designated doctor/dentist please nominate preferred clinic)

|  |  |  |  |
| --- | --- | --- | --- |
| Family Doctor: |  | Phone: |  |
| Address: |  | Town: |  |
| Family Dentist: |  | Phone: |  |
| Address: |  | Town: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have private health insurance? | Yes |  | No |  |

Ref No Child’s Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have ambulance cover? | Yes |  | No |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Medicare Card Number:

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

**Limited Access to the Internet Permission:**

**Limited Access to the internet permission:**

I give permission to my Educator to use the internet with my child/ren for Educational purposes only. In particular sites such as Google. Access to face book and other social media is prohibited and any use of the computer will be under the direct supervision of the Educator

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Parent/Guardian Service Agreement Form**

|  |  |  |
| --- | --- | --- |
| I | | |
|  |  |  |
| Being the parent or guardian of: |  |  |
|  | DOB |  |
|  | DOB |  |
|  | DOB |  |
|  | DOB |  |

**HEREBY AGREE:**

To my contract of care and the Colac Otway Shire guidelines, and will notify the Family Day Care Educator and Coordination Unit Staff if days/hours are to be altered.

I understand I can be charged for care that is booked and does not take place and to notify the Family Day Care Educator of a child’s intending absence or late arrival.

I understand and accept that payments for Childcare must be made to my Educator each fortnight. Failure to make a payment within this time will result in immediate termination of the service. Accounts will then be followed up by the Coordination Unit and additional costs or late fees will be my responsibility.

To give two weeks’ notice if care is to finish.

To sign (full signature not initial) Family Day Care Educators time sheets daily, verifying hours of care and to sign for any absences from care.

That it is my responsibility to ensure that I have registered with the Centrelink and submitted all forms by the due dates. I understand that a full fee will be charged if I have not registered for Child Care Subsidy and that if my child is absent on the first day of care or last day of care that Child Care Subsidy will not apply to that absence.

To accept full responsibility for notifying the Co-ordination Unit of any changes that may occur regarding immunisation and working status.

I agree that I have been informed by the Co-ordination Unit that I am able to access all information collected regarding my child at any time.

All information given is true and correct.

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.

Council is collecting the information on this form for the purpose of enrolling your child for Family Day Care. The information will be used for administration purposes and to contact you in the event of an emergency, and sent to the Family Day Care Educator of your choice, but will not be disclosed to any other party except as required by law.

The personal/health information requested on this form is being collected by Colac Otway Shire for administrative purposes and to enable Family Day Care Educators to cater to the needs of your child should an emergency arise. The personal/health information will be used solely by the FDC service of the Colac Otway Shire for this primary purpose or directly related purposes.

The applicant understands that the personal/health information provided is for FDC administration purposes and that he/she may apply to the FDC Service of the Colac Otway Shire for access to and/or amendment of the information. Requests for access and or correction should be made to the Family & Children Services Coordinator, Community Services, Colac Otway Shire.