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

**FamilyDayCare-2**

**Date of Application …/…/…**

**FAMILY DAY CARE INDIVIDUAL CHILD ENROLMENT FORM**

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. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.Questions marked with an asterisk \* are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

Family Name: …………………………………….......………... Given Names: …………..……………………….….…

Preferred name: ……………………………...………………… \*Sex M 🗌 F 🗌 Date of Birth: ………….…………….

Address the child resides at: ………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………….

Language(s) spoken in the home: ………………………… Country of Birth ………………………………

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

🗌 No, not Aboriginal or Torres Strait Islander 🗌 Yes, Torres Strait Islander 🗌 Yes, Aboriginal

**Educational Programs:**

Does this child attend any of the following educational programs: school, kindergarten, playgroup.

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

If yes please complete the relevant sections for the above child:

**Primary/Secondary School**

School …………………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………...

Phone: ………………………………………………

Year Commenced …………………………………

**Kindergarten/Pre-school**

Pre-school Centre…………………………………………………………………………………………..……

Address………………………………………………………………………………………………………

Phone: ……………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| 3 yr old |  | 4 yr old |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Session  Times |  |  |  |  |  |

**Playgroup Session**

Playgroup……………………………………………………………………………………………

Address:……………………………………………………………………………………………..

Session Day & Time ………………………………………………………………………………

Is the Family Day Care Educator required to collect the child or deliver this child to these programs?

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

**Authorisations**

**In case of an Emergency:**

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. The following people who are authorised by yourself to authorise medical treatment, authorise the administration of medication, authorise transportation of the child by an ambulance service, collect and care for the child after accident, injury, trauma or illness: Must be 18yrs and over

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Phone: (H) (W)  (mobile) | Phone: (H) (W)  (mobile) |
| Email Address: | Email Address: |
| Relationship to child: | Relationship to child: |

## Collecting the child from the Family Day Care Service:

Your consent is required to identify authorise nominees to collect your child from the education and care service on your behalf and also to authorise an educator to take the child outside the education and care service premises.

***Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the National Law.***

In the event that the child is not collected from the education and care service at their designated pickup time and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Details of people who can collect the child. (This list may be added to or changed throughout the year) Must be 18yrs and older

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Phone: (H) (W)  (mobile) | Phone: (H) (W)  (mobile) |
| Email Address: | Email Address: |
| Relationship to Child: | Relationship to Child: |

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Phone: (H) (W)  (mobile) | Phone: (H) (W)  (mobile) |
| Email Address: | Email Address: |
| Relationship to Child: | Relationship to Child: |

**Routine Outing:**

Routine outings are defined as outings that happen on a regular basis. These routine outings will include such activities as School and Kindergarten pickups and drop offs, Playgroup, story time at the Library, walk to the park, or visit the Family Day Care Coordination Unit Office.

I give permission for my Family Day Care Educator to take my child on Routine Outings whilst my child is in care

………………………………………………………….. ……………………………………

Signature Date

I have completed a routine outing consent form for my child

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

### Child’s Health Information:

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

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

Does this 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 the special needs:

……………………………………………………………………………………………………..………………………………………………………………………………………………………..............................................................……………………

Have you engaged with a Professional Support Service regarding your child’s developmental delay, disability or special need?

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

Does this child have any allergies or sensitivity or dietary restrictions?

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

If *yes* please provide details of any allergies and any management procedure to be followed with respect to the allergy or please provide the Service with a Management Plan: ………………………………………….………………………………………………...…………..........................…………………………………………………………………………………………..…………………………………………………………………………………………………………..........................................................................................……………………

Has this child had any serious illness or hospitalisation? …………………………………………………………………………………………………………………………………………………………………………………………………………………………..................................................................………

Is this child on medication? ………………………………………………………..……………………………................……………………….

**Note: Parents need to fill out a medication form with their Family Day Care Educator if their child is to receive medication while in care and under no circumstances is medication to be left in a child’s bag while in Family Day Care. Medication must have the child’s name, dosage amount and be in date.**

**Anaphylaxis:**

Has your child been diagnosed at risk of anaphylaxis?

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

Does your child have an auto injection device?

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

|  |  |  |  |
| --- | --- | --- | --- |
| Epi Pen |  | Anapen |  |

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

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

**Please provide a copy of an Anaphylaxis Management Plan from your family doctor for your child.**

**Asthma:**

Has your child been diagnosed as an Asthmatic?

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

Does your child use a ventolin puffer or spacer?

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

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

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

**Please provide a copy of an Asthma Management Plan from your family doctor for your child.**

**Diabetes:**

Has your child been diagnosed as a Diabetic?

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

Does your child need insulin injections to manage their Diabetes?

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

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

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

**Please provide a copy of a Diabetes Management Plan from your family doctor for your child.**

**Allergies:**

Does this child have any other medical conditions? (E.g. Epilepsy, Allergies to Diary products, Bees or Mosquito bite etc that are relevant to the care of your child)

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

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

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

**Please provide a copy of an Allergy Management Plan from your family doctor for your child.**

Ifyou answered *yes* to any of the above questions please provide details of any medical condition and any management procedure to be followed with respect to the medical condition. ……………………………………………………………………………………………………..………….……………………………………………………………………………………...……………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………

**Maternal & Child Health:**

Has your child received their Key Ages and Stages Checks from your Maternal & Child Health Nurse?

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2 weeks |  | 4 weeks |  | 8 weeks |  | 4 months |  | 8 months |  | 12 months |  | 18 months |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 years |  | 3.5 years |  |

**Note: If you have not had your checks please give your Maternal & Child Health Nurse a call to make an appointment**

Child’s immunisation record:

Under the new ‘No Jab, No Play’ legislation, before enrolling your child in our Family Day Care Service, we will have to first obtain evidence from you that your child is:

* fully immunised for their age OR
* on a vaccination catch-up program OR
* Unable to be fully immunised for medical reasons.

Homeopathic Immunisation or Conscientious Objection' is not an exemption under the ‘No Jab No Play’ legislation

Has your child been immunised in accordance with the Immunisation schedule?

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

(please supply supporting documentation e.g. immunisation history statement)

Is your child on a vaccination catch-up program?

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

(please supply supporting documentation e.g. immunisation history statement)

Is your child unable to be fully immunised due to medical reasons?

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

(If your child has a medical reason why they cannot be vaccinated, a GP needs to complete and sign a Medicare Immunisation Exemption Medical Contraindication Form, and send it to the Australian Childhood Immunisation Register (ACIR). The parent then needs to obtain an updated Immunisation History Statement from the ACIR that indicates the child was up-to-date with all the vaccines that they can have, and listed the vaccines that they cannot have due to a medical contraindication. This statement needs to be provided by the parent to our Family Day Care Service to finalise enrolment.)

Has the Child’s Immunisation History Statement been sighted?

\*please bring copy of your latest enrolment record from Medicare.

This is to be given to office before commencement of care.

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

Name and position of a person from the Family Day Care Coordination Unit Office who has sighted the child’s immunisation history statement.

Name: ……………………………………………………… Position: ……………………………..………….

**Other Information:**

Colac Otway Shire Family Day Care recognises cultural diversity in every family. Please provide details which can help us ensure your child needs are met. E.g. Cultural diversity, family values, religious beliefs

…………………………………………………………………………………….............................................................................................................................................................................................................................……………………………

………………………………………………………………………………………………..............................………...…………

To help the transition into care to be a positive experience for your child, please list their interests, likes, dislikes and fears.

…………………………………………………………………….……………………………………………………………………………………………………………………….………………………………………………………………………………………

**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 regarding my child’s health is true and correct and undertake to immediately inform the Family Day Care Coordination Unit and Family Day Care Educator 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 they become unwell at the service;
* Consent to the staff of the Family Day Care Coordination Unit and Family Day Care Educator to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.
* Consent to the people listed in the emergency contact section of this enrolment form to give permission for the Family Day Care Coordination Unit Staff and/or Family Day Care Educator to seek medical treatment for the child from a medical practitioner, hospital or ambulance service if I am unable to be contacted.

………………………………………………………….. ……………………………………

Signature Date

**Confidentiality of Enrolment Records**

The personal/health information requested on this form is being collected by Colac Otway Shire Family Day Care for administrative purposes and to enable the Coordination Unit Staff or Family Day Care Educators to cater to the needs of your child’s should an emergency arise. The personal/health information will be used solely by Colac Otway Shire Family Day Care for this primary purpose or directly related purposes. The Colac Otway Shire Family Day Care may disclose this information to the Children’s Services Adviser (Department of Education and Training) as part of annual compliance visit. The collection of this information is required under the Education and Care Services National Regulations 2011 and is the condition of the licence. The applicant understands that the personal/health information provided is for Colac Otway Shire Family Day Care administration purposes and that he/she may apply to 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.

I ………………………………………………………………………………………….… (Print full name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the Colac Otway Shire Family Day Care Service of any changes to this information

………………………………………………………….. ……………………………………

Signature Date

**Lawful Authority**

**Parents**

All parents have powers and responsibilities in relation to their children, which can only be changed by a parenting order, court orders or parenting plan. 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 parenting order, court order or parenting plan, 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 parenting order, court order or parenting plan 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 parenting order, court order or parenting plan. 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 parenting orders, court orders or parenting plans. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.