



# Family Day Care - Family Application & Agreement Form

What you need to do for your application



## Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



## Submit application

This form and supporting documents must be submitted via email, by mail or in person.

### Office Use Only

- New Client
- Send Info
- Update Info

FDC Educator

## Collection of Information

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire Family Day Care for the purpose of enrolling your child in Family Day Care. The personal information will also be disclosed to the Family Day Care Educator for the purpose of administration and enabling the Family Day Care Educator to cater to the needs of your child should an emergency arise. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, it may affect your enrolment in this service and a discussion with the Coordination Unit may be required. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email [inq@colacotway.vic.gov.au](mailto:inq@colacotway.vic.gov.au). Council's Privacy Policy is available from our website: [colacotway.vic.gov.au/Council-the-shire/Council-policies](http://colacotway.vic.gov.au/Council-the-shire/Council-policies) and all Council Customer Service Centres.

## Application Details

### Date of Application

D	D	M	M	Y	Y
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### Family Status

- 2 Parent Home
- Guardian/Grandparent
- Sole Parent Mother
- Sole Parent Father

### Child's Residential Status

- Lives with Both Parents
- Lives with Parent 1 only
- Lives with Parent 2 only

### Employment Status

- Full Time Work
- Part Time Work
- Non Regular Work
- Pension/Allowance
- Student
- Unpaid Work
- Non Regular Work
- Unemployed

## Parent/Guardian 1 - Personal Details

First name

Last name

Preferred name

Relationship to Child

Parent/Guardian Date of Birth

D	D	M	M	Y	Y
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## Parent/Guardian 1 - Address Details

Residential or postal address

Contact Phone Number (H):

Contact Phone Number (M):

Email address

*\*Please note payment advices/invoices will be sent to this email address*

# Family Day Care Application & Agreement Form

## Parent/Guardian 1 - Other Details

Country of Birth

Language Spoken at Home

Are you of Aboriginal and/or Torres Strait Islander Origin? *(please tick)*

*\*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.*

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

Occupation

Workplace

Workplace Phone Number

Are you a FDC Educator? *(please tick)*

No  Yes

If yes - for which service?

## Parent/Guardian 2 - Personal Details

First name

Last name

Preferred name

Relationship to Child

Parent/Guardian Date of Birth

D	D	M	M	Y	Y
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## Parent/Guardian 2 - Address Details

Residential or postal address

Contact Phone Number (H):

Contact Phone Number (M):

Email address

*\*Please note payment advices/invoices will be sent to this email address*

## Parent/Guardian 2 - Other Details

Country of Birth

Language Spoken at Home

Are you of Aboriginal and/or Torres Strait Islander Origin? *(please tick)*

*\*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.*

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

Occupation

Workplace

Workplace Phone Number

Are you a FDC Educator? *(please tick)*

No  Yes

If yes - for which service?

# Family Day Care Application & Agreement Form

## Hours/Days of Care Requested

Commencing From

D	D	M	M	Y	Y
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**Example** Tuesday

8.30am - 2pm

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

Reason for Child Care

Work

Seeking Employment

Studying

Respite

Professional Referral Service

## Professional Referral Service Details

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

Name

Contact Number

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 next section  Yes - Please complete the following:

1. Bring the original court order, parenting order or parenting plan and a copy to attach to this enrolment form;
2. If these orders/plans:
  - a) 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
  - b) give these powers to someone else

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

**Please attach an updated copy of the plan in addition to the original plan if changes have been made**

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)**

# Family Day Care Application & Agreement Form

## 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 1975, 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 1975 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 (CCS) with Centrelink. Parents will need to confirm their enrolment status through their MyGov account.***

***A Customer Reference Number (CRN) is to be obtained for the responsible parent and each child before commencing care. Contact Centrelink on 13 24 68 to register your family for child care subsidy.***

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

Do you use another childcare service?  No  Yes - which service do you use?

## 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?  No  Yes - which service do you use?

Do you have ambulance cover?  No  Yes - what is your ambulance cover number?

Medicare Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	Ref No	Name
Child 1	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>

# Family Day Care Application & Agreement Form

## 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, social media, Council's website or in the Council Annual Report, Municipal Early Years Plan and Health & Wellbeing 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 me and for use in my child's portfolio  Yes  No
- I give permission for the Field Officer to take photos on a visit to send as an sms message to myself for communication purposes  Yes  No

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

## Food and Nutrition

- Who will provided the food for your child in care?  Parent  Educator
- I agree to provided 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 provided all necessary clothing, hats and sunscreen for the protection, health and wellbeing of my child/children, to protect then from the sun and UV rays  Yes  No
- I therefore give permission for my educator to apply sunscreen on a regular basis or as deemed necessary to my child/children  Yes  No

## Limited Access to the Internet

- I give permission to my Educator to use the internet with my child/children for educational purposes only. Access to social media is prohibited and any use of the computer will be under the direct supervision of the Educator  Yes  No

## Transport

- I give permission for my child/children to travel with a Family Day Care Educator by car or public transport.  Yes  No

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

## Authorisation

By signing this agreement, I hereby authorise/agree to the above permissions relating to the following;

- Publicity
- Food and Nutrition
- Sun Smart
- Access to Internet
- Transport

Signature

Date

D	D	M	M	Y	Y
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# Family Day Care Application & Agreement Form

## Parent/Guardian Service Agreement

By signing this agreement, I , being the parent or guardian of:

Child 1 - Name	<input type="text"/>	DOB	<input type="text"/>
Child 2 - Name	<input type="text"/>	DOB	<input type="text"/>
Child 3 - Name	<input type="text"/>	DOB	<input type="text"/>
Child 4 - Name	<input type="text"/>	DOB	<input type="text"/>

### Hereby authorise/agree:

1. 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.
2. 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.
3. 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.
4. To give two weeks' notice if care is to finish.
5. 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.
6. 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.
7. To accept full responsibility for notifying the Coordination Unit of any changes that may occur regarding immunisation and working status.
8. I agree that I have been informed by the Coordination Unit that I am able to access all information collected regarding my child at any time.
9. All information given is true and correct.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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