COLAC OTWAY SHIRE



Family Day Care Family DAY CARE Individual Child Enrolment 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.

C	Office Use Only
	New Client
	Send Info
	Update Info
FD	OC 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 effect your enrolement 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. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Application Details

Date of Application



IMPORTANT NOTE

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.

Child's Personal Details		
First name	Last n	name
Preferred name	Date of Birth	Gender
	D D M	MYY
Address the child resides at		
_anguage(s) Spoken at Home	Count	try of Birth
s the child of Aboriginal and/or Torres Strait Islander Orig	jin? (please tick)	☐ No, not Aboriginal or Torres Strait Islander
We ask this question so that we can plan activities in the	care environment	☐ Yes, Torres Strait Islander
hat are linked to your culture and heritage and be able to o	offer you culturally	☐ Voc Aboriginal

appropriate support services if you need.

Educational	Programs				
Does this child att	Does this child attend any of the following educational programs? (School, Kindergarten, Playgroup)				□Yes □No
If yes - please con	nplete the relevant s	ections for the above ch	ild:		
Is the Family Day	Care Educator requi	red to collect the child o	r deliver this child to any	of these programs?	P □Yes □No
Primary/Secon	dary School				
Address					
Contact Phone Nu	ımber		Year Commence	d	
Kindovacaton/D	lvo sobool				
Kindergarten/P Pre-school Centre					
Address					
Contact Phone Nu	ımber		☐ 3 Yea	r Old E	∃ 4 Year Old
	Monday	Tuesday	Wednesday	Thursday	Friday
Session Times					
Other Early Yea	ars Service				
Early Years Service	e Name				
Session Times	Monday	Tuesday	Wednesday	Thursday	Friday
session Times					

Emergency Contact

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 18 years and older.

Emergency Contact 1	Emergency Contact 2
Name	Name
Address	Address
Phone (M)	Phone (M)
Phone (BH)	Phone (BH)
Email Address	Email Address
Relationship to child	Relationship to child
Collecting the Child from Family Da	ay Care Services
Your consent is required to identify authorise no to authorise an educator to take the child outside	minees to collect your child from the education and care service on your behalf and als
Authorised nominee means a person who ha	as been given permission by a parent or family member to collect the child from
	day care educator. See Section 170(5) of the Educational & Care National Law Ac e education and care service at their designated pickup time and the parents or guardiar
cannot be contacted, this list will also be used to Details of people who can collect the child. (older.	arrange someone to collect the child. This list may be added to or changed throughout the year) Must be 18 years an
Person 1	Person 2
Name	Name
Address	Address
Phone (M)	Phone (M)
Phone (BH)	Phone (BH)
Email Address	Email Address
Relationship	Relationship
to child Person 3	to child Person 4
Name	Name
Address	Address
Phone (M)	Phone (M)
Phone (BH)	Phone (BH)
Email Address	Email Address
Relationship to child	Relationship to child

Routine Outings		
Routine outings are defined as outings that happen on a regular basis. These routine outings will include such activitie Kindergarten pickups and drop offs, Playgroup, story time at the Library, walk to the park, or visit the Family Day Care C Office.		
I give permission for my Family Day Care Educator to take my child on Routine Outings whilst my child is in care	☐Yes	□No
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	speacia	al 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 the Service with a Management Plan:	or pleas	se provide
Has this child had any serious illness or hospitalisation?		
Is this child on medication? Please provide details of all medication.		
I am and a management of the m		

*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.

Child's Health Information	
<u>Anaphylaxis</u>	
Has your child been diagnosed at risk of anaphylaxis?	☐ Yes ☐ No
Does your child have an auto injection device?	☐ Yes ☐ No
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 yo	our 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 you	r 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 you	r child.
Allergies - Describe shild have any other medical conditions? (Fig. Enilancy, Allergies to Diary products Described and any other medical conditions?)	
 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	r child.
Maternal & Child Health	
Has your child received their Key Ages and Stages checks from your Maternal & Child Health Nurse?	□Yes □No
□ 2 Weeks □ 8 Weeks □ 8 Months □ 18 Months □ 4 Weeks □ 4 Months □ 12 Months □ 2 Years	3.5 Years

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

Child Immunisation Record

Under the '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	ne 'No Jab No Play' legislation	
Has your child been immunised in accordance with the Immunisation schedule?	Yes	□No
Is your child on a vaccination catch-up program?	□Yes	□No
Is your child unable to be fully immunised due to medical reasons?	☐Yes	□No
*Please supply supporting documentation e.g. Medicare imp	munisation history statement	
If your child has a medical reason why they cannot be vaccinated, a Immunisation Exemption Medical Contraindication Form, and send it Register (ACIR).		
The parent then needs to obtain an updated Immunisation History States child was up-to-date with all the vaccines that they can have, and I due to a medical contraindication. This statement needs to be provided to finalise enrolment.	listed the vaccines that they car	not have
Has the Child's Immunisation History Statement been sighted?	☐Yes	□No
*Please bring copy of your latest Immunisation Statement from MyGov. This is care.	to be given to office before commen	cement of
Name and position of a person from the Family Day Care Coordination Unit Office statement.	e who has sighted the child's immunisate	tion history
Name Position		
Other Information		
Colac Otway Shire Family Day Care recognises cultural diversity in every family. Ple child needs are met. E.g. Cultural diversity, family values, religious beliefs	ease provide details which can help us e	ensure your
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 Emergancy Medical Treatment
By signing this agreement, I
(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 Enrolement 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.
By signing this agreement, I
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 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 parenting order, court order or parenting plan. The definition of "guardian" under the Education and Care Services National Law 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.