



FRANKLIN EARLY CHILDHOOD SCHOOL

135 Oodgeroo Avenue, Franklin ACT 2613

Phone: 02 6142 1117 | Email: franklin.bookings@anglicare.com.au

Family Application for Enrolment in Approved Child Care – OOSHC 2018

COMPLETE ALL SECTIONS – Please print clearly and send completed form to franklin.bookings@anglicare.com.au on or after the 3rd July 2017.

Date Care is required to commence ____ / 02/ 2018

Long Day care required: Preschool Only	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Before School Care required:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After School Care required:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

If you are applying for Preschool, requested Wednesday bookings will be automatically arranged on a fortnightly basis. If your preschool days are not confirmed, please apply for your requested days and inform us of any changes ASAP and we will endeavour to accommodate

Child/ren Details

Note: Each child will have their own CRN that differs from that of their Parent/Guardian. Please provide this number.

First Name – Child 1		First Name – Child 2	
Family Name		Family Name	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
What grade will your child be in for 2018?		What grade will your child be in for 2018?	
Date of Birth		Date of Birth	
Centrelink CRN	_____	Centrelink CRN	_____
Medicare Number	_____ -	Medicare Number	_____ -
Country of Birth		Country of Birth	
Ethnic Group	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> English Speaking <input type="checkbox"/> Non-English Speaking <input type="checkbox"/> Other	Ethnic Group	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> English Speaking <input type="checkbox"/> Non-English Speaking <input type="checkbox"/> Other

Main Applicant – Parent/Guardian

First Name	
Family Name	
Residential Address	
Postal Address <i>(if different from residential address)</i>	
Home Phone	
Mobile Phone	
Email Address	
Centrelink Customer Reference Number	<i>(CRN Required for Child Care Benefit)</i> _____

Date of Birth	
Country of Birth	
Primary Language	
Other Language/s	

Family Doctor	
Family Dentist	

FAMILY STATUS – Please tick

- One Parent/Guardian Two Parents/Guardians
 Shared Care Grandparent/s
 Other

EMPLOYMENT STATUS – Please tick

- Employed - Full Time Employed - Part Time
 Self Employed Studying/Training
 Pension/Benefit

Work Place	
Work Phone	
Occupation	

ETHNIC GROUP – Please tick

- Aboriginal Torres Strait Islander
 English Speaking Non-English Speaking
 Other

Phone Number	
Phone Number	

OFFICE USE ONLY

<i>Family Code</i>	<i>Eligible Hours</i>	<i>CCB %</i>	<i>CCR to Service</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name of Child/ren</i>		<i>Priority of Access</i>	
		<input type="checkbox"/> <i>Child at Risk/Referral</i>	<input type="checkbox"/> <i>Parent/Child Disability</i>
		<input type="checkbox"/> <i>Work Related/Studying</i>	<input type="checkbox"/> <i>Respite</i>

Partner Details

First Name	
Family Name	
Residential Address <i>(if different from main applicant)</i>	
Home Phone	
Mobile Phone	
Email Address	

EMPLOYMENT STATUS – Please tick

- Employed - Full Time Employed - Part Time
 Self Employed Studying/Training
 Pension/Benefit

Work Place	
Work Phone	
Occupation	

ETHNIC GROUP – Please tick

- Aboriginal Torres Strait Islander
 English Speaking Non-English Speaking
 Other

Date of Birth	
Centrelink CRN	_____
Country of Birth	
Primary Language	

Child/ren Details

Child One Continued		Child Two Continued	
History of Illness/Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details		History of Illness/Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details	
Is the child on Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide name of and reason for Medication		Is the child on Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide name of and reason for Medication	
Does the child have additional needs or health related problems requiring a specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide a description of the condition and the specialist (e.g. Paediatrician, Speech Therapist, etc.)		Does the child have additional needs or health related problems requiring a specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide a description of the condition and the specialist (e.g. Paediatrician, Speech Therapist, etc.)	
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details and a copy of the Allergy Management Plan		Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details and a copy of the Allergy Management Plan	
Does your child have any special dietary requirements? Please list		Does your child have any special dietary requirements? Please list	
Immunisation Status <i>Documentation is required</i>	<input type="checkbox"/> Yes – current <input type="checkbox"/> No – not up to date <input type="checkbox"/> Conscientious Objector	Immunisation Status <i>Documentation is required</i>	<input type="checkbox"/> Yes – current <input type="checkbox"/> No – not up to date <input type="checkbox"/> Conscientious Objector
Parenting Agreement or Protection Orders Affecting Custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details <i>Documentation is required</i>		Parenting Agreement or Protection Orders Affecting Custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details <i>Documentation is required</i>	
Child uses the toilet <input type="checkbox"/> with help <input type="checkbox"/> independently		Child uses the toilet <input type="checkbox"/> with help <input type="checkbox"/> independently	

Child has special toys, comforters, objects? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details
Child sleeps during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Usual Time _____ How Long? _____
Child has special routines, words, comforters at sleep time, e.g. dummy, blanket, toys? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details
Are there any words that we need to know that have special meaning for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details and translate if appropriate

Child has special toys, comforters, objects? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details
Child sleeps during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No Usual Time _____ How Long? _____
Child has special routines, words, comforters at sleep time, e.g. dummy, blanket, toys? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details
Are there any words that we need to know that have special meaning for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details and translate if appropriate

OFFICE USE ONLY – CCMS Child 1 Enrolment ID

OFFICE USE ONLY – CCMS Child 2 Enrolment ID

Siblings

Do you have other children in approved care (e.g. family day care, before/after school care – excluding Preschool)?
 Yes No If so, how many? _____ How often do they attend? Weekly Fortnightly School Holidays only

Additional Information

What techniques or strategies of behaviour management do you use at home?

Do you have any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child/ren, e.g. religious beliefs, family situation, recent significant events, cultural needs?

What would you like your child/ren to achieve at the school? Are there any particular areas that concern you?

How would your family like to participate in our School and Program, e.g. sharing special skills, hobbies, interests, languages, music, sewing, fundraising, working bees?

Emergency Contacts & Authority to Collect

In the event of an emergency I understand that Parents/Guardians will be contacted first. The following people are secondary emergency contacts and have authority to collect my child/ren from the service.

First Name	
Family Name	
Residential Address	
Home Phone	
Mobile Phone	
Relationship to child/ren	

First Name	
Family Name	
Residential Address	
Home Phone	
Mobile Phone	
Relationship to child/ren	

General Information

<p>Absenteeism</p> <p>I agree if my child/ren is/are absent for any reason, notification must be given prior to or on the morning of the absent day. Absent days will incur the normal daily fee.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Illness and Administration of Paracetamol</p> <p>I consent to my child/ren being administered an appropriate dosage of paracetamol by the educators in the event that they have a temperature over 38°C. I agree my child/ren will be collected from the School as soon as possible if paracetamol is required to be administered, or if they are deemed unwell by the educators.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Emergency Medical, Hospital, Dental and Ambulance Services</p> <p><i>Whilst every possible care will be taken with your child/ren whilst at the School, the service can in no way be held responsible for any accident that may occur. In the event of an illness/accident occurring, every effort will be made to contact the parents/guardians as well as relevant required emergency services.</i></p> <p>In the case of an emergency, I hereby authorise the service to organise the necessary medical, hospital, dental and/or ambulance service for my child/ren. I agree to take full responsibility for any costs resulting from such attention.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Child Protection Legal Requirements</p> <p>I understand staff and educators of child care services have legal obligations to document and report to Community Services if a child is thought to be at risk of significant harm. I acknowledge that I can view the Child Protection Policy at the School at any time I wish.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Observations and Photography</p> <p>I consent to my child/ren being the subject of observations and photographs for individual programming by staff and training of students. However, if questioning or testing of my child/ren is to be undertaken my permission will be sought beforehand.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Publicity</p> <p>I consent to my child/ren's photograph, name, age and suburb being used for publicity for the School should this be required. I understand I will be notified if this occurs.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Application of Sunscreen</p> <p><i>It is important that all children are protected from the sun. It is our legal responsibility to supply and apply SPF 30+ sunscreen to the children before going outdoors.</i></p> <p>I agree to apply sunscreen to my child/ren prior to their arrival at the Centre. I also give permission for the educators to reapply SPF 30+ sunscreen during the day for sun and skin protection.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Immunisation I agree to provide the Centre with up to date immunisation records each time my child/ren is/are immunised, which will be copied and kept on file. I understand that my child/ren will be excluded from attending the Centre for the prescribed period during any outbreak of a vaccine-preventable disease within the Centre if:</p> <ol style="list-style-type: none"> 1. I have chosen not to have my child/ren immunised; OR 2. My child/ren is/are not fully immunised; OR 3. A copy of my immunisation records are not provided, as it will be assumed my child/ren is/are not immunised. <p>I understand normal fees will be charged while my child/ren is/are excluded.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Local Walking Excursions I give permission for my child/ren to participate in excursions from the Centre within the local community. I understand I will receive a separate permission form for excursions not in the local area or those requiring transport. Children are always accompanied by the appropriate ratio of adults according to licensing regulations while on these excursions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Emergency Evacuation Procedures I give permission for my child/ren to be evacuated to designated evacuation areas during the event of an emergency or during evacuation drills conducted a minimum of four (4) times per year.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>CCB Requirements I agree to sign my child/ren in and out of the Centre each day, document all absences and notify the Centre of any changes to my CCB entitlement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Child Care Fees I agree to pay my child care fees weekly/fortnightly and to ensure my account is two (2) weeks in advance. I understand that if my account becomes two (2) weeks in arrears my child/ren's enrolment at the Centre may be cancelled. I also agree to being contacted by telephone or text message as a reminder that my account is in arrears and payment is required. I understand that if my child/ren's enrolment is cancelled due to non-payment of child care fees, I remain responsible for all fees incurred whilst my child/ren was in care at the Centre. I also understand that after a period of six (6) weeks following such cancellation of my child/ren's enrolment, if I fail to pay all outstanding child care fees the account will be passed onto a debt recovery agency.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT & DECLARATION

I declare that I agree to abide by Franklin Early Childhood School's policies and procedures. I acknowledge that I can have access to and view the policies and procedures of the service at the premises of the School at any time I wish. I declare that I have completed this application for enrolment and the information provided is accurate to the best of my knowledge.

SIGNED AS AN AGREEMENT BETWEEN

Franklin Early Childhood School

AND

Applicant's Full Name

Signature of Applicant

Date

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