

GOULBURN



FDC001.0718 APPLICATION FOR ENROLMENT/ CHILD PLACEMENT AGREEMENT

Parent/Guardian Checklist	Tick
Centrelink Reference Number (CRN) of primary parent/guardian provided	<input type="radio"/>
Centrelink Reference Number (CRN) of child provided	<input type="radio"/>
Medicare number of child including child's reference number provided	<input type="radio"/>
Copy of birth certificate provided	<input type="radio"/>
Copy of current Immunisation History Statement or written medical exemption certification from your medical practitioner	<input type="radio"/>
Copy of current medical or action plan provided (if required)	<input type="radio"/>
Court orders/parenting plans provided (if applicable)	<input type="radio"/>
Name and signature provided	<input type="radio"/>

GFDC USE ONLY		
Child's Name		Enrol ID
Educator's Name		Date Commencing
Entered in Harmony by	Date	Copy of form to Educator <input type="radio"/> Yes <i>Init</i>
Eligible Family CCS Hours <input type="radio"/> 100 <input type="radio"/> 72 <input type="radio"/> 36 <input type="radio"/> 24	CCS%	
Priority of access	<input type="radio"/> Child at risk/referral <input type="radio"/> Working/studying/training related <input type="radio"/> Any other child	



Goulburn Family Day Care requires this form to be completed and all documentation attached prior to your child's first day of child care with the Educator. This information must be completed by one of the child's parents or guardians who has lawful authority in relation to the child. The Educator will complete the Family Booking/ Child Placement Agreement section with you and they will receive a full copy of this form once the child is enrolled on our system. Please notify your child's Educator of any change of details as soon as they arise.

Educator's name		Address	
Vehicle make	Model	Registration	
Days care required	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed
	<input type="radio"/> Thur	<input type="radio"/> Fri	Date commencing

Family Status

<input type="radio"/> One parent/guardian	<input type="radio"/> Two parents/guardians	<input type="radio"/> Shared care	<input type="radio"/> Grandparent/s	<input type="radio"/> Other
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Child Details

First name	Family name
Preferred name	Is your child attending school (<i>excl. preschool</i>) <input type="radio"/> Yes <input type="radio"/> No
Country of birth	Date of birth <input type="radio"/> Male <input type="radio"/> Female
Centrelink Customer Reference Number CRN ____ - ____ - ____ - ____ (<i>9 numbers and 1 letter</i>)	
<i>Note: A child will have a CRN different from that of their parent/guardian. Please provide this number.</i>	
Language(s) spoken at home	
Is your child <input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Neither	

Applicant – Primary Parent/Guardian

Employment Status <input type="radio"/> Employed F/T <input type="radio"/> Employed P/T <input type="radio"/> Self employed <input type="radio"/> Pension/benefit <input type="radio"/> Studying/training	
First name	Family name
Country of birth	Date of birth <input type="radio"/> Male <input type="radio"/> Female
Relationship to child	
Centrelink Customer Reference Number CRN ____ - ____ - ____ - ____ (<i>9 numbers and 1 letter</i>)	
Address	
	Home phone
Work place	Mobile phone
Occupation	Work phone
Email address	
<i>Note: By providing a valid email address you agree to communications being sent to this email address</i>	

Secondary Parent/Guardian

Employment Status <input type="radio"/> Employed F/T <input type="radio"/> Employed P/T <input type="radio"/> Self employed <input type="radio"/> Pension/benefit <input type="radio"/> Studying/training	
First name	Family name
Country of birth	Date of birth <input type="radio"/> Male <input type="radio"/> Female
Relationship to child	
Address	
	Home phone
Work place	Mobile phone
Occupation	Work phone
Email address	

Additional Emergency/Authorised Person Contacts

In the event of an emergency, the Educator and/or staff of Goulburn Family Day Care will attempt to contact the parents/guardians initially. If contact is unsuccessful the person/s named below will be contacted. They should be able to collect your child within 30 minutes of being called. **PRIOR** notice must be given to the Educator if a person other than the parent/guardian will be required to collect your child. They must produce legal photo ID when collecting your child and must sign the Attendance Record.

These authorised persons must be aged 18 years or over.

Additional Contact 1		Additional Contact 2	
Name		Name	
Address		Address	
Home phone		Home phone	
Mobile phone		Mobile phone	
Relationship to child		Relationship to child	
Drop off & collect child	<input type="radio"/> Yes <input type="radio"/> No	Drop off & collect child	<input type="radio"/> Yes <input type="radio"/> No
Emergency contact	<input type="radio"/> Yes <input type="radio"/> No	Emergency contact	<input type="radio"/> Yes <input type="radio"/> No
Consent to medical treatment	<input type="radio"/> Yes <input type="radio"/> No	Consent to medical treatment	<input type="radio"/> Yes <input type="radio"/> No

Custodial Status

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to your child or access to your child? Yes No

Are there any other court orders relating to your child's residence or your child's contact with a parent or other person? Yes No

If yes please attach a copy of all relevant documentation. Without copies of current orders or documentation the Educator and/or staff of Goulburn Family Day Care cannot enforce parent/guardian requests.

Home Environment

Are there any special considerations we need to be aware of for your child, e.g. cultural, religious, language, additional needs, etc? Yes No

If yes please provide details

Medical Information

Family Doctor	Service Name
Address	Phone
Paediatrician/Specialist	Service Name
Address	Phone
Family Dentist	Service Name
Address	Phone
Medicare number _____ - _____ - _____	Child's Medicare reference number _____
Health Insurance <input type="radio"/> Yes <input type="radio"/> No	If yes, Health Fund name
Health Fund membership number	Ambulance Cover <input type="radio"/> Yes <input type="radio"/> No

Child Health Information

Please attach a copy of all relevant documentation in regards to the following:

Is your child immunised?

Yes – current Yes – undergoing – Please provide a **current immunisation history statement** with this form and again with completion of each immunisation update

No – exempt – Please provide a current **written exemption certification** from your medical practitioner

Has your child ever been diagnosed with any of the following:

German Measles Yes No

Seizures Yes No

Mumps Yes No

Chicken Pox Yes No

Whooping Cough Yes No

Convulsions Yes No

Measles Yes No

Epilepsy Yes No

Other (please specify) Yes No

If yes to any of the above please provide relevant details

Does your child suffer from any of the following?

Anaphylaxis Yes No

Asthma Yes No

Allergies Yes No

Eczema Yes No

If yes please provide relevant details including side effects and treatment (attach a separate page if necessary)

Does this condition require a medical or action plan? Yes No

If yes a copy of a **current medical or action plan** must be provided with this form and regularly updated

Does your child have a diagnosed disability or special needs or any other health related problem that requires them to regularly see a specialist, e.g. Paediatrician, Speech Therapist? Yes No

If yes please provide details (attach a separate page if necessary)

Does your child take prescription medication or treatment on a regular basis? Yes No

If yes please provide details (you will need to complete an Authority to Administer Medication Form)

Does your child have any special dietary or cultural restrictions or particular food likes or dislikes? Yes No

If yes please provide details

More About Your Child

Please provide the name and ages of your child's siblings:

Name Age

Name Age

Name Age

Name Age

Do any siblings attend family day care, long day care or before/after school care (excluding preschool)? Yes No

If yes how many? _____ How often do they attend? Weekly School Holidays only

Does your child use the toilet? Yes No If yes with help or independently

Does your child have any special toys, comforters or objects? Yes No

If yes please provide details

Does your child sleep during the day? Yes No If yes what time usually? _____

and is there a time limit for their sleep, e.g. ½ hour, 2 hours? _____

At sleep time are there any special routines, words, comforters, dummy, blanket, toys, etc.? Yes No

If yes please provide details

Does your child feed him/herself at home? Yes No

Does your child have deep fears about anything in particular, e.g. loud noises, spiders, etc.? Yes No

If yes please provide details

Are there any words or phrases that have special meaning for your child? Yes No

If yes please provide details and translate if possible

Has your child attended other children's services or been cared for outside the home? Yes No

If yes where, e.g. grandparents, family day care, long day care centre? _____

Does your child become upset when left with other people? Yes No

If yes please provide details

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

What information do you consider important to know each day?

Booking/Child Placement Agreement

This agreement is with the Approved Family Day Care Service, Goulburn Family Day Care and the parent/guardian of this child. The Educator is an independent contractor registered with Goulburn Family Day Care and therefore has been authorised to enter into this agreement on behalf of the Service.

Educator hourly fee:

Core Hours 8:00am to 6:00pm Monday to Friday	\$
Out of Core Hours outside the hours of 8:00am and 6:00pm Monday to Friday. This rate also applies to extra hours which may be booked by parents/guardians during core hours.	\$

Note: This hourly fee includes a \$1.25 per child per hour Administration Levy that is retained by the Service.

I agree to place _____ in the care of _____
name of child name of Educator

who resides at _____ on the following basis:
address of care premises

<input type="radio"/> Permanent i.e. regular care				<input type="radio"/> Casual i.e. non-regular care			
Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Arrive							
Depart							
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Arrive							
Depart							

Any changes to this booking must be provided in writing on an Alteration to Booking & Information Update Form.

Enrolment Agreement

Please read the following agreement carefully before signing. Please ask if there is anything in this document that you are unsure of.

General

I/we give permission for my child to:	
Participate in outings (excursions) with his or her Educator to places of interest. <i>(Under no circumstances will Goulburn Family Day Care children leave an education and care venue unless written permission has been obtained from the parent or guardian)</i>	<input type="radio"/> Yes <input type="radio"/> No
Travel with his or her Educator on excursions in their vehicle (listed on page 2) or the Goulburn Family Day Care bus. <i>(Vehicles are registered and fully insured)</i>	<input type="radio"/> Yes <input type="radio"/> No
Have SPF30+ sunscreen applied prior to sun exposure. <i>(If no please provide a letter releasing the Educator/Service of any Liability)</i>	<input type="radio"/> Yes <input type="radio"/> No
Have bandaids or sticking plasters applied when necessary.	<input type="radio"/> Yes <input type="radio"/> No
I/we agree to:	
Abide by the Educator's terms of settlement and pay my out of pocket or "gap" fees to the Educator who will provide a receipt on behalf of Goulburn Family Day Care.	<input type="radio"/> Yes <input type="radio"/> No
Abide by the Policies and Procedures of Goulburn Family Day Care which can be viewed at any time I wish at the premises of the Educator.	<input type="radio"/> Yes <input type="radio"/> No
Pay for extra services provided by the Educator, e.g. food, travel, and visits to playgroup.	<input type="radio"/> Yes <input type="radio"/> No
Maintain an operable phone during the entire time that my child is in care.	<input type="radio"/> Yes <input type="radio"/> No

Consent to the details on this form being released to emergency services personnel and/or the Community Services Department in an emergency if needed.	<input type="radio"/> Yes <input type="radio"/> No
Consent to the Coordination Unit providing a copy of this form in its entirety to the Educator.	<input type="radio"/> Yes <input type="radio"/> No
Indemnify and at all times thereafter, keep indemnified Goulburn Family Day Care scheme from and against all claims and demands which may be brought against the said service, directly arising out of or relating to any injury, accident or illness which may be suffered by me, my family or person using the service.	<input type="radio"/> Yes <input type="radio"/> No
I/we understand that:	
<i>Child Care Subsidy (CCS)</i> CCS may be available as a fee reduction if I/we meet the requirements of the Family Assistance Office based on combined family income. The number of hours of subsidised care families can access will be determined by an activity test.	<input type="radio"/> Yes <input type="radio"/> No
<i>Attendance Records / Educator Timesheets</i> I/we or other authorised person must provide a time and signature on the Attendance Record each time my child arrives and departs from care. A signature is required to verify all absences and at the end of each week to confirm the hours charged. Educator Timesheets are submitted to the Coordination Unit every fortnight for processing of attendance data and CCS entitlements.	<input type="radio"/> Yes <input type="radio"/> No
<i>Allowable Absences & Additional Absences</i> Standard fees apply for all absences. Families may use up to 42 days of allowable absences per financial year where CCS can be claimed. CCS may still be claimed for absences due to illness beyond the first 42 absence days – known as “additional absences” – if a medical certificate is supplied to the Educator or Coordination Unit.	<input type="radio"/> Yes <input type="radio"/> No
<i>Holidays/Holding Fees</i> Families pay standard fees when they take holidays or are requesting a child’s position to be held.	<input type="radio"/> Yes <input type="radio"/> No
<i>Public Holidays</i> Families pay standard fees for public holidays if the public holiday falls on one of my child’s booked days. If care is provided on a public holiday, the Educator’s casual care fee will be charged. If the Educator is unavailable for care for that day the public holiday will not be charged for.	<input type="radio"/> Yes <input type="radio"/> No
<i>Child Protection Legal Requirements</i> Staff and Educators of child care services have legal obligations to document and report to the Community Services Department if a child is thought to be at risk of significant harm (see Child Protection Policy).	<input type="radio"/> Yes <input type="radio"/> No
<i>Sick Children</i> If my child is unwell they should not attend day care (see Health Policy). I/we are required to contact the Educator to advise them when my child will be absent from care. If my child contracts an infectious disease, they are to be excluded from care for the prescribed period of time recommended by the Department of Health and provide a medical certificate on request. From January 2018, only children who are fully immunised for their age OR have a medical reason not to be immunised OR are on a catch-up schedule can be enrolled in childcare. Children who have not been immunised due to their parent’s vaccine conscientious objection cannot be enrolled in child care. My child will be excluded from care for the prescribed period during any outbreak of a vaccine-preventable disease within the service if; a) my child is not fully immunised, and b) a copy of the immunisation record is not provided. Standard fees will be charged while my child is excluded.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
<i>Illness while in care</i> If my child becomes unwell whilst in care, I/we will be contacted by the Educator or staff of Goulburn Family Day Care and my child will be collected as soon as possible.	<input type="radio"/> Yes <input type="radio"/> No
<i>Administration of Paracetamol</i> If my child’s body temperature reaches over 38°C it is considered dangerous. I/we consent to the administration of an appropriate dosage of paracetamol by the Educator and agree to collect the	<input type="radio"/> Yes <input type="radio"/> No

child as soon as possible after being contacted by the Educator or staff of Goulburn Family Day Care.

Sick Educators If an Educator is unwell the Coordination Unit will attempt to find an alternative Educator for the period required. Fees will not be charged if an alternative Educator cannot be found.	<input type="radio"/> Yes <input type="radio"/> No
Emergency Medical, Hospital, Dental and Ambulance Services In the event of an emergency I/we authorise the Educator to obtain the necessary medical or dental treatment from a registered medical practitioner, hospital or ambulance service and transportation by ambulance if necessary for the welfare of my child. Full costs resulting from such attention is the responsibility of mine/ours.	<input type="radio"/> Yes <input type="radio"/> No
If every reasonable effort to contact me/us and authorised additional/emergency contacts listed on this form have failed and a doctor or dentist considers immediate medication, anaesthetic or minor surgery necessary, the I/we give permission for the doctor or dentist to administer same.	<input type="radio"/> Yes <input type="radio"/> No
Notice of Termination I/we are required to give 14 days' notice to the Educator to inform them that we no longer require the position for our child. Payment of fees must be finalised prior to ceasing care.	<input type="radio"/> Yes <input type="radio"/> No
I cannot claim CCS if my child does not attend on their last booked day of care. If my child does not attend CCS will not be applied to the fees and fees for the absent session/s of care will be charged at the full rate.	<input type="radio"/> Yes <input type="radio"/> No

Publicity, Marketing and Advertising

I/we give consent for images of my child being taken and used for training purposes and learning stories, in advertising, marketing material and resources. I understand I will be notified beforehand if this occurs.	<input type="radio"/> Yes <input type="radio"/> No
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Social Media

Educators may use social media to communicate with parents or guardians. They may take photos and/or short videos of children engaged in learning experiences or just having fun while they are in care. I/we give consent for such images to be posted on Facebook for my viewing. I understand my child's name or other identifying information will never be used for any purpose and their face will be obscured, not visible or blurred.	<input type="radio"/> Yes <input type="radio"/> No
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Authorisations

I/we declare that I/we have completed this form and the information provided is accurate to the best of my/our knowledge. I/we have read, understood and agree to abide by the conditions of this agreement.

Signed as an Agreement Between

Anglicare NSW South, NSW West & ACT – ACT Government Education & Training Directorate (Education and Care Services) Approved Provider, Provider Approval number PR-00005801

Goulburn Family Day Care – NSW Government Department of Education (Education and Care Services) Approved Service, Service Approval number SE-00007382

and

Parent/guardian	Date
Educator	Date
GFDC Representative	Date

Collection Statement

Any personal information you provide is protected under the Privacy Act 1988 and is collected for the purpose of providing service or care appropriate to your needs. It can only be disclosed to someone else if you have been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if you have consented to the disclosure. If you have questions or concerns about how your personal information is handled you can contact the Privacy Officer at Anglicare by emailing privacy@anglicare.com.au.