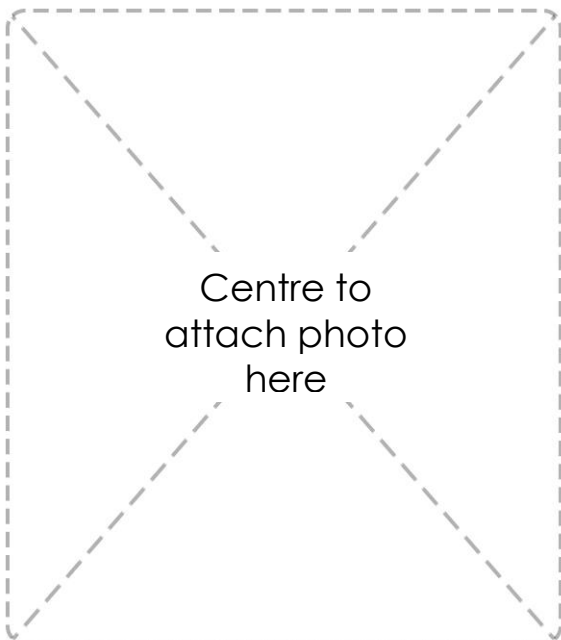


Childs Name: .....



# Long Day Care Enrolment Form - 2018

Please ensure ALL of the following documents are attached to this application before submission:



	<b>Please tick to indicate documents are attached</b>
	Enrolment Form Completed
	About Me / My Family, My Self
	Current Immunisation Status Certificate
	Centrelink Contacted
	Completed Medical Plans (if required)

**Please Note that Enrolment Forms will need to be resubmitted at the start of each Calendar year.**



butterfly

0-2 years



heron

2-3 years



lizard

3-5 years  
+ kinder



frog

kinder



turtle

oshc  
prep-grade 6

Entered By:

Date:

156 Grant st, Yarram VIC 3971

[yarramelc@gmail.com](mailto:yarramelc@gmail.com)

[www.yarramelc.com.au](http://www.yarramelc.com.au)

(03) 5182 5190

## Information about the Child

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First Name ..... Middle Name ..... Last Name .....

Home Address .....

Date of Birth ..... Gender:  Male  Female

Country of Birth ..... Languages spoken at home .....

Cultural Background .....

Is the child of Aboriginal or Torres Strait Islander origin? (Please tick one box only)

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

Has the family or child had a refugee experience:       Yes       No

## Child Care Subsidy (CCS) Information

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Please login to MYGOV and apply for Child Care Subsidy before commencing care. If you do not have a MYGOV account you will need to apply for an account via the website.

[www.my.gov.au](http://www.my.gov.au)

You will be given a reference number (CRN) for yourself and your child. Please list these details below:

Parent/Guardian Customer Reference Number: .....

Child Customer Reference Number: .....

*\*Please Note- It is the Parent/Guardians Responsibility to apply for CCS. Until you have completed your CCS application and informed Centrelink that you will be using case you will be liable for paying full fees.*

## Permanent Booking Pattern

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**OFFICE USE ONLY**  
Permanent Bookings

ROOM.....

Monday     Tuesday     Wednesday     Thursday     Friday

## Parent / Guardian 1

### Parent 1 is the parent listed with Centrelink to receive Child Care Subsidy

---

First Name:..... Last Name:.....

Relationship to the child:..... Gender: M  F  Date of Birth:.....

Address:.....

Suburb:..... Postcode:.....

Are you working/studying/training?.....

Name of organisation where you work/study/train: .....Occupation:.....

Cultural background:..... Telephone: (H) .....(W).....

Mobile:..... Email:.....

Does the child live with Parent/Guardian 1? Yes  No

## Parent / Guardian 2

---

First Name:..... Last Name:.....

Relationship to the child:..... Gender: M  F  Date of Birth:.....

Address:.....

Suburb:..... Postcode:.....

Are you working/studying/training?.....

Name of organisation where you work/study/train: .....Occupation:.....

Cultural background:..... Telephone: (H) .....(W).....

Mobile:..... Email:.....

Does the child live with Parent/Guardian 2? Yes  No

## Statement Delivery

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How would you like to receive your fortnightly statement?

Paper copy (to be picked up from Parent Pocket in Hallway)

Email      Email Address for Statement: .....

## Nappies

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Would you like the centre to supply nappies and wipes for your child at an additional cost of \$2.50 per day?

Yes

No

N/A Child not in nappies

# Emergency Contact / Authorised Nominee's (Not including parent/s guardian/s)

Your consent is required for other people to act on your behalf:  
(Any contacts that we have on file that are not included here will be unauthorised)

### Emergency Contact 1

Name : \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address : \_\_\_\_\_

#### Phone numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Authority to collect the child  YES  NO

Notify of an emergency involving the child  YES  NO

Authority to consent to medical treatment/ administration of medication  YES  NO

Authority to sign in/out of Kiosk and confirm sign in/out in Kiosk  YES  NO

### Emergency Contact 2

Name : \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address : \_\_\_\_\_

#### Phone numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Authority to collect the child  YES  NO

Notify of an emergency involving the child  YES  NO

Authority to consent to medical treatment/ administration of medication  YES  NO

Authority to sign in/out of Kiosk and confirm sign in/out in Kiosk  YES  NO

### Emergency Contact 3

Name : \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address : \_\_\_\_\_

#### Phone numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Authority to collect the child  YES  NO

Notify of an emergency involving the child  YES  NO

Authority to consent to medical treatment/ administration of medication  YES  NO

Authority to sign in/out of Kiosk and confirm sign in/out in Kiosk  YES  NO

### Emergency Contact 4

Name : \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address : \_\_\_\_\_

#### Phone numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Authority to collect the child  YES  NO

Notify of an emergency involving the child  YES  NO

Authority to consent to medical treatment/ administration of medication  YES  NO

Authority to sign in/out of Kiosk and confirm sign in/out in Kiosk  YES  NO

## Court orders relating to the child

Are there any intervention orders, protection orders or any parenting plans/parenting orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No - go to the next section       Yes - please complete the following:

Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form:

If these orders:

(a) change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service
- consent to the medical treatment of the child
- request or permit the administration of medication to the child
- collect the child from the service or family day care    AND/OR

(b) give these powers to someone else

(c) relate to the child's residence or the child's contact with a parent or other person.

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

.....

.....

.....

.....

# Child's Health Information

---

Name Doctor/Clinic:.....

Telephone:.....

Address Doctor/Clinic: .....

Medicare No. (if available) .....

Ambulance subscription:  YES  NO

Member Number .....

*\*Please note- In accordance with our Administration of First Aid Policy - If a child requires urgent medical attention an ambulance will be called, and the cost is borne by the parent/guardian.*

Maternal & Child Health (MCH) Centre: .....

Has your child attended a Maternal and Child Health centre for a Health and Development assessment?

YES  NO

What age was your child at your **last** Maternal and Child Health visit? .....

## Immunisation Record

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Has your child been immunised?  YES  NO

**If yes, provide the details by attaching a copy of the Immunisation History Statement.**

This can be obtained from the Australian Childhood Immunisation Register (ACIR) by:

- Phone 1800 653 809
- Email [acri@medicareaustralia.gov.au](mailto:acri@medicareaustralia.gov.au)
- Visit [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online) can be accessed via **MYGOV**
- Visit a Medicare Service Centre

**If no, provide certification that your child is on a catch-up schedule **OR** certification of medical reason not to be vaccinated. If you cannot supply this Certification then your child's enrolment cannot be accepted.**

## Medical Conditions

---

Does your child have any medical conditions and needs? e.g. *epilepsy, diabetes, asthma, anaphylaxis, coeliac disease etc.*

YES  NO

**If yes, Please see office staff to collect relevant medical condition forms, and to organise a meeting with Director or Room Leader to discuss. All forms will need to be completed before your child can commence at the centre.**

## Other Information

Does your child have any special requirements i.e. cultural, religious, dietary or additional needs?

YES     NO    **If yes, please list the requirements:**

.....  
 If there is anything else that we should know about the child? (eg. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.)

.....  
 .....

### Privacy

The personal information requested on this form is being collected for the purpose of enrolling your child with Yarram Early Learning Incorporated. The personal information will be used solely for that primary purpose or directly related purposes. We may disclose some of this information to the Department of Education and Early Childhood Development under the Children's Services Regulations. If this information is not collected we will be unable to process your application.

The applicant understands that the personal information provided is to assist in the placement of their child and that he or she can have access to make appropriate amendments to the information.

This form must be completed by a parent or guardian who has lawful authority in relation to the child. Enrolment forms must be completed in full prior to commencement. The form is checked and approved by the services supervisor. Commencement into the service may be delayed due to incomplete information (Children's Services Law in Section 5 of the Education and Care Service National law (Victoria) the Children's Services Act 1996 and the Regulations 160 – 162, under the Act).

## Parent Consent

I give permission for photos to be taken of my/our child/ren for centre use only (eg, Locker tags, portfolio's etc)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for photos to be taken of my/our child/ren for the internal newsletter distributed only to parents.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for photos to be taken of my/our child/ren for promotional materials such as posters, newspapers etc.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for photos to be taken of my/our child/ren to be published on the YELC facebook page and/or website.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my child to have a 30+ sunscreen applied as per Centre Sunsmart Policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for staff to check my child's hair for head lice to minimise the spread of cross infection in the Centre	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Should I or the emergency contacts be unreachable, I give permission for staff of Yarram Early Learning Centre to administer paracetamol if my child reaches a temperature above 38 ° C	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for staff of Yarram Early Learning Centre to take my child on incidental excursions out of the Service premises to the library and community meeting rooms with the permission of the Centre Director or person in charge and in accordance with Education and Care Services Regulations 2011. <b>Parents will be notified and a separate permission form provided for any other special excursions which may occur during the year</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will any of your other children be attending other approved child care services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you do not want any of the following products used on your child IF REQUIRED please cross them out;

NAPPY RASH CREAM    SUNSCREEN    INSECT REPELANT    SALINE SOLUTION    BANDAIDS

# Enrolment Agreement

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I/we \_\_\_\_\_ (Parent/Guardian) and \_\_\_\_\_ (Partner/Spouse)  
(Print full name) (Print full name)

A person with authorised nominee of the child referred to in this enrolment form.

- Agree to abide by the YELC (Yarram Early Learning Centre) standards of conduct, as set out in the Code of Conduct Policy while at the service.
- Declare that the information in this enrolment form is true and correct and undertakes to immediately inform YELC 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 she/he becomes unwell at the service.
- Agree to Yarram Early Learning Staff administering first aid when required.
- Agree to Yarram Early Learning Staff seeking medical treatment from a medical practitioner and/or arranging ambulance transportation for my child to a hospital in the case of an emergency and agree that I am liable for all expenses incurred in arranging such emergency service.
- Agree that YELC must be informed, by the parents or guardians of the child/ren, of all medical needs and requirements of the children in their care. This includes information of any medical condition, any medication required to be administered and any medication or other substances which should not be provided or administered to a child.
- Agree that the ongoing management of the child/ren's medical condition, if any, remains my sole responsibility and is not and does not under any circumstances become the responsibility of the Children's Services Staff.
- Agree that, in the event of any adverse reaction by the child to the administration of medication which I have authorised or in the event that any action or inaction on the part of Children's Services staff results in any aggravation, exacerbation, acceleration or deterioration of any medical condition suffered by the child, I release and indemnify the staff at Yarram Early Learning Centre from all actions, suits and claims of any nature, I or my child may have relating to the administration of medication or the failure to administer medication or any action or failure to act related to any medical condition identified in this Child Action Plan.
- Agree to inform the Service if my child contracts any illness which could be detrimental to health of others at the program.
- Accept full responsibility for my children's belongings whilst taking part in the program.
- Understand that the YELC Policies and Procedure are available to view in the YELC foyer and agree to abide by them, including all aspects of the fee policy.
- Acknowledge that there may be times when my child's full name will be displayed at the service. If I have concerns about this issue I will advise the service in writing.
- Will provide any changes to the information provided on this form to the service in writing.
- Agree to pay for all the days my child is successfully enrolled, regardless of whether my child actually attends the session, within fourteen (14) days of receiving my account, and accept that my care may be cancelled if I do not adhere to this agreement
- Agree that I will provide all changes to this enrolment form in writing and without delay.

**PARENT/GUARDIAN SIGNATURE:**..... **DATE:** .....

**PARNER/SPOUSE SIGNATURE:**..... **DATE:** .....