

CHILDREN'S SERVICES ENROLMENT FORM (v.2022.1)



Approved Provider: Warrumbungle Shire Council PR-0003988

Please select the service(s) you are seeking enrolment with: -

- Connect Five Children's Services SE-00014793
- Coonabarabran After School & Vacation Care SE-40006123
- Yuluwirri Kids/Connect 5–Monkey Room SE-00014798
- Yuluwirri Kids-Coonabarabran Preschool and Long Day Care SE-00009634

Please note: Prior to your child's position beginning at the service(s) it is essential that the following information is complete and kept up to date. *This information must be completed by each known parent who has lawful authority in relation to the child.* Please notify the service of any changes to details on this form as soon as possible.

The service(s) will record Parent/Guardian 1 as the Principal person for contact and correspondence.

We thank you for your understanding and cooperation.

Child's Details

Child's surname:

Child's given name(s):

Name usually called:

Other alias names by which the child is known by:

CRN for CHILD Care Subsidy:

Home address:

Date of birth:

Sex (Please Circle): Male / Female

Language(s) used in the child's home:

Primary:

Secondary:

Is your child of Aboriginal or Torres Strait Islander decent (*Please circle*)? Yes / No

Other - please specify cultural / ethnic group:

Please provide a certified photocopy of the child's birth certificate or equivalent, and an Australian Immunisation Statement.

Considerations for the Child

Cultural Considerations

Please outline the child's cultural background and if relevant any cultural practices you would like followed:

Religious Considerations

Please outline the child's religious background and if relevant any religious practices you would like followed.

Dietary Considerations

Please outline any dietary restrictions or considerations the child may have (e.g. likes and dislikes Intolerances and allergies etc will be expanded on in the medical section of the form):

Parent / Guardian 1 (Parent 1) as the Primary Contact		
Relationship to child:		
Full name:	Other names known by:	
CRN for CCS:	Date of birth: / /	
Email address for e-signature P.I.N. for collection of the child.		
Country of birth:	Primary language:	
Please provide any relevant cultural background details: Indigenous / Ethnic Group:		
Home address:		
Mailing Address (if different):		
Does the child live with you? (Please Circle)		Yes/ No
Telephone contact no.		
Home:	Work:	Mobile:
:		
Occupation:	Full Time	<input type="checkbox"/>
	Part Time	<input type="checkbox"/>
Place of employment and address:	Studying	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Please indicate how would you like to receive correspondence?		
Invoices and receipts are issued via email only	Email	<input type="checkbox"/>
Newsletters and general correspondence	Email	<input type="checkbox"/>
	Pigeon hole	<input type="checkbox"/>
Parent / Guardian 2 (Parent 2)		
Relationship to child:		
Full name:	Other names known by:	
CRN for CCS:	Date of birth: /	
Email address for e-signature P.I.N. for arrival & collection of the child:		
Country of birth:	Primary language:	
Please provide any relevant cultural background details: Indigenous / Ethnic Group:		
Home address:		
Mailing address (if different):		
Does the child live with you? (Please Circle)		Yes/ No
Telephone contact no.		
Home:	Work:	Mobile:
:		
Occupation:	Full Time	<input type="checkbox"/>
	Part Time	<input type="checkbox"/>
Place of employment and address:	Studying	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Do you require separate/duplicate correspondence, to Parent 1? (Please Circle) Yes/ No		

Another individual with Parental /Guardianship (Parent 3)	
Relationship to child:	
Full name:	
Email address for e-signature P.I.N. for arrival & collection of the child:	
Country of birth:	Primary language:
Please provide any relevant cultural background details: Indigenous / Ethnic Group:	
Home address:	
Mailing address (if different):	
Does the child live with you? (Please Circle)	Yes/ No
Telephone contact no.	
Home:	Work:
	Mobile:
Occupation:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Studying <input type="checkbox"/> Other <input type="checkbox"/>
Place of employment and address:	
Do you require separate/duplicate correspondence, to Parent 1? Yes/ No	

Please obtain another Parent Details page for further individuals considered to be a Parent.

Regular Transportation	
If we regularly transport your child to or from a venue other than during an excursion or regular outings, we will first obtain your authorisation outlining all relevant details and risks involved. If the risks do not change for subsequent transportation to and from the same venue over the next 12 months, do you authorise the regular transportation for the period?	
Parent One <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature_____
Parent Two <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature_____

Court Orders Relating to the Child	
1) 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 the child or access to the child? (Please Circle) No Yes	
If yes, please provide all relevant documentation and paperwork	
2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? (Please Circle) No Yes	
If yes, please provide all relevant documentation and paperwork.	
<i>Please note that without this documentation we cannot act to enforce the Order/s.</i>	

Emergency Contact Person 1

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 160(111) and 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. **This person must live a maximum of 30 minutes from the service** and must provide identification when collecting the child.

Full Name:		Relationship to child:
Address:		
Place of employment:		
Email address for e-signature P.I.N. for arrival & collection of the child:		
Telephone contact no. Home:	Work:	Mobile/s:

Declaration of Consent for Being an Emergency Contact Person for the Child

I _____
PRINT FULL NAME

agree to be an Emergency Contact Person for _____ and agree to be contacted in the case of an emergency involving this child.

 SIGNATURE of contact person Date _____

Medical Authorisation for Child

Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child?	Yes / No	Parent 1 Signature : _____
--	----------	-------------------------------

Authorisation to take Child outside of the Service

Can this person be contacted to give consent for the Child to be taken outside the service's premises?	Yes / No	Parent 1 Signature : _____
--	----------	-------------------------------

Authorisation to approve participation in Excursion and Incursion & Transportation

Can this person be contacted to give consent for the Child to participate in an excursion or incursion organised by the service?	Yes / No	Parent 1 Signature : _____
Can this person authorise Transportation for regular/non-regular events?	Yes / No	

Authorisation to notify of any emergency/incident involving your child

Can we notify this person of any emergency or incident involving your child if we cannot immediately contact you?	Yes / No	Parent 1 Signature : _____
---	----------	-------------------------------

I acknowledge that I have read, understood and agree with the above instructions provided by Parent 1.	Parent 2 Signature: _____
---	-------------------------------------

Emergency Contact Person 2

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – 160(111) and 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. **This person must live a maximum of 30 minutes from the service** and must provide identification when collecting the child.

Full Name:	Relationship to child:
------------	------------------------

Address:

Place of employment:

Email address for e-signature P.I.N. for arrival & collection of the child:

Telephone contact no. Home:	Work:	Mobile/s:
--------------------------------	-------	-----------

Declaration of Consent for Being an Emergency Contact Person for the Child

I _____
PRINT FULL NAME

agree to be an Emergency Contact Person for _____ and agree to be contacted in the case of an emergency involving this child.

_____	_____
SIGNATURE of contact person	Date

Medical Authorisation for Child

Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child?	Yes / No	Parent 1 Signature : _____
--	----------	-------------------------------

Authorisation to take Child outside of the Service

Can this person be contacted to give consent for the Child to be taken outside the service's premises?	Yes / No	Parent 1 Signature : _____
--	----------	-------------------------------

Authorisation to approve participation in Excursion and Incursion & Transportation

Can this person be contacted to give consent for the Child to participate in an excursion or incursion organised by the service?	Yes / No	Parent 1 Signature : _____
Can this person authorise Transportation for regular/non-regular events?	Yes / No	_____

Authorisation to notify of any emergency/incident involving your child

Can we notify this person of any emergency or incident involving your child if we cannot immediately contact you?	Yes / No	Parent 1 Signature : _____
---	----------	-------------------------------

I acknowledge that I have read, understood and agree with the above instructions provided by Parent 1.	Parent 2 Signature: _____
---	-------------------------------------

Details of Other People who can Collect the Child

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service.

Education and Care Services National Regulations – Part 4.7, Regulation 160(111) 161

In the event that you or your nominated emergency contact cannot collect the child, educator will use this list to arrange someone to collect the child. This list may be added to throughout the year. Individuals must be able to produce identification when collecting the Child.

Person 1

Full Name:

Relationship to child:

Address:

Place of Employment:

Work phone:

Email address for e-signature P.I.N. for arrival & collection of the child:

Telephone contact no.

Home:

Mobile/s:

Person 2

Full Name:

Relationship to child:

Address:

Place of employment:

Work phone:

Email address for e-signature P.I.N. for arrival & collection of the child:

Telephone contact no.

Home:

Mobile/s:

Person 3

Full Name:

Relationship to child:

Address:

Place of employment:

Work phone:

Email address for e-signature P.I.N. for arrival & collection of the child:

Telephone contact no.

Home:

Mobile/s:

Person 4

Full Name:

Relationship to child:

Address:

Place of employment:

Work phone:

Email address for e-signature P.I.N. for arrival & collection of the child:

Telephone contact no.

Home:

Mobile/s:

Special Needs Considerations

Please outline any special/additional needs the child may have. *We may require further information to form a case plan.*

Medical Requirements

Child's Registered Medical Practitioner or service details:

Service name: _____ Practitioner's name: _____

Contact numbers: _____ Address: _____

Child's Registered Dental Practitioner or Service Details:

Service name: _____ Practitioner's name: _____

Contact numbers: _____ Address: _____

Medicare number: Child ref on card:	Health Card	Yes / No	Expiry
Private health fund name:	Yes / No	Member No.	
Ambulance cover fund name:	Yes / No	Member No.	
Does your Child have any specific health care needs or conditions? <i>Eg: Asthma, Epilepsy</i>	Yes / No	Condition / Trigger/ Action	
Does your child have a National Disability Insurance Scheme (NDIS) number	Yes / No	NDIS Number	
Does your child have any allergies?	Yes / No	Condition / Trigger/ Action	
Has the child been diagnosed as someone who is at risk of anaphylaxis?	Yes / No	Condition / Trigger/ Action	
Does the child have any dietary restrictions?	Yes / No	Condition / Trigger/ Action	

Coonabarabran After School & Vacation Care (5-13 years) ONLY Is your school aged child permitted to self-administer medication?	Yes / No
---	----------

If you answered yes to any of the above medical requirements, please provide a Medical Management Plan. These are prepared by and signed by the child's doctor. The plan should cover what triggers the medical condition or allergy, first aid needed, doctors contact details, plan review date, and include a photo of your child. Our service will then develop a risk minimisation plan to reduce the possible incidence of trigger in consultation with you.

Immunisation documentation

The Public Health Act 2010 (to strengthen vaccination requirements in early childhood education and care 2017) - Unfortunately, parents/guardians who fail to provide the required documents will not be permitted to enrol their child in early childhood education and care services.

An Australian Childhood Immunisation Register (AIR). Immunisation History Statement which shows your child is up to date with the scheduled vaccinations.	Yes / No
An AIR Immunisation Medical Exemption Form , or Catch-Up-Schedule which has been certified by a General Practitioner (GP)	Yes/ N/A

HEALTH RECORD OFFICE USE - The approved provider or a staff member has sighted a child health record for the child, a notation to that effect; and (h) in relation to New South Wales, certificates for immunisation or exemption for the child, as required under section 87(1), (2) and (3) of the [Public Health Act 2010](#) of New South Wales;

Yes Sighted by _____ No

Service has a current copy Immunisation Status _____ Immunisation Next Due _____

Medical Authorisation

I authorise for the approved provider, nominated supervisor or an educator or staff member at the service to seek
 (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and/or
 (ii) transportation of the child by an ambulance service?
 – *Education and Care Services National Regulations, Part 4.7, Regulation 161 (1)(a)*

Parent 1 Signature:

I authorise for the nominated supervisor or other educator at the service to administer general first aid products as per the manufacturer’s recommendations? (e.g. nappy creams, stingoes, band-aids, dressing, antiseptic cream or similar etc)

Parent 1 Signature

Do you consent for the nominated supervisor or other educator at the service to administer paracetamol or ibuprofen as per the manufacturer’s recommendations (e.g. age, weight)? In case of an illness/ emergency if you cannot arrive quickly to pick up the child?

Yes / No

Parent 1 Signature:

I understand the service will attempt to contact myself and the nominated emergency contacts first, and medication will not be given if no one can confirm if my child has had any medicine containing paracetamol in the last 24 hours.

Please be advised that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs, the nominated supervisor or other educators may administer emergency first aid without making contact. educators will notify the child’s parents and/or emergency services as soon as possible.
 – *Education and Care Services National Regulations, Part 4.2, Regulation 94 and Reg 161*

Parent 1 Signature:

I acknowledge that I have read, understood and agree with the information provided by Parent 1, in this Medical Authorisation for _____ (insert Child’s name).

Parent 2 Signature:

Authorisation for Child to Participate in Excursions and Incursions:

<p>Do you authorise for the nominated supervisor or other educator at the service to take the child outside the service's premises for relevant learning experiences, such as excursions?</p>	<p>Yes/No</p>	<p>Parent 1 Signature :</p>
		<p>Parent 2 Signature :</p>
<p>Do you authorise the nominated supervisor or educators at the service to take your child on regular outings?</p> <p>We may undertake regular outings to local places eg schools, library, aged care home, park or bushland. Before the first outing, we will obtain your authorisation, outlining relevant details and risks assessment, and repeat the outing, provided the risk does not change for the same venue over the next 12 months.</p>	<p>Yes/No</p>	<p>Parent 1 Signature :</p>
		<p>Parent 2 Signature :</p>
<p>Do you authorise for the child to participate in any incursions the service may organise, on service premises, or approved venue(s) ?</p>	<p>Yes/No</p>	<p>Parent 1 Signature :</p>
		<p>Parent 2 Signature :</p>

Permission to Exchange Information

<p>Are you aware of what school, or preschool you are planning to send to the child to in the future? If so, do you give the service permission to exchange information with the organisation in relation to transitioning your child?</p> <p>Name of service/school, or unsure:</p> <p>Current enrolled school if school aged (5-13 years)</p>	<p>Yes / No</p>	<p>Parent 1 Signature :</p>
		<p>Parent 2 Signature :</p>
<p>Does the child attend another children's service during the week? (Please circle)</p> <p>Preschool Family Day-Care Home-Based Care Occasional Care Early Intervention Connect-5 Other</p>		<p>Yes / No</p>
<p>Do you give the service permission to share the child/family contact details, developmental records, shared learning and positive behaviour plans, and family circumstances with other agencies? eg: Community Health, Barnardos, Speech Therapy, Occupational Therapy, Connect Five, OOSH, Yuluwirri Kids, Schools, Government funding bodies etc.</p>	<p>Yes / No</p>	<p>Parent 1 Signature :</p>
		<p>Parent 2 Signature :</p>

<p>Does your child have any difficulties with, or had assessment for:</p> <p>General Health _____ Speech ___ Hearing___ Behaviour___ Other_____</p>	<p>Yes/No</p>	<p>If yes, please provide details</p>
<p>If my child becomes ill, or contracts an infectious disease I agree to abide by the service's health policy and I agree to exclude my child for the period of time recommended by the NSW Department of Health, and the Staying Healthily in Childcare 5th Edition – regarding preventing infectious diseases.</p>		<p>Parent 1 Signature : _____ Parent 2 Signature : _____</p>
<p>Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date.</p> <p>Medication must be administered in accordance with any instructions provided by a registered medical practitioner. <i>Please Note: all medication for a day is administered within in a 24 hour period. If the medical practitioner defines a day as less than 24hours please ensure this in in the medical practitioner instructions.</i> – Education and Care Services National Regulations. Part 4.2, Regulation 95</p>		<p>Parent 1 Signature : _____ Parent 2 Signature : _____</p>
<p>Further Information about Child</p>		
<p>Does the child have any siblings? If so, please provide their names and ages.</p>		
<p>Does the child have any other close relations attending the service? E.g. cousins. If so, please provide their names.</p>		
<p>Please provide us with any other information we should know about your child For example, favourite activities, fears, routines, special words (please translate if applicable), toileting and sleeping practices etc</p> <p>Are there any special talents or interests that we could include in our program for your child?</p> <p>Are there any parents with special talents or interests they would like to introduce, share or contribute to your child's or the service's program?</p>		

Sunscreen Protection		
<p>I give permission to the service's staff to assist my child to apply sunscreen.</p> <p>If yes sunscreen may be applied to my child's <i>(please circle)</i></p> <p>Arms Face Legs Back of neck</p> <p>We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service in the morning. If your child requires a specific sunscreen we ask that you supply it.</p>	<p>Yes / No</p>	<p>Parent 1 Signature :</p> <hr/> <p>Parent 2 Signature :</p> <hr/>
Photography and Video Consents		
<p>Do you consent to your child's image appearing around the service, day book, and possibly in other child/ren's observations/portfolios if they appear in a group activity?</p> <p>Do you consent for your child's image to be used for local promotional material for our children's services which may include appearing in the local papers, local shows, on photo displays in local towns, School Stream app, or Warrumbungle Shire Council Facebook pages?</p> <p>Do you consent for your child's image & developmental stories to be used for reporting for children's services which may include?</p> <p>(i) Appearing in the Local/State/Federal correspondence such as funding reports, case studies, newspapers, magazines, and internet?</p> <p>(ii) Appearing in children services awards, resource organisations, children service networking groups such as competitions, internet, magazines, and newspapers?</p> <p>Please note, The Approved Provider and our children's services do not prevent parents of other families from taking their own personal photographs at special events such as end of year party, graduation, grandparent's day etc.</p> <p>Do you consent to your child viewing age appropriate video content for predominantly educational purpose. Eg: G or PG rated video, and educational content.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>	<p>Parent 1 Signature :</p> <hr/> <p>Parent 2 Signature :</p> <hr/>

Declaration:

I/We the below signed, as a person whom have lawful authority of _____
(insert child's name) referred to in this enrolment form declare that the information in this enrolment form is true and correct and endeavour to:-

- Immediately inform the service in the event of any change to this information.
- Agree to collect, or organise for the collection of the enrolled child if he/she becomes unwell.
- Agree to not send my child if he/she is sick/unwell.
- I authorise educators and staff at the service seeking, or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.
- I agree to supply my child's medication including Asthma puffer, EpiPen, or other to be kept with them at all times.
- I agree to update any information about my child's immunisations whenever he or she is vaccinated.
- Declare that I have been shown where to find the policies, and been given the opportunity read and understand the policies of the enrolled service and will abide by those policies,
- Have read and agree with the fees, payment structure and policies of enrolled service and agree to pay fees as required; Non-payment may result in termination of enrolment and referral to a debt collection service for recovery and or legal action.
- I agree to update any information relating to those individuals I have nominated to be an authorised nominee or person to collect my child and any contact details of any medical or dental professional nominated in the enrolment form,
- I agree that the child's place at the service may be subject to the Priority of Access scheme as outlined by the child care subsidy system,
- I agree to the child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child's learning and the service's documentation methods by completing family Input documentation and sharing information.
- I understand all of the Approved Prover's children's services listed on this enrolment form, operate under the Education and Care Services National Regulations.
- Furthermore, Connect Five Children's Services, and the Yuluwirri Kids/Connect Five-Monkey Room also operate under Children (Education and Care Services) Supplementary Provisions Regulation, as mobile and occasional care services.
- I understand the service educators will work together to support children's positive behaviour. However, if deem necessary the approved provider or nominated supervisor may suspend or terminate my child's place at the service if he/she feels the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member.

_____	_____	_____
Parent/Guardian 1 PRINT FULL NAME	Signature	Date
_____	_____	_____
Parent/Guardian 2 PRINT FULL NAME	Signature	Date
_____	_____	_____
Parent/Guardian 3 PRINT FULL NAME	Signature	Date

Privacy Disclaimer

Children's Services acknowledges and respects the privacy of its clients. The information that is being collected by Children's Services is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information is Children's Services, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the service's confidentiality Policy.

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, and school stream app, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the 'Early Years Learning Framework', and 'My Time Our Place' This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare number, immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs. We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider or Nominated Supervisor who may be contacted

- by telephone on (02) 6849-2000
- by email yuluwirrikids@warrumbungle.nsw.gov.au or info@warrumbungle.nsw.gov.au
- by mail PO Box 191, Coonabarabran NSW 2357

We will provide a copy of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard and include the changes in our Newsletter and School Stream app.

<blank page>

