



2017 Enrolment Form

Please tick which service(s) you are enrolling for:

- | | |
|--|--|
| <input type="checkbox"/> Alpine View Children's Centre | <input type="checkbox"/> Mountain View Children's Centre |
| <input type="checkbox"/> Lake View Children's Centre | <input type="checkbox"/> Alpine Family Day Care |
| <input type="checkbox"/> Myrtleford Vacation Care | <input type="checkbox"/> Myrtleford Outside School Hours Care (OSHC) |

This form must be completed by a parent or guardian who has lawful authority in relation to the child. See page 3 for Lawful Authority details.

INFORMATION ABOUT YOUR CHILD

Family Name: _____ Given Names: _____

Country of Birth: _____ Sex: M F Date of Birth: ____/____/____

Child's Customer Reference Number:

Home Address: _____ Postcode _____

Is your child of Aboriginal and/or Torres Strait Islander descent? Yes No

Language(s) Spoken at Home: _____

Has your child previously attended a 4 year old funded kindergarten? Yes No N/A for OSHC

Is your child attending another early childhood service? Yes No N/A for OSHC

Other siblings in service? Yes No If Yes, names of siblings: _____

INFORMATION ABOUT CHILD'S PARENTS OR GUARDIANS

Parent/Guardian	Parent/Guardian
Name:	Name:
CRN: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CRN: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have you contacted Centrelink? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Please use this CRN to claim the government fee subsidy	<input type="checkbox"/> Please use this CRN to claim the government fee subsidy
<input type="checkbox"/> This parent/guardian will be responsible for paying the account	<input type="checkbox"/> This parent/guardian will be responsible for paying the account
<input type="checkbox"/> This parent/guardian is registered with Centrelink for Child Care Benefit	<input type="checkbox"/> This parent/guardian is registered with Centrelink for Child Care Benefit
Date of Birth:	Date of Birth:
Country of Birth: <input type="checkbox"/> Of Aboriginal and/or Torres Strait Islander descent? <input type="checkbox"/> Disability <input type="checkbox"/> Primary Caregiver	Country of Birth: <input type="checkbox"/> Of Aboriginal and/or Torres Strait Islander descent? <input type="checkbox"/> Disability <input type="checkbox"/> Primary Caregiver
Address as per child or Postal Address:	Address as per child or Postal Address:
Home Telephone: Work Telephone: Mobile:	Home Telephone: Work Telephone: Mobile:

Email: Preferred method of Contact: <input type="checkbox"/> Home phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email	Email: Preferred method of contact: <input type="checkbox"/> Home phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email
Occupation: Place of Employment:	Occupation: Place of Employment:
Course being undertaken: Duration:	Course being undertaken: Duration:
Family Status: <input type="checkbox"/> Both Parents at home <input type="checkbox"/> Sole Parent <input type="checkbox"/> Shared Custody <input type="checkbox"/> Other	
Custody Arrangements: - If you are separated or divorced, who has legal custody of the child? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parent 1 access arrangements: <input type="checkbox"/> Full <input type="checkbox"/> Limited _____ Parent 2 access arrangements: <input type="checkbox"/> Full <input type="checkbox"/> Limited _____ Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply the following: Bring the original court order/s for staff to see and copy, then <u>attach to this enrolment form</u> ; 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, AND/OR b) give these powers to someone else. Please describe these changes and provide the contact details of any person given these powers (attach a separate sheet)	

LAWFUL AUTHORITY

Parents - All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The *Children's Services Regulations 2009* 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 have lived together or are married.

A court order, 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.

Guardian - A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

EMERGENCY CONTACTS - OTHER THAN PARENTS OR GUARDIANS

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child. These people must be at least 18 years of age.

IT IS IMPORTANT THAT THESE EMERGENCY CONTACTS LIVE LOCALLY

Name:	Name:
Relationship to child:	Relationship to child:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Address:	Address:
This person has authority to: - <input type="checkbox"/> Collect/Deliver to/from the service <input type="checkbox"/> Give permission for excursions out of the service <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Permit transportation by an ambulance service <input type="checkbox"/> Request/Permit medication to be administered <input type="checkbox"/> If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness	This person has authority to: - <input type="checkbox"/> Collect/Deliver to/from the service <input type="checkbox"/> Give permission for excursions out of the service <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Permit transportation by an ambulance service <input type="checkbox"/> Request/Permit medication to be administered <input type="checkbox"/> If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness
Name:	Name:
Relationship to child:	Relationship to child:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Address:	Address:
This person has authority to: - <input type="checkbox"/> Collect/Deliver to/from the service <input type="checkbox"/> Give permission for excursions out of the service <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Permit transportation by an ambulance service <input type="checkbox"/> Request/Permit medication to be administered <input type="checkbox"/> If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.	This person has authority to: - <input type="checkbox"/> Collect/Deliver to/from the service <input type="checkbox"/> Give permission for excursions out of the service <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Permit transportation by an ambulance service <input type="checkbox"/> Request/Permit medication to be administered <input type="checkbox"/> If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.

HEALTH AND MEDICAL INFORMATION

CHILD'S IMMUNISATION RECORD - For all children aged 7 years and under.

Is your child immunised?

Yes Please provide details by:

1. Attaching a copy of an Immunisation History Statement from the Australian Childhood Immunisation Register OR
2. Attaching a copy of an Immunisation Status Certificate from a medical doctor or a local council immunisation service. The certificate **must have the following information:**
 - Date of the child's next due vaccine OR a statement saying the child has completed all their childhood vaccinations
 - If relevant, list of any vaccine/s that child cannot receive for medical reasons (GP only)
 - List of vaccine/s the child has received and when the vaccine was given (can be a separate attachment)
 - Child's full name, date of birth and address
 - Provider's full name
 - Organisation name
 - Signed and dated by immunisation provider
 - Medicare provider number OR Australian Childhood Immunisation Register number

No If No, please see the Team Leader/ Manager/ Administration Officer.

Medicare No: - - -

NB. The Medicare Number must include the family number that is next to your child's name on your Medicare card.

Medical Centre Name: _____

Name of Doctor: _____

Address: _____ Phone: _____

Name of Dentist: _____

Address: _____ Phone: _____

Maternal Child and Health Centre: _____ Maternal Child and Health Nurse: _____

Address: _____ Phone: _____

Private Health Insurer: _____

Service has sighted a health record of your child? Yes No

Ambulance Membership? Yes No

Anaphylaxis

Has your child been diagnosed at risk of Anaphylaxis? Yes No

(please attach Anaphylaxis Action Plan if appropriate)

Does your child have?

Any allergies e.g. Asthma, food, medication, animals, insects? Yes No

(please attach Asthma Action Plan if appropriate)

Details _____

Any special dietary requirements? Yes No

Details: _____

Any problems with hearing, sight, speech? Yes No

Details: _____

Any health problems, operations, illnesses, disabilities? Yes No

Details: _____

Does your child take any regular medication? Yes No

Details: _____

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? Yes No

Details: _____

Does either parent have a disability? Yes No

Details: _____

Routines

Has your child begun toilet training? Yes No N/A for OSHC

Is your child used to being with other children? Yes No N/A for OSHC

Is your child used to being with other adults? Yes No N/A for OSHC

Is this the first time your child has been cared for by someone other than a family member?

Yes No N/A for OSHC

Are there any aspects of your child's cultural, ethnic, and/or religious background that you would like us to be aware of? Yes No

Details: _____

Are there any religious activities the staff should be aware of? Yes No

Details: _____

Formal

How would you like to receive your invoice? Login/Emailed Hard Copy

How would you like to receive your notifications? Electronic Paper

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.

Please tick the following clauses to authorise:

I/We give permission for this child to:

Have sunscreen provided and applied whilst in our care	YES		NO	
Have Band-Aids or sticking plasters applied when necessary	YES		NO	
Have nappy rash cream applied to your child whilst in our care	YES		NO	

Photos and Video Footage:

I/We give permission:

For photos and video footage to be taken of my/our child for the services educational program and staff training purposes (Footage will not leave service)	YES		NO	
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the service	YES		NO	
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the service for students to present to lecturer and class for viewing and marking)	YES		NO	
For photos and video footage of my/our child to be used on the ACS website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES		NO	
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	YES		NO	

I/We:

1. Have viewed the Alpine Children's Services applicable service (hereafter called the service) and consent to the enrolment of the admitting child (hereafter referred to as the child).
2. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child.
3. Agree to comply with all Government requirements in relation to the service.
4. Received and read the Parent Information Book provided and agree to abide by the policies and procedures described therein, or as updated through staff and parent input and advertised via the service's website, email, Information Notice board and/or through the Parent Newsletter.
5. Understand that when there are no vacant places and my child is considered 'third priority', my child may be required to leave the service in order for the service to provide a place for a higher priority child. The priorities are as follows:
 - First priority: Child at risk of serious abuse or neglect
 - Second Priority: Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act
 - Third priority: Any other child
6. Agree that in the case of accident or injury, the service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred.
7. Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service.
8. Consent to the staff of the service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
9. Are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition.

10. Understand that the child will be accepted back into the service upon provision of a 'clearance certificate' for the child from a medical practitioner.
11. Are aware that the service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality.
12. Agree to provide the service with all information regarding the health of my/our child.
13. Understand that the service may be used as a training and observation centre by students aiming to/or already working with young children.
14. Are aware that the service may occasionally have visitors, or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service's appropriate supervision.
15. I will be charged a non-refundable \$10 enrolment processing fee (for new enrolments only).
16. That all fees must be paid on a weekly or fortnightly basis unless prior arrangement has been made with the manager or administration officer. Failure to do so will result in my child's position being cancelled.
17. Are aware that to cancel my child's enrolment we are required to give notice in writing two weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period, we are aware that if our child does not attend we are liable to pay full fees.
18. Are aware that fees for public holidays are not payable if the day is a usual day of attendance.
19. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays.
20. Are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
21. Are aware that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
22. Understand that a warning and a once-off fee of \$10 will apply for the first time a child is collected up to ten minutes late from his/her session. If a child is collected more than ten minutes late from his/her session regular late fees will apply. When a child is collected up to five minutes late from his/her session, a late fee of \$10 will apply. A further \$10 per child will be charged for each additional one (1) minute thereafter. This applies to all sessions. It should be further noted that late fees will be charged even when one child is collected on time but a sibling in another room is collected late from his/her session.
23. Understand that should additional information be required; other relevant agencies or services may be contacted.
24. Authorise the Inclusion Support Facilitator to visit my child while attending the service or family day care to support and resource Alpine Children's Services staff. I also hereby authorise Alpine Children's Services to contact other professionals (e.g. Maternal and Child Health Nurse, school) to support the care and education of my child.
25. Understand that any overdue accounts may be forwarded to a debt collection agency.

I/We have read, understood and agree to abide by the conditions of this contract.

Primary Parent / Guardian

Print Name _____ Signature _____ Date _____

Alpine Children's Services Team Leader/Administration Officer

Print Name _____ Signature _____ Date _____

ALPINE CHILDREN'S SERVICES CONFIDENTIALITY & PRIVACY POLICY COLLECTION STATEMENT

Purpose for which information is collected

The service believes your privacy is important. The service has put in place a Confidentiality and Privacy Policy & Procedure, which outlines how the service will collect, use, disclose, manage and transfer personal information including health information. This policy is available on request.

Our service is, in some of its activities, bound by privacy legislation. If the service needs to collect health information the service is subject to the Health Records Act (Vic). ACS is covered by the Information Privacy Act (Vic) to gather information on behalf of the Government.

The primary purpose of the collection of personal information collected in relation to children and parent/guardians is to enable the service to provide for the education and care of the child attending the service.

You should be aware that under relevant privacy legislation, other uses and disclosures of personal information are permitted, as set out in that legislation.

Disclosure of personal information, including health information

The service may disclose some personal information, including health information, held about an individual to:

- a) Government departments or agencies as part of our legal and funding obligations;
- b) Organisations providing services related to employee entitlements and employment;
- c) Anyone to whom the individual authorises us to disclose information.

Access to Information

Individuals on whom the service holds personal or health information are able to gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our Confidentiality and Privacy Policy & Procedure (available on request).

Declaration

I, _____, (Parent/Guardian) have read the ACS Collection Statement and understand that the information that I have provided will be used for the purposes outlined.

Signed: _____ Date: ____/____/____

ROUTINE EXCURSION PERMISSION FORM

The service will be conducting routine excursions throughout the year. These will take place in our local township. Locations may include the local playground, library or shops. These excursions improve our connections to our local community and provide many wonderful teaching opportunities, including literacy and numeracy experiences.

We will get there either by walking or riding and there will be no cost for these routine excursions. The minimum anticipated ratio of adult to children attending the excursion will be based on the risk assessment. For example, routine excursions close to the service that do not require any road crossings and is not near water hazards, the adult to children ratios may be 1:4 for children aged 0-3YO and 1:10 for children aged 3-12YO.

The anticipated number of children attending the excursion will vary, as will the anticipated number of staff and other adults attending the excursion. Risk management plans have been prepared for each routine excursion and are available at the service. Please speak to your Team Leader for any further information or if you have any questions or comments.

If you agree with your child participating in these local community excursions, please sign below.

Date: ____/____/____

Parent/Guardian's Name: _____ Signature: _____

HEAD LICE SCREENING

The management of head lice infection works best when all children are involved in a screening program. The service is aware that this can be a sensitive issue and is committed to maintaining confidentiality and avoiding stigmatisation. The inspections of children will be conducted by staff members only. The person conducting the inspections will check through each child's hair to see if any lice or eggs are present. Staff may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. In cases where head lice are found, the staff member inspecting the child will discretely inform the parents/guardians/carers. Please note that health regulations require that where a child has head lice, that child should not return to service until appropriate treatment has commenced. Information regarding these treatment options will be discretely offered to parents upon detection of lice or eggs. Effective treatment is when a treatment is used and all the lice are dead, this can include:

a) Conditioner and combing method

b) Chemical treatment

HEAD LICE PREVENTION

- . Avoid direct head to head contact.
- . Avoid sharing hats, combs, brushes, ribbons, and ties.
- . Discourage children from playing with each other's hair.
- . Keep longer hair firmly plaited or at least tied back - slick down stray hair with gel/hairspray.
- . Brush hair and check for lice regularly.
- . Shaving the head is not necessary.

.....
I give permission for my child to participate in the Head Lice Program with Alpine Children's Services.

Date: ____/____/____

Parent/Guardian's Name: _____ Signature: _____