



Coonamble Children's Services Inc.

ABN 87 689 608 032

PO BOX 475 Coonamble NSW 2829

Ph: 02 6822 2266 Fax: 02 6822 2509

Email: ccsinc@bigpond.net.au or director_ccsinc@bigpond.com

Long Day Care Enrolment Form 2014

Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Priority of Access |
| <input type="checkbox"/> Updated Immunisation | <input type="checkbox"/> CRN for Child and Caregiver |
| <input type="checkbox"/> Enrolment Date _____ | <input type="checkbox"/> Enrolment Fee of \$60 |



Parent / Guardian Details

Parent / Guardian Details 1			
Family CRN			
First Name			
Surname			
Relationship to Child			
Date of Birth			
Address			
Suburb		Postcode	
Home Phone		Mobile Phone	
Work Place		Work Phone	
Email Address			
Country of Birth			

Parent / Guardian Details 2			
Family CRN			
First Name			
Surname			
Relationship to Child			
Date of Birth			
Address			
Suburb		Postcode	
Home Phone		Mobile Phone	
Work Place		Work Phone	
Email Address			
Country of Birth			

Child / ren's Details

Child ONE			
Childs CRN			
First Name			
Middle Name			
Surname			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth		Country of Birth	
Address			
Suburb		Postcode	
ATSI Decent	<input type="checkbox"/> Aboriginal NOT Torres Strait Islander <input type="checkbox"/> Torres Strait Islander NOT Aboriginal <input type="checkbox"/> Abroiginal AND Torres Strait Islander <input type="checkbox"/> NOT Aboriginal OR Torres Strait Islander		
Primary Language			

Medical History		
Special Considerations	<input type="checkbox"/> Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs	Please Specify _____ _____ _____ _____
Does your child suffer from Asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____
Does your child require regular medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____
Does your child have any allergies? This includes food allergies.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____
Does your child have any medical conditions that require additional attention from staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____
Does your child have any special requirements that staff should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____

Child / ren's Details Continued

Child TWO			
Childs CRN			
First Name			
Middle Name			
Surname			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth		Country of Birth	
Address			
Suburb		Postcode	
ATSI Decent	<input type="checkbox"/> Aboriginal NOT Torres Strait Islander <input type="checkbox"/> Torres Strait Islander NOT Aboriginal <input type="checkbox"/> Abroiginal AND Torres Strait Islander <input type="checkbox"/> NOT Aboriginal OR Torres Strait Islander		
Primary Language			

Medical History		
Special Considerations	<input type="checkbox"/> Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs	Please Specify _____ _____ _____ _____
Does your child suffer from Asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____
Does your child require regular medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____
Does your child have any allergies? This includes food allergies.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____
Does your child have any medical conditions that require additional attention from staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____
Does your child have any special requirements that staff should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____

Child / ren's Details Continued

Child THREE			
Childs CRN			
First Name			
Middle Name			
Surname			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth		Country of Birth	
Address			
Suburb		Postcode	
ATSI Decent	<input type="checkbox"/> Aboriginal NOT Torres Strait Islander <input type="checkbox"/> Torres Strait Islander NOT Aboriginal <input type="checkbox"/> Abroiginal AND Torres Strait Islander <input type="checkbox"/> NOT Aboriginal OR Torres Strait Islander		
Primary Language			

Medical History		
Special Considerations	<input type="checkbox"/> Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs	Please Specify _____ _____ _____ _____
Does your child suffer from Asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____
Does your child require regular medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____
Does your child have any allergies? This includes food allergies.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____
Does your child have any medical conditions that require additional attention from staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____
Does your child have any special requirements that staff should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Specify _____ _____ _____

Family Medical Details

Doctor Details	
Doctor	
Street Address	
Suburb	
Phone	

Dentist Details	
Dentist	
Street Address	
Suburb	
Phone	

Family Medicare Details			
Medicare Number			
Valid Date			
Medicare card Reference Number	<input type="checkbox"/> Child ONE	<input type="checkbox"/> Child TWO	<input type="checkbox"/> Child THREE

Health Fund Details			
Health Fund Name			
Fund Number			
Health Fund Reference Number	<input type="checkbox"/> Child ONE	<input type="checkbox"/> Child TWO	<input type="checkbox"/> Child THREE
Do you have an Ambulance Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please provide details _____ _____	

Emergency Contacts

Please be aware that at LEAST 2 contact names must be provided before enrolment commences.

Emergency Contact Details – ONE			
First Name			
Surname			
Relationship to Child			
Date of Birth			
Address			
Suburb		Postcode	
Home Phone		Mobile Phone	
Work Place		Work Phone	
Email Address			
Country of Birth			
This Person has permission to	<input type="checkbox"/> Collect / Deliver your child to / from the Centre <input type="checkbox"/> Request / Permit medication to be given to your child <input type="checkbox"/> Collect your child from the Centre in an Emergency <input type="checkbox"/> Sign Permission forms for Excursions away from the Service		

Emergency Contact Details – TWO			
First Name			
Surname			
Relationship to Child			
Date of Birth			
Address			
Suburb		Postcode	
Home Phone		Mobile Phone	
Work Place		Work Phone	
Email Address			
Country of Birth			
This Person has permission to	<input type="checkbox"/> Collect / Deliver your child to / from the Centre <input type="checkbox"/> Request / Permit medication to be given to your child <input type="checkbox"/> Collect your child from the Centre in an Emergency <input type="checkbox"/> Sign Permission forms for Excursions away from the Service		

Emergency Contacts Continued

Emergency Contact Details – THREE			
First Name			
Surname			
Relationship to Child			
Date of Birth			
Address			
Suburb		Postcode	
Home Phone		Mobile Phone	
Work Place		Work Phone	
Email Address			
Country of Birth			
This Person has permission to	<input type="checkbox"/> Collect / Deliver your child to / from the Centre <input type="checkbox"/> Request / Permit medication to be given to your child <input type="checkbox"/> Collect your child from the Centre in an Emergency <input type="checkbox"/> Sign Permission forms for Excursions away from the Service		

Emergency Contact Details – FOUR			
First Name			
Surname			
Relationship to Child			
Date of Birth			
Address			
Suburb		Postcode	
Home Phone		Mobile Phone	
Work Place		Work Phone	
Email Address			
Country of Birth			
This Person has permission to	<input type="checkbox"/> Collect / Deliver your child to / from the Centre <input type="checkbox"/> Request / Permit medication to be given to your child <input type="checkbox"/> Collect your child from the Centre in an Emergency <input type="checkbox"/> Sign Permission forms for Excursions away from the Service		

Please Note:

If you should like to add to you emergency contact list, please notify the Director.

Court Orders

It is a requirement of the regulations that if a child is subject to an access order or agreement, the Service must be furnished with a copy plus subsequent alterations registered by the court. Evidence of court orders or agreements should be considered part of the enrolment in order to minimise the likelihood of distressing situations in the future.

Court Orders	
Have any court orders been made from any court regarding you child / ren?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide details	<hr/> <hr/> <hr/>
If there are any disputes concerning custody of the child / ren and no court orders are in place, please provide details	<hr/> <hr/> <hr/>

Care Requirements

Please insert in the appropriate boxes with one of the following.

FD	AM	PM	ASC	SH
8:15 – 5:30	8:15 – 1:00	1:00 – 5:30	3:00 – 5:30	8:15 – 3:00

Child ONE				
Monday	Tuesday	Wednesday	Thursday	Friday
Start Date				

Child TWO				
Monday	Tuesday	Wednesday	Thursday	Friday
Start Date				

Child THREE				
Monday	Tuesday	Wednesday	Thursday	Friday
Start Date				

Consents

It is a requirement that Educators keep a profile on each child. In these journals the Educators will insert photos of your child. Occasionally your child may appear in another child's journal, for example; if there has been a group of children painting together at a table.

Another occasion your child's photo may be used in the local paper, our website or on our Facebook page. You will be advised if your child's photo will appear on any of these.

I give the following Consents for my child / ren	
Name of Child ONE	
Name of Child TWO	
Name of Child THREE	

I agree to my child / ren being included in photographs which could be used for scheme publicity, Facebook, Website and media releases that may occur from time to time.					
Child ONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child TWO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child THREE	<input type="checkbox"/> YES <input type="checkbox"/> NO

In the event of an emergency, illness or accident concerning my child / ren and the Service Staff being unable to contact me or other persons authorised by me, I consent to the Director or his / her designated representative, to seek and carry out on my behalf of any urgent medical, dental, hospital treatment or ambulance service for my child / ren and I accept liability for the medical expenses as may be incurred.					
Child ONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child TWO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child THREE	<input type="checkbox"/> YES <input type="checkbox"/> NO

I give permission for Service Staff to administer paracetamol to my child / ren in an emergency for pain of fever. My child has no known allergy to paracetamol. The Medication Form will be signed when my child is picked up that day.					
Child ONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child TWO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child THREE	<input type="checkbox"/> YES <input type="checkbox"/> NO

I give permission for sunscreen / insect repellent to be applied to my child when going outdoors					
Child ONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child TWO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child THREE	<input type="checkbox"/> YES <input type="checkbox"/> NO

Service Agreement by Parents / Guardians

The following agreement must be signed before children will be accepted for care	
All information given is true and correct	<input type="checkbox"/> YES <input type="checkbox"/> NO
I hereby acknowledge that I have read the Service Family Information Booklet regarding the Service and agree to abide by its policies and those of the Service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Due to the priority of access guidelines set out DEEWR, I understand that should my circumstances change I may be required to reduce and / or relinquish my child / ren's days at the Service	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree to notify the Director in writing two (2) weeks in advance of the termination of my child / ren's attendance and pay any fees due at termination of attendance.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree to notify the Service when my child / ren are absent, in writing or by phone.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I will give a copy of a confirmed record of my child / ren's immunisation and provide copies of continuing immunisation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I will give a copy of a confirmed record of my child / ren's birth certificate.	<input type="checkbox"/> YES <input type="checkbox"/> NO
When accessing my child / ren's personal portfolio in their playroom, I will respect the confidentiality of the other children's portfolio.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that written parent / guardian permission will be sought prior to planned excursions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand that it is my responsibility to notify the Director of the Service any change of personal information such as change of address and phone number in writing.	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE NOTE completion of this form:			
1. Does not guarantee your child a place in the service. 2. Is not necessary to become a Service User.			
Name of Parent / Guardian 1			
Signature of Parent / Guardian 1		Date	
Name of Parent / Guardian 2			
Signature of Parent / Guardian 2		Date	

Privacy Consent Form

We require your consent to collect personal information about you and your child / ren.
Please read this form carefully and sign where indicated below.

We collect information from you for the primary purpose of providing quality childcare. We require you to provide us with details so that we may properly attend to your child / ren’s needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our Service
- Billing purposes
- Disclosure to others involved in childcare including DEEWR, the Department of Community Services and ACECQA
- Disclosure for research and quality assurance activities to improve individual and community child care and practice management
- Emergency situations whereby staff / hospitals require access to a child / ren’s records for appropriate purposes.

I have read the information above and understand the reasons why my child /children’s information must be collected. I am also aware that **Coonamble Children’s Services Inc** has a privacy policy on handling information.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the care and treatment given to my child / ren.

I am aware of my right to access the information collected about my child / ren, except in some circumstances where access might be legitimately withheld. I understand I will be given an explanation in these circumstances.

I consent to the handling of my information by the Service for the purposes set out above, subject to any limitations on access or disclosure that I notify this Service of.

Name of Child ONE	
Name of Child TWO	
Name of Child THREE	



Parent / Guardian Name			
Parent / Guardian Signature		Date	

Payment Agreement as per the Coonamble Children’s Service’s Inc. Fees Policy

I / we understand that:

- **If my account is not paid TWO (2) weeks in advance and then falls overdue, my position will be suspended until the account is paid in full.**
- Fees will be charged for booked days that my child / ren does / does not attend due to illness, holiday, public holidays and RDO days.
- I need to provide two weeks written notice prior to withdrawing from the Service and will agree to pay all outstanding fees prior to my departure.
- Should I fail to pay my fees and my place is withdrawn or when I leave the Service, I will be liable for all additional costs incurred by the Service in collecting the outstanding fees.
- Full fees are payable until Child Care Benefit confirmation is received by the Service.

Name of Parent / Guardian ONE			
Signature of Parent / Guardian ONE		Date	
Name of Parent / Guardian TWO			
Signature of Parent / Guardian TWO		Date	