Alice Springs Family Day Care

Family Enrolment Form

Personal Information			
To be completed by the Parent/Guardian claiming CCB/CCR			
Surname			
Given Names			
Date of Birth		**Customer reference Number CRN:**	
Residential Address			
Postal Address			
Home Phone		**Mobile Phone**	
Email Address for Newsletter and notices			
Place of Employment			
Occupation			
Work Phone			
Country of Birth			
Cultural Background		**Primary Language**	
Do you intend to apply for Child Care Benefit (CCB) and/or Child Care Rebate (CCR)?		☐**Yes** ☐**No**	

Partners Details			
Surname			
Given Names			
Date of Birth			
Residential Address			
Postal Address			
Home Phone		**Mobile Phone**	
Email Address			
Place of Employment			
Occupation		**Work Phone**	
Country of Birth			
Cultural Background		**Primary Language**	

Child's Details and Medical Information

CHILD 1				
	Surname			**Male ☐ Female ☐**
	Given Names			
	Address			
	Date of Birth		**Customer reference Number CRN:**	
	Country of Birth		**Language used in the child's home**	
	Name of School/ Preschool (if attending)		**Cultural Background**	
	Any special considerations for the child. eg cultural, religious, dietary.			

Family Doctor			
Address		**Phone**	
Family Dentist		**Phone**	
Medicare Number			
Ambulance Subscription	**☐Yes ☐No**		
Copy of Immunisation records included for this child	**☐Yes ☐No**		

Please list and other specialists seen regularly by your child (e.g. speech therapist, physiotherapy, paediatrician etc.)		
Profession		
Name		
Phone		

Does your child have asthma, anaphylaxis, diabetes or any other medical condition? (e.g. allergies to insects bites, food, epilepsy etc.)	
If yes, please give details:	
Medical Management Plan provided for the above (A Medical Management Plan documenting must be supplied in relation to any medical condition)	**☐Yes ☐No**
Does your child take regular medication?	**☐Yes ☐No**
If yes, please give brief details relevant to child care.	
FOR OFFICE USE ONLY Child Health Record sighed	**☐Yes ☐No**

CHILD 2				
	Surname			**Male ☐ Female ☐**
	Given Names			
	Address			
	Date of Birth		**Customer reference Number CRN:**	
	Country of Birth		**Language used in the child's home**	
	Name of School/ Preschool (if attending)		**Cultural Background**	
	Any special considerations for the child. eg cultural, religious, dietary.			

Family Doctor			
Address		**Phone**	
Family Dentist		**Phone**	
Medicare Number			
Ambulance Subscription	**☐Yes ☐No**		
Copy of Immunisation records included for this child	**☐Yes ☐No**		

Please list and other specialists seen regularly by your child (e.g. speech therapist, physiotherapy, paediatrician etc.)		
Profession		
Name		
Phone		

Does your child have asthma, anaphylaxis, diabetes or any other medical condition? (e.g. allergies to insects bites, food, epilepsy etc.)	
If yes, please give details:	
Medical Management Plan provided for the above (A Medical Management Plan documenting must be supplied in relation to any medical condition)	**☐Yes ☐No**
Does your child take regular medication?	**☐Yes ☐No**
If yes, please give brief details relevant to child care.	
FOR OFFICE USE ONLY Child Health Record sighed	**☐Yes ☐No**

CHILD 3				
	Surname			**Male ☐ Female ☐**
	Given Names			
	Address			
	Date of Birth		**Customer reference Number CRN:**	
	Country of Birth		**Language used in the child's home**	
	Name of School/ Preschool (if attending)		**Cultural Background**	
	Any special considerations for the child. (eg cultural, religious, dietary)			

Family Doctor			
Address		**Phone**	
Family Dentist		**Phone**	
Medicare Number			
Ambulance Subscription	**☐Yes ☐No**		
Copy of Immunisation records included for this child	**☐Yes ☐No**		

Please list and other specialists seen regularly by your child (e.g. speech therapist, physiotherapy, paediatrician etc.)		
Profession		
Name		
Phone		

Does your child have asthma, anaphylaxis, diabetes or any other medical condition? (e.g. allergies to insects bites, food, epilepsy etc.)	
If yes, please give details:	
Medical Management Plan provided for the above (A Medical Management Plan documenting must be supplied in relation to any medical condition)	**☐Yes ☐No**
Does your child take regular medication?	**☐Yes ☐No**
If yes, please give brief details relevant to child care.	
FOR OFFICE USE ONLY Child Health Record sighed	**☐Yes ☐No**

Children's Care Details

Proposed commencement date:							
Full time ☐ **Part time ☐** **Shift ☐**							
	Mon	**Tue**	**Wed**	**Thur**	**Fri**	**Sat**	**Sun**
Times Drop off Pick up							
Are there any pre-school or school pickups or drop offs required?				**Yes ☐** **No ☐**			
If yes, which pre-school/school				**Drop off and pickup times**			
Do you have children in another child care service				**Yes ☐** **No ☐**			
If yes, give details							

Emergency Contact other than Parent/Guardian

	Person 1	**Person 2**
Surname		
Given Names		
Address		
Relationship to Child		
Home Phone		
Work Phone		
Mobile Phone		
Does this person have the authority to authorise the child/ren listed in this form to attend an excursion.	**Yes ☐** **No ☐**	
Does this person have the authority to provide written authorisation for a 3rd party (not listed on this form) to collect your child/ren).	**Yes ☐** **No ☐**	

Other than yourself and if applicable, the partner named in this record, who is authorised to consent to medical treatment and administration of medication to the child/ren, and transportation of the child/ren by an ambulance service?	
Full Name:	
Address:	
Work phone:	Mobile:

Other person/s authorised to collect my children from care		
	Person 1	**Person 2**
Surname		
Given Names		
Address		
Relationship to Child		
Home Phone		
Work Phone		
Mobile Phone		

	Person 3	**Person 4**
Surname		
Given Names		
Address		
Relationship to Child		
Home Phone		
Work Phone		
Mobile Phone		

Parenting Plan and Court Orders

If parents are not living together please provide a copy of the Parenting Plans or Court Orders that relate to access for the child/ren if applicable.

If no formal arrangements are in place, please provide information as to access arrangements or agreed arrangements between the parents.

Are there any domestic/family violence orders in place	Yes	No

If yes, please provide a copy of the orders.

Are there any family circumstances that we should know about?
Please note this includes custody orders.

AUTHORISATION AND INDEMNITIES		
Tick	**Please read carefully and indicate your consent by placing a tick and your initials, where indicated, next to each statement you agree to below.**	**Initials**
☐	I hereby authorise our Family Day Care Educator or staff of the Scheme, to seek medical treatment for the child/ren from a registered medical practitioner, hospital or ambulance service, and transportation by an ambulance service. I acknowledge that I am liable for any costs arising from such action.	
☐	I understand that Family Day Care Educator/Staff my take my child/ren on limited outings away from the Educator's home, but only after the completion of a Risk Management Plan and with my written consent or, if applicable, the written consent of persons authorised to do so as detailed in this form.	
☐	If any circumstances change between the parents of the children, I will disclose that information to the Family Day Care Educator and Alice Springs Family Day Care	
☐	I acknowledge that I must complete the "Parent Leave and Educator Agreement" form when my child/ren will be absent on holiday. I understand that there may be implications for the Child Care Benefit or Child Care Rebate.	
☐	I acknowledge that there may be implications for the Child Care Benefits or Child Care Rebate if I have used up the 42 approved absence days and have no supporting documentation (eg sick certificate).	
☐	If anyone other than the people listed on this form as being authorised to collect my child/ren, written authorization for a third party to do so must be provided by myself or a person listed on this form as having the authority to provide this authorisation, and the third party must provide photo ID to the Educator when collecting my child/ren.	
☐	I give permission for my child's photo to be used by my Educator and/or the scheme for the purposes of children's portfolio requirements, advertising and promotion of the scheme, features in the newsletter and on the website etc.	
☐	I acknowledge that if there are no Court Orders in place to prevent a parent contacting the child/ren, Alice Springs Family Day Care and the Educator cannot prevent that parent from contacting or removing the child/ren from the Educator's premises, nor can Alice Springs Family Day Care prevent that parent from registering with Alice Springs family Day Care.	
☐	I hereby request that the Family Day Care Educator deny access to my child by ……, however I understand that they will not endanger themselves or other occupants of the home.	

I agree that all information contained in this Family Enrolment Form is true and accurate to the best of my knowledge.			
Signature		**Date**	