

Early Years Enrolment and Consent Form 2019



Services Required – Please tick all the Early Years Services you wish to enrol in (can be more than one)

<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Occasional Care (Kurrambee Myaring Community Centre)
<input type="checkbox"/> Occasional Care (Sport & Rec Centre)	<input type="checkbox"/> Occasional Care (Torquay Children’s Hub)

Child Details

Family Name			
Given Name			
Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address			
Suburb	Post Code		
Postal Address			
Suburb	Post Code		
Country of Birth			
Does the child have any siblings? (If yes, please supply name and age)			
Is the child of Aboriginal and/or Torres Strait Islander origin	<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander		
	<input type="checkbox"/> Yes, Aboriginal		
	<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		
	<input type="checkbox"/> Yes, Torres Strait Islander		
What is the child’s cultural background?			
What is the primary language spoken at home?			
Does your child/family have any cultural or religious considerations? (please list below)			
Does your child have any identified additional needs?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify			
Is your child linked with NDIS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach NDIS plan.			
Is the child in an out of home care arrangement (including kinship care)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Child Safe Commitment Statement

Surf Coast Shire is committed to being a child safe organisation and has zero tolerance for child abuse. The focus of our work is on children under the age of 18. We recognise our legal and moral responsibilities in keeping children and young people safe from harm and promoting their best interests.

We have a commitment to the cultural safety of Aboriginal and Torres Strait Islander children, culturally and linguistically diverse children, and to the safety of children with a disability. We aim to create enriching experiences for young learners and want children to feel safe, happy and empowered.

We have specific policies, procedures and training in place to support employees, volunteers and contractors to achieve these commitments. We create environments where all children have a voice and are listened to, their views are respected and they contribute to how we plan for, design and develop our services and activities.

All Surf Coast Shire employees, volunteers and contractors have a legal obligation to report suspected cases of child sexual abuse to the police.

- *How to make a report – If you have any concerns regarding any Surf Coast Shire Staff, Volunteers and/or Contractors please refer to Councils website for how to report <https://www.surfcoast.vic.gov.au/Home>*

CONTACT DETAILS

Details	Parent/Carer 1	Parent/Carer 2
Family name		
Given name		
Relationship to child		
Date of birth		
Home address		
Suburb		
Postcode		
Home phone		
Mobile		
Email		
Occupation		
Work Place		
Work address		
Work phone		
Highest year of secondary education		
Level of highest qualification		
Language spoken at home		
Family ethnic origin		
Aboriginal/ Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of birth		
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling child?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, supporting documentation must be provided)	

Emergency contact – 1 (NOT a parent/guardian)

Family name		Given name	
Relationship to child			
Home address			
Suburb		Postcode	
Home phone number		Mobile phone number	
I authorise the above named person who is over 18 years to:			
<input type="checkbox"/>	Collect my child from the Early Years' Service		
<input type="checkbox"/>	Be notified in the event of an emergency involving my child if any parent/guardian cannot immediately be contacted		
<input type="checkbox"/>	To consent to medical treatment or authorise administration of medication to my child		
Parent / guardian name			
<input type="checkbox"/>	By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.		
Date:			

Emergency contact – 2 (NOT a parent/guardian)

Family name		Given name	
Relationship to child			
Home address			
Suburb		Postcode	
Home phone number		Mobile phone number	
I authorise the above named person who is over 18 years to:			
<input type="checkbox"/>	Collect my child from the Early Years' Service		
<input type="checkbox"/>	Be notified in the event of an emergency involving my child if any parent/guardian cannot immediately be contacted		
<input type="checkbox"/>	To consent to medical treatment or authorise administration of medication to my child		
Parent / guardian name			
<input type="checkbox"/>	By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.		
Date:			

Authorised nominee (1) – other than parent/guardian

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.

Family name		Given name	
Relationship to child			
Home address			
Suburb		Postcode	
Home phone number		Mobile phone number	
I authorise the above named person who is over 18 years to:			
<input type="checkbox"/>	Collect my child from the Early Years' Service		
Parent / guardian name			
<input type="checkbox"/>	By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.		
Date:			

Authorised nominee (2) – other than parent/guardian

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.

Family name		Given name	
Relationship to child			
Home address			
Suburb		Postcode	
Home phone number		Mobile phone number	
I authorise the above named person who is over 18 years to:			
<input type="checkbox"/>	Collect my child from the Early Years' Service		
Parent / guardian name			
<input type="checkbox"/>	By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.		
Date:			

Authorised nominee (3) – other than parent/guardian

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.

Family name		Given name	
Relationship to child			
Home address			
Suburb		Postcode	
Home phone number		Mobile phone number	
I authorise the above named person who is over 18 years to:			
<input type="checkbox"/>	Collect my child from the Early Years' Service		
Parent / guardian name			
<input type="checkbox"/>	By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.		
Date:			

Consent – All programs

Child's name: _____	<i>(Print full name)</i>	
I/We authorise the Early Years Educator to take photos or video of my child. These photos will be used for display in the program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We authorise the Early Years Educator or Council Officer to use the photos/videos of my child for promotional purposes within Surf Coast Shire marketing/advertising in print and on-line format.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We authorise a disc or USB device to be given out to families in the same group which may contain images of my child participating in the program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We understand that on special occasions such as birthdays/excursions, group photos/videos may be taken of my child. I/We authorise images of my child to be included in these photos/videos.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We agree to apply supply sunscreen on my child prior to attending the Early Years' service and ensure our child wears appropriate clothing that meets our Sunsmart Policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We authorise the Early Years Educator to apply a Band aid when needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We authorise the Early Years Educator to check my child's hair for head lice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We authorise my child to participate in activities that include non-toxic face paint.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We authorise my child to participate in cooking activities within the program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I/We authorise the early year's educator to apply insect repellent to my child when needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent / guardian name		
<input type="checkbox"/>	By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.	
Date:		

Child Care Subsidy – Only required for Family Day Care

Do you have a current Child Care Subsidy (CCS) assessment notice?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Customer Reference Number (CRN): Parent			
Customer Reference Number (CRN): Child			
Have any of your children attended another approved service in this financial year that you have received Child Care Subsidy for? <i>(another Family Day Care service, Child Care Centre or Out of School Hours program)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list			
Employment Status			
<input type="checkbox"/> Working more than 15 hours per week	<input type="checkbox"/> Training/studying	<input type="checkbox"/> Parent/child with a disability	<input type="checkbox"/> Volunteering more than 4 hours a week
Parent / guardian signature			
<input type="checkbox"/>	By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.		
Date:			

Doctor's details

Surgery Name		Doctor's Name	
Address			
Suburb		Postcode	
Phone		Child's Medicare No.	

Immunisations

The introduction of legislation, known as 'No Jab No Play' requires children to be fully vaccinated before they can commence at early childhood education and care services.

No Jab No pay – for further details go to www.immunise.health.gov.au

A current up to date Immunisation History Statement is required as part of the enrolment process.

The statement provides evidence of your child's completed immunisations. It is a legislative requirement for all immunisations to be current whilst your child is attending the service.

Immunisation History Statements can be requested at any time by contacting Medicare:

- Phone 1800 653 809
- Email acir@medicareaustralia.gov.au
- Website www.medicareaustralia.gov.au/online

Copy of current Immunisation History Statement attached.

Has your child had their 3 ½ year old maternal and child health check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Health and wellbeing

Has the child displayed any symptoms, or been diagnosed with:

Anaphylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>If yes, read the risk minimisation and communication plan. This section will be completed at enrolment in conjunction with an early childhood professional from your child's service.</p> <ul style="list-style-type: none"> Please ensure you bring your child's current medical management plan (less than 12mths old) provided by a medical practitioner at enrolment.
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Allergy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Skin Condition/food intolerances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>If yes, read the risk minimisation and communication plan. This section will be completed at a meeting in conjunction with an early childhood professional from your child's service.</p> <p>Type of skin condition/food intolerance:</p>

I/We authorise the Early Years' Service to display my child's medical management plan/s in the care and education room.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your child have any special requirements in relation to the following:
(If you have ticked yes to any of the special requirements listed please discuss this with your child's educator as this may require a communication plan).

Speech

Hearing.....

Behaviour.....

Sight.....

Other.....

Confidentiality – sharing of information

Do you consent to the information provided in this enrolment form to be shared with:

- Department of Education and Training and used to apply for funding
- Practitioners/Educators within the relevant Surf Coast Shire Council Early Years Services and used to support your child's learning and development

I **agree** to this information being shared

I **disagree** to this information being shared

Declaration and consent to emergency medical treatment

I, _____ (Print full name)

a person with lawful authority of the child referred to in this enrolment form.

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the Early Years' Service in the event of any change in this information;
- I understand that the Early Year's Policies are available at https://www.surfcoast.vic.gov.au/My_Community/Children/Policies
- 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;
- Authorise the service to administer and/or seek emergency medical treatment by a medical practitioner, hospital or ambulance service, and transportation of the child by an ambulance service and will reimburse any necessary expenses incurred by the Early Years' Service.

Parent / guardian name

By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.

Date:

OFFICE USE ONLY

New family

Existing family

Computer Input:

Harmony - FDC

Qikkids – OCC

Immunisation History Statement has been sighted by:

Date:

Working with Children Check checked by:

Date:

Copies required for other services

Family Day Care

Occasional care (Sport & Rec Centre)

Occasional Care (Torquay)

Occasional Care (Kurrambee Myaring)

Privacy Statement: Surf Coast Shire Council considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Privacy and Data Protection Act 2014. The information will not be disclosed to any other party unless Council is required to do so by law.

Risk Minimisation & Communication Plan

Strategies to avoid asthma/anaphylaxis/allergy triggers/other illness



This plan is to be completed by an educator on the basis of the information provided by the child's medical practitioner and with the parent/guardian.

Medical Condition:

Medication:

Where is the Medication stored:

Please note in the event that your child's medication related to this medical condition is not supplied care cannot be provided.

Please describe the signs and symptoms of the condition:

What are the triggers for the condition?

Are there any limitations of participation in any activities?

Are there any procedures in relation to the safe handling, preparation and consumption of food?

Other Health Conditions:
(if required please complete a separate plan for each condition)

Communication Plan

Individual Communication Plans are a tool to ensure the health and wellbeing of children is communicated to all staff and educators who interact with the child whilst at the education and care service.

Date/Educator	Communication	Action from Communication	Parent/Guardian
	<p>To be completed with the family before care commences:</p> <ul style="list-style-type: none"> • Confirm medical condition • Ensure action plan: <ul style="list-style-type: none"> ○ Developed within the last 12 months. ○ Has a current colour photo (FDC excluded) ○ Has been displayed <p>Risk minimisation has been discussed</p>		
<p>This risk minimisation and communication plan will be reviewed annually.</p>			<p>Next review date:</p>
<p>Signature of Parent/ guardian:</p>			<p>Date:</p>
	<p>By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.</p>		
<p>Signature of Educator:</p>			<p>Date:</p>
	<p>By ticking this box I acknowledge that I approve to use a digital box in place of a paper based signature and that I am the person named above.</p>		