

Tatura Community Cubby House Occasional Care Enrolment Form 2021 V2



1. About Your Child

Surname: _____

Given Name: _____ Preferred Name: _____

Gender: _____

Address: _____

Post Code: _____

Child's
Photo

2. Customer Reference Numbers (CRN)- MUST BE PROVIDED for Child Care Subsidy

Child's (CRN): _____ DOB: ____/____/____

Applying Parent 1 CRN: _____ DOB: ____/____/____

Parent 2 CRN: _____ DOB: ____/____/____

3. Parent / Guardian Information

Parent / Guardian 1

Title: Mr Mrs Miss Ms

Surname: _____ Given Name: _____

Address: _____

Post Code: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Employer: _____ Employer Phone: _____

Country of Birth: _____

Parent / Guardian 2

Title: Mr Mrs Miss Ms

Surname: _____ Given Name: _____

Address: _____

Post Code: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Employer: _____ Employer Phone: _____

Country of Birth: _____

4. Family Information

Names of any Siblings: _____

Have any orders been made by any court regarding your child?: Yes No *(please circle)*

If yes, please provide the following *(where applicable)*:

The Tatura Community Cubby House cannot enforce custody issues without a copy of the relevant court orders. Details of Parenting Order / Residence Order / Contact Order / Maintenance Order / Specific Issues Order:

Please attach copies of relevant court forms and documentation.

Enrolling Parent/s Initials: _____

While we are mindful of your child and family's confidentiality, there may be details we need to discuss, particularly pertaining to authorisation and permissions. Please discuss any issues that might be relevant to the day to day care of your child with the Child Care Co-ordinator.

5. Medical Information

Name of Child's Doctor: _____

Doctor's Phone No: _____

Doctor's Address: _____

Medicare No: _____ Ambulance Cover: Yes No

Name of Child's Dentist: _____

Dentist's Phone No: _____

Dentist's Address: _____

Does your child suffer from any known allergies: Yes No *(please circle)*

Does your child have an Auto Injection device (EPIPEN or ANAPEN)?: Yes No *(please circle)*

If your child has been diagnosed with Asthma / Anaphylaxis you will need to provide a **management plan** for your child which has been **signed by a medical practitioner**.

6. Immunisation Records – “No Jab, No Play”

You are required to supply us with a copy of your child's up to date immunisation records/history statement from Medicare or from your 'My Gov' account.

Children cannot attend until the Tatura Community Cubby House receives this immunisation history statement.

Name: _____

Signature: _____ Date: ____/____/____

7. Special Needs

Has your child been diagnosed with a medical condition, specific difficulties or disability? Yes No
If yes, please describe (*attach extra information if required*):

8. Medication

Does your child take any medication? Yes No

(If 'Yes' you must complete a Medication Authorisation Form)

If your child needs to be given any medication prescribed or un-prescribed, a Medication Authorisation Form must be completed in full. This is applicable to any new medications required after enrolment.

I/We hereby give consent to the **Emergency listed contact (s)** to give any medication prescribed or un-prescribed as described in the medication Authorisation Form.

Signature: _____ Date: ____/____/____

9. EMERGENCY CONTACT INFORMATION - OTHER PERSON/S AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for the child (within a 30km radius of TCC). This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child in the event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside of the service premises. Please tick the appropriate boxes for each contact to confirm authorisations. If you are unable to provide 3, please speak to the Director.

Contact 1

Name _____ Relationship to Child _____

Address _____

Phone (H) _____ (W) _____

(M) _____

- Authorised to collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
- Notification in the event of an emergency (Reg. 160(3)(b)(ii))
- Authorised to consent to Medical Treatment (Reg. 160(3)(b)(iv))
- Authorisation for administration of medication (Reg. (160(3)(b)(iv))
- Authorised to authorise an Educator to take the child outside of the premises for an excursion
(Reg. 160(3)(b)(iv)102(4))

Contact 2

Name _____ Relationship to Child _____

Address _____

Phone (H) _____ (W) _____

(M) _____

- Authorised to collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
- Notification in the event of an emergency (Reg. 160(3)(b)(ii))
- Authorised to consent to Medical Treatment (Reg. 160(3)(b)(iv))
- Authorisation for administration of medication (Reg. (160(3)(b)(iv))
- Authorised to authorise an Educator to take the child outside of the premises for an excursion
(Reg. 160(3)(b)(iv)102(4))

Contact 3

Name _____ Relationship to Child _____

Address _____

Phone (H) _____ (W) _____

(M) _____

- Authorised to collect (Authorised Nominee) (Reg.160(3)(b)(iii))
- Notification in the event of an emergency (Reg.160(3)(b)(ii))
- Authorised to consent to Medical Treatment (Reg.160(3)(b)(iv))
- Authorisation for administration of medication (Reg.(160(3)(b)(iv))
- Authorised to authorise an Educator to take the child outside of the premises for an excursion (Reg.160(3)(b)(iv)102(4))

10. Family Background

Country of Birth: _____

Is your child of Aboriginal, Torres Strait or Australian South Sea Island origin? Yes No

Is your child of a culturally or linguistically diverse background? *(Please specify)*

What is the main language spoken at home? _____

Are there any cultural or religious practices you wish to be included in the Tatura Community Cubby House routines?

Yes No

If yes, please specify:

Has your child attended a childcare setting before? Yes No

Will your child attend another childcare service while at Tatura Community Cubby House? Yes No

If 'Yes', where and how often?

11. Dietary Requirements

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?

Parental Consents

Child's Name: _____

Name of consenting Parent or Guardian:

12. Medical

- Parent/Guardians will be responsible for the full payment of any costs incurred for transportation or treatment relating to any illness or injury relating to their child whilst at Tatura Community Cubby House.
- Parent/Guardians are liable for any medical or hospital fees incurred by Tatura Community Cubby House .

Please Note: If your child becomes ill, develops a high temperature that continues to rise or is injured during the day we will contact you immediately. If you or your emergency contacts cannot be reached, and it becomes necessary to call an ambulance, an educator will accompany your child to hospital and a continued effort will be made to contact you and your emergency contacts.

I/We hereby give consent to the **Tatura Community Cubby House Co-ordinator** or his/her designated representative, to engage the services of a Doctor, Dentist or Ambulance in any emergency for my/our child.

I/We hereby give consent to the **Emergency listed contact (s)** to engage the services of a Doctor, Dentist or Ambulance in any emergency for my/our child.

If I cannot be contacted, I accept that the emergency service would be the closest hospital or doctor.

Signature: _____ Date: ____/____/____

13. Excursions

I/We hereby consent to the staff of Tatura Community Cubby House escorting my/our child on walks or local expeditions outside the boundaries of the Tatura Community Cubby House grounds on such occasions as the Child Care Co-ordinator sees fit (eg: library, community house or a walk around the block).

I/We hereby give consent to the **Emergency listed contact (s)** to escort my/our child on walks or local expeditions outside the boundaries of the Tatura Community Cubby House grounds on such occasions as the Child Care Co-ordinator sees fit (eg: library, community house or a walk around the block).

Signature: _____ Date: ____/____/____

14. Media / Photographic Consent

I/We hereby consent for the Tatura Community House to use photographs of my child/children for any lawful purpose; including for publicity, illustration, advertising and web. Yes No

Photographs of my child/children can be used on the Tatura Community House Facebook page. Yes No

Signature: _____ Date: ____/____/____

15. Consent Form and Declaration

In completing and signing this form, I/We understand and consent to the following arrangements:

- Tatura Community House Inc will collect some information about my family and my child. Most information will be provided by myself via the enrolment process. Some information may be provided by government departments or other agencies. Information collected from external sources will be checked with me to ensure it is correct.
- Some of the information collected may be health information about my child, which Tatura Community Cubby House will handle with due care. All information will be used to assist my child at Tatura Community Cubby House.
- Some information may be given to other organisations (such as government agencies), as required or authorised by law.
- During my child's attendance at Tatura Community Cubby House, I may want, or be offered, other services by Tatura Community Cubby House. If this happens, I consent to relevant information being given to other Tatura Community Cubby House educators so that they can assess my needs.
- I agree to comply with all government requirements in relation to Tatura Community Cubby House and its services.
- Fee payment is due on invoice

Declaration

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

Signature: _____ Date: ____/____/____

16. Tatura Community Cubby House - Complying Written Arrangement

Child's name: _____ Child's CRN: _____

Hours of operation/session times:

Tuesday	Wednesday	Friday
9 am – 2 pm	9 am – 2 pm	9am- 2pm
*School terms only		

Do you intend to use (please circle)

- Routine Care
- Casual Care
- Both routine and casual

Fee Schedule: \$70 per session /\$14 per hour

I acknowledge that this fee schedule may be changed in order to meet the financial viability of the centre or due to altered funding arrangements.

I/we understand and agree that:

- Child Care sessions will be provided on a casual and flexible basis to meet child and family needs.
- An invoice for out of pocket fees will be generated the week following attendance and must be paid within 5 working days.
- Fees are payable for all booked days unless cancellation is made by 2:00 pm the day prior to the booked session. Under the Child Care Subsidy there are 42 allowed absences during each calendar year.
- Failure to pay fees is a breach of the conditions of enrolment and may initiate the procedure for termination of care.
- A system of payment for late collection will apply to cover overtime payments to educators as required by regulations (See Fee policy).
- I/we must provide enrolment information to the Australian Government Department of Education and Training and the Department of Human Services (Centrelink) so that I/we can be contacted and provided with information on the Child Care Subsidy (CCS) and the Additional Child Care Subsidy (ACCS).
- I/we need to register for Child Care Subsidy and confirm enrolment with Centrelink in order to receive subsidised child care fees.
- I authorise that the CCS and ACCS be paid to the Tatura Community Cubby House.
- I/we will comply with all Government requirements in relation to this service.

Declaration

I/We have read, understood and agree to abide by the conditions of this Complying Written Arrangement. Date ____/____/____

Primary Parent/Carer: _____ Service Coordinator: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

16. Additional Payment Arrangements

Under some circumstances families will be able to enter into a special payment arrangement. This arrangement must be authorised by the manager

Payment Arrangement Details:

Declaration

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

Date ____/____/____

Primary Parent/Carer: _____ Service Coordinator: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

TCH Manager Signature: _____