



1. ABOUT YOUR CHILD

Surname:		
Given Name:		
Date of Birth:		
Gender:		
Address:		

2. CUSTOMER REFERENCE NUMBERS (CRN) – MUST BE PROVIDED FOR CHILD CARE SUBSIDY

Child's CRN:			
Applying Parent's CRN:		DOB:	
Second Parent's CRN:		DOB:	

3. PARENT/GUARDIAN INFORMATION – PARENT/GUARDIAN #1

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
Surname:			
Given Name:			
Address:			
Phone #1:		Phone #2:	
Email:			
Employer:		Employer Phone:	
Country of Birth:			

4. PARENT/GUARDIAN INFORMATION – PARENT/GUARDIAN #2

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
Surname:			
Given Name:			
Address:			
Phone #1:		Phone #2:	
Email:			
Employer:		Employer Phone:	
Country of Birth:			



Tatura Community Cubby House Enrolment Form 2023 V1

5. COURT ORDERS

Have any orders been made by any court regarding your child? If yes, please provide copies of relevant court forms and documentation.	<input type="checkbox"/> NO <input type="checkbox"/> YES
Enrolling Parent's Initials – I acknowledge this statement:	
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 Childcare Co-ordinator.	

6. MEDICAL INFORMATION, MEDICATION AND IMMUNISATION RECORD – NO JAB, NO PLAY

Child's Doctor:		Phone:	
Medicare No:		Ambulance Cover:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Does your child suffer from any allergies?			<input type="checkbox"/> NO <input type="checkbox"/> YES
Does your child have an Auto Injection Device (EPIPEN or ANAPEN)?			<input type="checkbox"/> NO <input type="checkbox"/> YES
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.			
MEDICATION			
If your child needs to be given any medication prescribed or un-prescribed by Cubby staff, a Medication Authorisation Form must be completed in full. This is applicable to any new medications required after enrolment			
Enrolling Parent's Initials – I acknowledge this statement:			
IMMUNISATION – NO JAB, NO PLAY			
You are required to supply us with a copy of your child's up-to-date immunisation history statement (available through your MyGov account or directly from Centrelink). Please attach a physical copy to this enrolment form or send electronically to cubby@tatcom.com.au .			
Enrolling Parent's Initials – I acknowledge this statement:			

7. SPECIAL NEEDS

Has your child been diagnosed with a medical condition, specific difficulties or disability?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please describe and attach extra information if required:	



8. EMERGENCY CONTACT INFORMATION – NOT PARENTS/GUARDIANS ALREADY NAMED IN SECTIONS 3./4.

Please list below the details of those people who you have authorised as emergency contacts for the child (within a 30 km radius of Tatura). 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 a staff member 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 childcare co-ordinator.

Emergency Contact #1 – NOT PARENT/GUARDIAN

Name:			
Relationship to child:			
Address:			
Phone #1:		Phone #2:	
<input type="checkbox"/>	Authorised to collect (Authorised Nominee)		<i>Reg. 108 (2) (b) (iii)</i>
<input type="checkbox"/>	Notification in the event of an emergency		<i>Reg. 108 (2) (b) (ii)</i>
<input type="checkbox"/>	Authorised to consent to medical treatment		<i>Reg. 108 (2) (b) (iv)</i>
<input type="checkbox"/>	Authorised to authorise administration of medication		<i>Reg. 108 (2) (b) (iv)</i>
<input type="checkbox"/>	Authorised to authorise an educator to take the child outside of the premises		<i>Reg. 108 (2) (b) (v), 71</i>

Emergency Contact #2 – NOT PARENT/GUARDIAN

Name:			
Relationship to child:			
Address:			
Phone #1:		Phone #2:	
<input type="checkbox"/>	Authorised to collect (Authorised Nominee)		<i>Reg. 108 (2) (b) (iii)</i>
<input type="checkbox"/>	Notification in the event of an emergency		<i>Reg. 108 (2) (b) (ii)</i>
<input type="checkbox"/>	Authorised to consent to medical treatment		<i>Reg. 108 (2) (b) (iv)</i>
<input type="checkbox"/>	Authorised to authorise administration of medication		<i>Reg. 108 (2) (b) (iv)</i>
<input type="checkbox"/>	Authorised to authorise an educator to take the child outside of the premises		<i>Reg. 108 (2) (b) (v), 71</i>

Emergency Contact #3 – NOT PARENT/GUARDIAN

Name:			
Relationship to child:			
Address:			
Phone #1:		Phone #2:	
<input type="checkbox"/>	Authorised to collect (Authorised Nominee)		<i>Reg. 108 (2) (b) (iii)</i>
<input type="checkbox"/>	Notification in the event of an emergency		<i>Reg. 108 (2) (b) (ii)</i>
<input type="checkbox"/>	Authorised to consent to medical treatment		<i>Reg. 108 (2) (b) (iv)</i>
<input type="checkbox"/>	Authorised to authorise administration of medication		<i>Reg. 108 (2) (b) (iv)</i>
<input type="checkbox"/>	Authorised to authorise an educator to take the child outside of the premises		<i>Reg. 108 (2) (b) (v), 71</i>



9. FAMILY BACKGROUND

Name/s of Sibling/s:			
Country of Birth:			
Is your child Aboriginal <input type="checkbox"/> , Torres Strait <input type="checkbox"/> or Australian South Sea Island <input type="checkbox"/> origin?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Is your child of a culturally or linguistically diverse background?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
If yes, please specify:			
Languages at Home:			
Are there any cultural or religious practices you wish to be included in the childcare routines?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
If yes, please specify:			

10. DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, please specify:		

11. MEDICAL – INFORMATION FOR PARENTS/GUARDIANS

<ul style="list-style-type: none"> Parents/guardians will be responsible for the full payment of any costs incurred for transportation or treatment relating to any illness or injury of their child whilst at Tatura Community Cubby House. Parents/Guardians are liable for any medical or hospital fees incurred by Tatura Community Cubby House. 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/or follow the guidance of emergency services and a continued effort will be made to contact you and your emergency contacts. <p>I/we hereby give consent to the Tatura Community Cubby House Co-ordinator or their designated representative, to engage emergency services (e.g. ambulance, doctor) in any emergency for my/our child.</p>		
<table border="1"> <tr> <td style="background-color: #00FFFF;">Date and Signature:</td> <td></td> </tr> </table>	Date and Signature:	
Date and Signature:		



12. REGULAR EXCURSIONS

I/We hereby consent to the staff of Tatura Community Cubby House to escorting my/our child on regular visits to the Tatura Library which is located in the same building as the Tatura Community Cubby House. I/We understand that the children will be supervised at all times while complying with staff/child ratio regulations.

Date and Signature:

13. MEDIA/PHOTOGRAPHIC CONSENT

If I/we give consent for Tatura Community Cubby House and Tatura Community House to photograph my/our child and use those photographs for promotional purposes, we acknowledge that:

- any and all copyright and other rights to any photographs of my/our child shall be owned by Tatura Community Cubby House.
- Tatura Community Cubby House does not need to submit any material to me for approval before publication.
- Tatura Community Cubby House will only use photographs of my/our child for lawful purposes.
- That I/we am/are the parent/guardian of the child and have authority to grant the above consents.

I hereby give consent to use my/our child's photographs for Tatura Community House and Tatura Community Cubby House

Website NO YES

Facebook NO YES

Printed promotion (e.g. flyers, newsletters, editorials, newspaper) NO YES

Any other promotional purposes NO YES

Date and Signature:

14. CONSENT FORM AND DECLARATION

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

- Tatura Community House will collect information about my family and my child. Information collected from external sources will be checked with me/us to ensure it is correct.
- All information will be handled confidentially and only to assist the care of my/our child.
- Some information may be given to other organisations (such as government agencies), as required or authorised by law.
- I agree to comply with all government requirements in relation to Tatura Community Cubby House and its services.
- Fee payment is due on invoice.

Date and Signature:



15. TATURA COMMUNITY CUBBY HOUSE – COMPLYING WRITTEN BOOKING & FEE ARRANGEMENT

TERM BOOKING

I/we would like to book childcare for the following days for my/our child:

- Tuesday 9:00am to 2:00pm
- Wednesday 9:00am to 2:00pm
- Thursday 9:00am to 2:00pm
- Friday 9:00am to 2:00pm

The fee for each 5-hour-session is \$70,00. I/We acknowledge that this fee schedule may be changed in order to meet the financial viability of the centre or due to altered funding arrangements.

DECLARATION

I/we understand and agree that:

- Payment for childcare will be invoiced weekly after the service has been provided.
- Fees are required to be paid within 7 days issue of invoice.
- **The Cubby child care fees apply to every booked day for the term, regardless of non-attendance** (sick days and holidays are to be paid). Fees are not payable for public holidays or when the centre is closed for school holidays, due to staff shortage or for professional development days.
- Parents/guardians receive Child Care Subsidy for absences for up to 42 days per financial 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

I/we have read, understood and agree to abide by the conditions of this Complying Written Booking & Fee Arrangement.

Print Name:

Date and Signature: