



# Enrolment Application

Shoalhaven Family Day Care

Shoalhaven Family Day Care 4/80 Park Rd (P.O Box 42) Nowra, 2541

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Date: .....

## 1 Applicant - Child Details

Given Name: ..... Surname: .....

Gender: Male/Female/Non-binary/Other..... DOB: ..... Place/Country of Birth: .....

Birth certificate sighted by staff member..... (Initial)

Address: ..... Suburb: ..... Postcode: .....

Is the child of Aboriginal or Torres Strait Islander descent? Yes/No .....

Cultural background of child: .....

Are there any Religious or Cultural requirements? Yes/No

If yes, provide details: .....

Description of the child's living situation: .....

Language used in the child's home..... Primary language spoken by the child (if applicable): .....

Child's CRN: .....

## 2 Parent/Guardian Details 1 – This is the person Claiming Child Care Subsidy (CCS)

First name: ..... Surname: ..... D.O.B: .....

Previous names or other names known by: .....

What are your preferred gender pronouns? .....

Address: ..... Suburb: ..... Postcode: .....

Phone: ..... Mobile: ..... Work phone number: .....

Email address for information from service: .....

Occupation: ..... Full time /Part time /Casual

Place of Work/Study: .....

Cultural background: .....

Country of Birth: .....

Primary language spoken at home: .....

CRN: .....

**Current copies of any court orders, parenting orders or parenting plans in relation to the child must be provided to Family Day Care. Any additional orders relating to the child's residence or contact with a parent or other person must also be provided.**

*Privacy Notification: The information will be used solely by Council staff for the purpose mentioned or a directly related purpose. The applicant understands that this information is provided on voluntary basis and they may apply to Council for access or amendment of the information at any time.*

**This form may be published on Council's website in accordance with Government Information (Public Access) Act 2009**

### OFFICE USE ONLY

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## Parent/Guardian Details 2

First name: ..... Surname: ..... D.O.B: .....

Previous names or other names known by: .....

What are your preferred gender pronouns? .....

Address: ..... Suburb: ..... Postcode: .....

Phone: ..... Mobile: ..... Work phone number: .....

Email address for information from service: .....

Occupation: ..... Full time /Part time /Casual .....

Place of Work/Study: .....

Cultural background: .....

Country of Birth: .....

Primary language spoken at home: .....

CRN: .....

## 3 Medical Information

### Child's Medical Practitioner/Medical Service

Dr's Name: ..... Medical Service: .....

Address: ..... Suburb: ..... Postcode: .....

Phone: .....

Please detail if you give permission for a child over preschool age to self-administer medication e.g. asthma, anaphylaxis, diabetes Yes/No ..... Signature: .....

Details of any specific healthcare needs of the child, including any medical condition: .....

Details of any allergies, including whether the child has been diagnosed at risk of anaphylaxis/asthma: .....

Has your child been diagnosed with diabetes? .....

Details of any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy: .....

Staff/Educator has sighted child health records relating to the above: Yes / No

Staff/Educator has given parent/Guardian copy of relevant health policy: Yes / No

Details of any dietary requirements or restrictions for the child: .....

Childs Medicare number:

Are you a member of a health fund? Yes/No .....

Health Fund name: .....

Are there any special considerations/additional needs of your child we should know about? Yes/No

If yes, please give details: .....

Is your child immunised? Yes / No

Staff copy immunisation? Yes / No

## 4 Emergency Contacts and Authorisations

Should an emergency arise necessitating medical or dental attention for my child from a registered practitioner, hospital or ambulance service, I give permission for this to be obtained.

Should an emergency arise necessitating transportation for my child by an ambulance service, I give permission for this to be obtained and **agree that I shall be responsible for the cost of any medical treatment, including ambulance call out.**

Parent/Guardian Signature & Date: .....

Should my child become ill with a temperature over 38.5 °C and the temperature cannot be brought down by other cooling methods, and the educator believes the child needs paracetamol to ease their obvious discomfort or the risk of a febrile convulsion whilst waiting to be collected, I understand this will be considered an emergency, and authorisation may be given verbally by a parent, or a person named in this enrolment record as authorised to consent to administration of medication; or a registered medical practitioner or an emergency service.

Parent/Guardian Signature & Date: .....

In the event of an emergency, we will attempt to contact parents/guardians as listed above. If the parent/guardians cannot be contact immediately we need to know the names and details of any person who is to be notified of an emergency involving the child. We also need to know:

- any person who is an authorised nominee (this means a person who has been given permission by a parent/guardian to collect the child from the family day care service)
- any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child
- any person who is authorised to authorise an educator to take the child outside the education and care service premises
- any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child.

All emergency contacts/authorised nominees must be over 16 years of age. At least one emergency contact is required.

### Authorised nominee 1 (other than parent/guardian)

Full name: .....

Address: ..... Suburb: ..... Postcode: .....

Home/Work Phone: ..... Mobile: .....

Email: .....

Relationship to Child: .....

This person:

- should be notified in an emergency if parent/guardian is not immediately contactable      yes / no
- is authorised to collect my child from care      yes / no
- is authorised to consent to medical treatment of my child from a registered medical practitioner, hospital or ambulance service      yes / no
- is authorised to authorise the administration of or consent to the administration of medication to my child      yes / no
- is authorised to give consent for my child to be taken on excursions      yes / no
- is authorised to authorise the service to transport the child or arrange transportation of the child      yes / no

**Authorised nominee 2 (other than parent/guardian)**

Full name: .....

Address: ..... Suburb: ..... Postcode: .....

Home/Work Phone: ..... Mobile: .....

Email: .....

Relationship to Child: .....

This person:

- should be notified in an emergency if parent/guardian is not immediately contactable      yes / no
- is authorised to collect my child from care      yes / no
- is authorised to consent to medical treatment of my child from a registered medical practitioner, hospital or ambulance service      yes / no
- is authorised to authorise the administration of or consent to the administration of medication to my child      yes / no
- is authorised to give consent for my child to be taken on excursions      yes / no
- is authorised to authorise the service to transport the child or arrange transportation of the child      yes / no

**Authorised nominee 3 (other than parent/guardian)**

Full name: .....

Address: ..... Suburb: ..... Postcode: .....

Home/Work Phone: ..... Mobile: .....

Email: .....

Relationship to Child: .....

This person:

- should be notified in an emergency if parent/guardian is not immediately contactable      yes / no
- is authorised to collect my child from care      yes / no
- is authorised to consent to medical treatment of my child from a registered medical practitioner, hospital or ambulance service      yes / no
- is authorised to authorise the administration of or consent to the administration of medication to my child      yes / no
- is authorised to give consent for my child to be taken on excursions      yes / no
- is authorised to authorise the service to transport the child or arrange transportation of the child      yes / no

## 5 Health information

Do you have any concerns relating to your child's development? Yes / No

If yes, please provide details: .....

Are you currently using any Additional Needs or Early Intervention Services for your child? Yes / No

If yes, please provide details: .....

I give permission for Shoalhaven Family Day Care to network with these services: Yes / No

### Permission to apply Nappy Creams

I, ..... give permission for the regular, or back up, Educator to apply any nappy cream or lotion that I provide. The cream or lotion is to be applied at nappy change when required. Any cream or lotion that I provide is to be administered according to manufacturer's / doctor's directions.

Signed: ..... Date: .....

### Permission to apply Sunscreen

I, ..... give permission for the regular, or back up, Educator to apply 30+ sunscreen to my child.

Signed: ..... Date: .....

**EITHER:** I give permission for the regular, or back up, Educator to apply any brand of sunscreen

Either:  
Signed: ..... Date: .....

**OR:** I give permission for the regular, or back up, Educator to apply (please name brand) .....

Or:  
Signed: ..... Date: .....

I agree to ensure that the regular, or back up, Educator is supplied with this sunscreen as necessary

Signed: ..... Date: .....

### Permission to apply Teething Gels

I, ..... give permission for the regular, or back up, Educator to apply teething gel which I will supply. I understand the gel will be administered in accordance with the manufacturer's directions.

Signed: ..... Date: .....

## 6 Acknowledgements

### Excursions

I acknowledge that sometimes children are taken on regular excursions or outings eg to playsessions or to the park, library or community events. Excursions may be accessed by walking or private or public transportation. Details will be provided by the educator and written authorisation must be provided on a separate authorisation form.

Signed: ..... Date: .....

### Child Safety

I acknowledge that Shoalhaven Family Day Care is a child safe organisation, committed to creating cultures, adopting strategies, and acting to put the interests of children first, to keep them safe from harm.

I acknowledge that all staff and educators at Shoalhaven Family Day Care are mandatory reporters. I understand that it is a legal requirement for staff and educators to report suspected cases of child abuse and neglect.

I understand reports are required to be made in situations where a child discloses abuse or neglect or, a staff/educator believes that the child is at risk of harm.

I understand that if I have concerns about children's safety and wellbeing I should advise the Coordination Unit. I acknowledge that if I submit a concern or complaint that alleges a child's health, safety or wellbeing has been compromised or that the National Law or Regulations have been contravened, the Service is required to notify the Regulatory Authority within 24 hours, regardless of whether or not I have requested further action or information about the incident or complaint.

I understand that staff and educators can share information between 'prescribed bodies' (government agencies and non-government organisations) relating to a child or young person's safety, welfare or wellbeing.

Signed: ..... Date: .....

### Protection of Personal Information

I understand that Personal information is defined in the Privacy Act 1988 (Cth) and includes any information about an identified individual such as their home address, email address, telephone number, date of birth, medical records, bank account details, and tax file number.

Under the National Regulations, written consent is needed for any personal information to be disclosed to a parent of the child, other than the parent who has provided the information.

#### **I consent for any personal information contained in the following documents:**

- documentation of child assessments or evaluations for delivery of educational programs
- an incident, injury, trauma and illness record
- a medication record
- a children's attendance record, or
- a child's enrolment record

**to be disclosed to Parent/Guardian named here** ..... Yes / No

Signed: ..... Date: .....

**Consent may be withdrawn at any time after it has been given. Withdrawal of consent must be in writing.**

**Remember if non-consent relates to court orders, parenting orders or parenting plans these documents must be provided to Shoalhaven Family Day Care.**

## 7 Child Care Subsidy (CCS)

The cost of child care can be reduced by applying for Child Care Subsidy.

Please ask staff for information.

### Parent Statement

Do you have a child attending this service who is also attending another approved Child Care Service? Yes/No

Does the child attending this service have a sibling who is attending another approved Child Care Service? Yes/No

Are you related to any Educator with Shoalhaven Family Day Care? Yes/No

If yes, please name .....

My preferred method for the Co-ordination Unit to contact me is *(please number, with 1 being the preferred method)*

Home phone number      Work phone number      Mobile phone number      Written correspondence      Email

### 1. Parent/Guardian Signature & Date

Name: .....

Signed: ..... Date: .....

### 2. Parent/Guardian Signature & Date

Name: .....

Signed: ..... Date: .....

Are you or your partner a Family Day Care Educator?      Yes      No

I will contact Shoalhaven Family Day Care if myself or my partner become an educator with any Family Day Care Service.

I have read the above legislative requirement

Signed: ..... Date: .....