



## FAMILY DAY CARE ENROLMENT FORM

<http://www.mildura.vic.gov.au/familydaycare>

A parent who has 'parental responsibility' in relation to the child must complete this form. A brief explanation of this responsibility is found at the end of this form. The licensed Children's Services must collect the child's enrolment information in this form, as required by the Education and Care Services Regulations 2011.

PLEASE FILL OUT ALL SHADED AREAS AS THESE ARE REQUIRED FIELDS.  
PLEASE DO NOT USE TERMS SUCH AS "NOT APPLICABLE", "N/A", "AS ABOVE"

Child's Given Names		Child's Surname	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Medicare Care Number		Child's Number on card	
Address (Street No)		(Street Name)	
Suburb		State	Postcode
Child's Country of Birth			
Child's Cultural Background e.g. Australian, Turkish, Italian etc.		Language Spoken at Home	
Aboriginal descent?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)		
Torres Strait Islander descent?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)		

### Childcare Subsidy

Childs CRN	
Parents CRN	
Parent's name connected with CCS	
Are you claiming Child Care Subsidy?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
Does your child attend another Childcare service?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
If Yes, how many hours of CCS are allocated to this other service?	

What is your main reason for using the service?

Required start date


## Child's Medical and Health Information

Medical Practitioner or Service		Phone	
Address (Street No.)	(Street Name)		
Suburb		State	Postcode

  

Dentist or Service		Phone	
Address (Street No.)	(Street Name)		
Suburb		State	Postcode

Are you linked with NDIS? Yes ☐ / No ☐ (Please tick)

**IMPORTANT: Please complete all sections below and supply a management plan if applicable. No care will commence if child is at risk until management plan has been received and risk assessment has been completed by the service.**

Does your child have any <b>Diagnosed Ongoing or Acute Medical Conditions? e.g. Asthma, Diabetes, Epilepsy</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
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If **yes** please provide details of any medical condition and attach a **medical management plan signed by your child's medical practitioner** (asthma requires a current coloured photo of your child) to be followed in respect to the medical condition. This will need to be updated by your doctor as any changes occur and will need to have: **details of diagnosed health care need and severity, any medication to be required to give in an emergency, response to take if child does not respond to initial treatment and when to call an ambulance.**

*Please provide details of diagnosed health care need and severity:*

Date service was notified by parent of medical condition:  
Date Management Plan was received:

Date risk assessment completed:  
Date Update Due:

Does your child take any <b>medications?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
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If **yes** please provide details of any medications and attach a **medical management procedure** to be followed in respect to the medication.

Date service was notified by parent of medication/s:  
Date Management Procedure was received:

Date risk assessment completed:  
Date Update Due:

Does your child have a <b>Sensitivity?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
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If **yes** please provide details of any sensitivity and any **management procedures** to be followed in respect to the sensitivity. (e.g. sensitive to a product but not diagnosed as a medical condition)

Date service was notified by parent of Sensitivity:  
Date Management Procedure was received:

Date risk assessment completed:  
Date Update Due:

Does your child have any **Dietary Restrictions**?

Yes ☐ / No ☐ (Please tick)

If **yes** please provide details of any dietary restrictions and attach a **management procedure** to be followed in respect to the dietary restriction.

Date service was notified by parent of dietary restriction:

Date Management Procedure was received:

Date risk assessment completed:

Date Update Due:

Does your child have an **Allergy**?

Yes ☐ / No ☐ (Please tick)

If **yes** please provide details of any allergy and attach a **medical management plan signed by your child's medical practitioner** to be followed in respect to the allergy and will need to have: **details of diagnosed health care need and severity, any medication to be required to give in an emergency, response to take if child does not respond to initial treatment and when to call an ambulance.**

This will need to be updated by your doctor or as any changes occur.

Date service was notified by parent of allergy:

Date Management Plan was received:

Date risk assessment completed:

Date Update Due:

Has your child been diagnosed at risk of **Anaphylaxis**?

Yes ☐ / No ☐ (Please tick)

Does your child have an auto injection device? (e.g. EpiPen) Yes ☐ / No ☐ (Please tick)

If **yes** please provide details of anaphylaxis and attach a **medical management plan signed by your child's medical practitioner** with a current coloured photo of your child to be followed in respect to the medical condition.

Date service was notified by parent of anaphylaxis:

Date Management Plan was received:

Date risk assessment completed:

Date Update Due:

Does your child have a **Disability/Additional Needs**?

Yes ☐ / No ☐ (Please tick)

If **yes** please provide details of any special needs/disability and any **management procedures** to be followed in respect to the disability/special need. (e.g. Down Syndrome, Behavioural issues, Speech delay, Autism etc.)

Date service was notified by parent of Disability/Additional Need:

Date Management Procedure was received:

Date risk assessment completed:

Date Update Due:

Is there any **other information** the service should know about the child? E.g. Cultural/Religious practices, Early Intervention service, excessive fears. etc.

Yes ☐ / No ☐ (Please tick)

Does the child have a need for additional assistance in any of the following areas, compared to children of a similar age, which is related to an underlying long term (lasting more than 6 months) health condition or disability?

- **Learning and applying knowledge, education**
- **Communication**
- **Mobility**
- **Self-Care**
- **Interpersonal interactions and relationships**
- **Other-including general tasks, domestic life, community and social life**

(Please tick)

Yes ☐ / No ☐  
Yes ☐ / No ☐  
Yes ☐ / No ☐  
Yes ☐ / No ☐  
Yes ☐ / No ☐  
Yes ☐ / No ☐

Date service was notified by parent of disability/additional needs:

Children with special needs are those from the priority groups listed below.

(Please tick)

Please advise if you fall within this category

- **Children from culturally and linguistically diverse backgrounds**
- **Children with a refugee background who have been subjected to trauma**
- **Indigenous children**
- **The child's place has been sought by a state or territory child protection worker**
- **The child is in the care of the state, or other forms of out of home care**

Yes ☐ / No ☐  
Yes ☐ / No ☐  
Yes ☐ / No ☐  
Yes ☐ / No ☐  
Yes ☐ / No ☐

Date service was notified by parent of special needs:

## Court Orders Relating To Your Child

Are there any court orders, parenting orders and/or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child?

Yes ☐ / No ☐

Are there any court orders, parenting orders and/or parenting plans in relation to the child's residence or the child's contact with a parent or other person?

Yes ☐ / No ☐

If No – go to next section.

**If Yes for either – please complete the following:**

Details of orders/plans

**Please bring the original court order/s for Service to copy and attach to this enrolment form.**

Date received by service		Parents Name		Staff Receiving Name	
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If these orders/plans: a) change the powers of a parent to:

- Authorise the taking of the child outside the service by a staff member of the service;
- Consent to the medical treatment of your child;
- Request or permit the administration of medication to the child;
- Collect the child from the service;

b) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

**Child's Immunisation Record**

Is your child up to date with the recommended immunisation schedule for the child's age? Yes ☐/ No ☐ (Please tick)

Is your child on a catch up schedule for vaccinations? Yes ☐/ No ☐ (Please tick)

Has your child got a medical reason not to be vaccinated?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
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Date Copy Received:

There are next due immunisations on my child's statement.	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
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**Note: If you are experiencing difficulties accessing immunisation services and documentation, please ask if you**

*Office Use Only*

Office Use Only				
Childs Name	Key Date 1	Key Date 2	Key Date 3	Enrolment
	First date child will attend service	Date 2 months prior to child first attending service	Date of next immunisation	Is key date 3 after key date 2?
				Yes <input type="checkbox"/> – Enrolment can be confirmed No <input type="checkbox"/> – Do not confirm enrolment

Yes ☐ / No ☐

Yes ☐ / No ☐

**If yes:** Date child will first attend the service

Maternal Child Health Information	
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Are you attending regular Maternal & Child Health visits with your child? Yes ☐/ No ☐ (Please tick)

Does your child have a health record? Yes ☐/ No ☐ (Please tick)

Sighted by: \_\_\_\_\_ Position: \_\_\_\_\_ Date sighted: \_\_\_\_\_

Date sighted:

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8 weeks	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
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<b>8 weeks</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
<b>4 months</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
<b>8 months</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
<b>12 months</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
<b>18 months</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
<b>2 years</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)
<b>3.5 years</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)

I would like to be contacted regarding an appointment? Yes ☐ / No ☐ (Please tick)

Name of Maternal Child Health centre your child attends?

## Booking Requirements

Full Time ☐      Part Time ☐      Roster ☐      Casual/ on call ☐

### DAYS AND TIMES OF CARE REQUIRED

Monday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Tuesday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Wednesday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Thursday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Friday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Saturday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Sunday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>

### KINDER CHILD

**Is your child at Kinder:** Yes ☐ / No ☐

**Name of Kinder your child attends:**

#### Days and times your child attends kinder

Monday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Tuesday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Wednesday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Thursday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>
Friday <input type="checkbox"/>	am <input type="checkbox"/> /pm <input type="checkbox"/>	to	am <input type="checkbox"/> /pm <input type="checkbox"/>

Kinder drop off/pick up required      Yes ☐ / No ☐

Kinder child: Educator to be available      Yes ☐ / No ☐

### SCHOOL CHILD

**Is your child at School:** Yes ☐ / No ☐

**Name of School your child attends:**

School drop off/pick up required      Yes ☐ / No ☐

My child requires care on pupil free days      Yes ☐ / No ☐

#### My child requires school holiday care as below

<b>School holiday care:</b>	Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>  am <input type="checkbox"/> /pm <input type="checkbox"/> to      am <input type="checkbox"/> /pm <input type="checkbox"/>
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## Parent Information

### 1<sup>st</sup> Parent Details

Given Names		Surname		Date of Birth	
Address (Street No.)		(Street Name)			
Suburb		State		Postcode	
Postal Address (if different to above)					
Phone (H)		Mobile			
Email Address					
Occupation 1		Workplace Name			
Work Address (Street No)		(Street Name)			
Suburb		Postcode		Phone (W)	
Occupation 2		Workplace Name			
Work Address (Street No)		(Street Name)			
Suburb		Postcode		Phone (W)	
County of Birth		Language Spoken at Home			
Aboriginal descent?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)	Cultural Background e.g. Australian, Turkish, Italian etc.			
Torres Strait Islander descent?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)				
Are you a Family Day Care Educator?			Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)		
What is your relationship to the child?					

## 2<sup>nd</sup> Parent Details

Given Names		Surname		Date of Birth	
Address (Street No.)		(Street Name)			
Suburb		State		Postcode	
Postal Address (if different to above)					
Phone (H)		Mobile			
Email Address					
Occupation 1		Workplace			
Work Address (Street No)		(Street Name)			
Suburb		Postcode		Phone (W)	
Occupation 2		Workplace Name			
Work Address (Street No)		(Street Name)			
Suburb		Postcode		Phone (W)	
County of Birth		Language Spoken at Home			
Aboriginal descent?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)	Cultural Background e.g. Australian, Turkish, Italian etc.			
Torres Strait Islander descent?	Yes <input type="checkbox"/> / No <input type="checkbox"/> (Please tick)				
Are you a Family Day Care Educator?			Yes <input type="checkbox"/> /No <input type="checkbox"/> (Please tick)		
What is your relationship to the child?					



## Authorised Nominee – Other persons to be notified and/or collection of child/ren.

There may be times when your child has an accident, injury, trauma or illness and you cannot be contacted or are unable to collect your child due to other commitments.

Your permission is required for other people to collect your child/ren from the Educator on your behalf.

Please indicate if people listed can drop off and collect your child/ren.

The Service must be able to notify one of your authorised Nominees to collect your child.

If your child/ren are not collected and you cannot be contacted, this list will be used to arrange someone to collect your child/ren.

This list may be added to or changed throughout the year. Please note:

1. A minimum of one (1) nominee must be provided, more than one is preferred.
2. Your child will not be allowed to leave with any person not on this list.
3. The people on this list may be required to produce photo identification such as a drivers licence.
4. People on this list must be aged **18 years** and older.
5. Email addresses are required to send your Authorised Nominee a Pin to sign your child in and out of care.

### Authorised Nominee One

### Authorised Nominee Two

Name		Name	
Address		Address	
Phone (H)	(W)	Phone (H)	(W)
Mobile		Mobile	
Email		Email	
Relationship to your child		Relationship to your child	
Authorised to collect the child from the service.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Authorised to collect the child from the service.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Authorised to consent to the administration of medication.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Authorised to consent to the administration of medication.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Authorised to consent to medical treatment for the child.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Authorised to consent to medical treatment for the child.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Authorised to consent for an educator to take the child outside the service premises for excursions or regular outings.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Authorised to consent an educator to take the child outside the service premises for excursions or regular outings.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Is able to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Is able to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator or by other transportation as arranged by the educator?	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator or by other transportation as arranged by the educator?	Yes <input type="checkbox"/> /No <input type="checkbox"/>

## Authorised Nominee – Other persons to be notified and/or collection of child/ren. Continued:

### Authorised Nominee Three

### Authorised Nominee Four

Name		Name	
Address		Address	
Phone (H)	(W)	Phone (H)	(W)
Mobile		Mobile	
Email		Email	
Relationship to your child		Relationship to your child	
Authorised to collect the child from the service.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Authorised to collect the child from the service.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Authorised to consent to the administration of medication.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Authorised to consent to the administration of medication.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Authorised to consent to medical treatment for the child.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Authorised to consent to medical treatment for the child.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Authorised to consent an educator to take the child outside the service premises for excursions or regular outings.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Authorised to consent an educator to take the child outside the service premises for excursions or regular outings.	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Is able to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Is able to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator or by other transportation as arranged by the educator?	Yes <input type="checkbox"/> /No <input type="checkbox"/>	Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator or by other transportation as arranged by the educator?	Yes <input type="checkbox"/> /No <input type="checkbox"/>

## General Consent

	<i>Please Tick</i>
I give permission for Educators to apply sunscreen on my child,( <b>if No</b> , this will go against current recommended SunSmart practices and the Mildura Rural City Council Family Day Care Sun Protection Policy OP-053. If this is the case an alternate procedure for protecting your child from the sun must be documented in consultation with your educator)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I agree to provide an updated immunisation statement for my child, each time he/she receives an immunisation	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I give permission for Educators to administer non-prescription nappy cream/balms on my child when required.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I give permission for Educators to administer insect repellent on my child when required.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I give permission for a qualified member of the coordination unit staff to care for my child, in emergency situations, in the absence of the family day care educator.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I give permission for Educators to check my child for head lice to assist in preventing them from spreading. I understand that if identified, I will be asked to collect my child and commence treatment.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I give permission for my child to be photographed or filmed which may be used outside the service for promotional purposes.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I understand my child may appear in another child's group learning photos which may be sent home at the end of the year. I give permission for this to occur	Yes <input type="checkbox"/> / No <input type="checkbox"/>
I am aware that staff keep developmental records (learning stories) on my child and that I am able to access records in accordance with Council Policy.	Yes <input type="checkbox"/>
I am aware there is a curriculum plan of activities for children	Yes <input type="checkbox"/>
I understand that if this service has no available vacancies and I have a 3 <sup>rd</sup> priority placement at the service, I may be asked to vacate my position to enable a higher priority person access to the service. I understand that under these circumstances, I must be given two (2) weeks' notice to vacating my position.	Yes <input type="checkbox"/>
I agree to notify my educator if my child is going to be absent from care.	Yes <input type="checkbox"/>
I agree to provide a copy of my child's Birth Certificate	Yes <input type="checkbox"/>
I give authorisation for my child to be transported in a vehicle by the Educator or by other transportation as arranged by the Educator.	Yes <input type="checkbox"/> / No <input type="checkbox"/>

## Declaration and Consent to Emergency Medical Treatment

	<i>Please Tick</i>
I give permission for the service to seek <ul style="list-style-type: none"> <li>• medical treatment for the child from a registered medical practitioner, hospital, dental or ambulance service; and</li> <li>• transportation of the child by an ambulance service in the case of an emergency</li> </ul> I understand that I/we pay for any cost incurred. Council is not held responsible for any costs incurred.	Yes <input type="checkbox"/>
I agree to collect, or make arrangements for the collection of, my child if they become unwell/injured when at attending the service.	Yes <input type="checkbox"/>
I agree to notify the educator or service in the event of my child having an infectious illness.	Yes <input type="checkbox"/>
I agree to provide a doctor's clearance for my child to return to the service after and infectious illness when requested by the educator or the Coordination Unit.	Yes <input type="checkbox"/>
I agree to notify the service of any changes to the contact information of parents or authorised nominees to ensure my child's record remains up to date and complies with Education and Care Law.	Yes <input type="checkbox"/>
I accept that the service has a duty of care in the event that I the person collecting the child attend the service under the influence of alcohol or drugs and that an alternate person is required to collect and/or transport my child.	Yes <input type="checkbox"/>

I have read and understood Mildura Rural City Council Family Day Care Enrolment Handbook and I agree to comply with all requirements within	Yes <input type="checkbox"/>
I declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information.	Yes <input type="checkbox"/>
I have attached all relevant medical management plans.	Yes <input type="checkbox"/> / N/A <input type="checkbox"/>

## Fees and Charges

	<b>Please Tick</b>
I understand I must contact Services Australia (Centrelink) to ensure I am registered for Childcare Subsidy (CCS).	Yes <input type="checkbox"/>
I understand I must pay my part of the fee to be entitled to Childcare Subsidy (CCS).	Yes <input type="checkbox"/>
I understand that for booked hours normal fees and charges apply for any absences and Public Holidays according to each educator's fee schedule.	Yes <input type="checkbox"/>
I understand that two (2) weeks' notice must be given to the educator and Co-ordination Unit for cancelling care, and that I must attend on the first and last day for Child Care Subsidy to be paid.	Yes <input type="checkbox"/>
I understand that two (2) weeks' notice must be given to the educator and Co-ordination Unit for cancelling any booked days of care for Child Care Subsidy to be paid.	Yes <input type="checkbox"/>
I agree to pay fees in accordance with the Fee Policy and regardless of whether the Commonwealth provides fee assistance (Child Care Subsidy)	Yes <input type="checkbox"/>
I understand that the service reserves the right to suspend care in the instance of my fees being four (4) weeks or more overdue and I have made no plan with the educator to resolve any outstanding debt.	Yes <input type="checkbox"/>

## Permission to Release /Obtain Information

I understand it is sometimes required for the Co-ordination Unit and Educators to communicate with relevant professionals regarding my child. This will improve the ability to meet the needs of my child.	Yes <input type="checkbox"/>
I give permission for my Educator or Co-ordination Unit Staff to release or obtain information regarding my child, who is under my guardianship.	Yes <input type="checkbox"/>

Person/s or organisations/s we wish to share information with or obtain information from:

- Principals/Prep Co-ordinators of Sunraysia District Primary Schools. This may also include Primary Schools outside our district.
- Educational Leaders/Educators and Co-ordination Unit Staff of all Sunraysia & district Kindergartens and Child Care facilities. This may also include services outside our district.
- Professionals such as Medical Practitioners, Counsellors, Psychologists, Ambulance Paramedics and Maternal Child and Health Nurses.
- Specialist Services such as Preschool Field Officer (PSFO), Koorie Preschool Assistant (KPSA), Speech Therapists, Physiotherapist, Occupational Therapist, Social Welfare Counsellors, Child Protection Services, Social Services, Department of Education and Training (DET) Korries Engagement Officer (KESO, Early Childhood Intervention Services (ECIS)

## Consent

**I declare that the information provided on this enrolment form is current.**

I understand that all information regarding my child is confidential and will only be used for the care, education and assistance of my child. I understand that I am able to access a copy of information pertaining to my child at any time. I agree to pay my Childcare fees as outlined above.

Parent Signature

Date

### **Privacy Collection Statement**

"All personal and/or health information collected by Mildura Rural City Council Family Day Care is used to enable us to provide quality care and education for your child attending Mildura Rural City Council Family Day Care and to enable us to manage, monitor and administer the service as we are required. The personal and/or health information will be used solely by Mildura Rural City Council Family Day Care for this purpose and/or directly related purposes. Mildura Rural City Council Family Day Care may disclose this information to other organisations if required by legislation e.g. To the Department of Social Services (DSS) for the administration of Child Care Subsidy (CCS). The parent understands that the personal and/or health information provided is for the above purpose and that he or she may apply to Mildura Rural City Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy officer."

### **Parental Responsibility**

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. "Parental responsibility" is a term defined under section 61C of the Family Law Act 1975, which means "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children".

It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. An order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

### **Child Safe Standards**

Council, its leaders, staff and volunteers to are committed to child safety and to creating a child safe organisation that is consistent with the Child Safe Standards. Council will implement and maintain the Child Safe Standards as listed below:

- **Standard 1:** Strategies to embed an organisational culture of child safety, including through effective leadership arrangements
- **Standard 2:** A child safe policy or statement of commitment to child safety
- **Standard 3:** A code of conduct that establishes clear expectations for appropriate behaviour with children
- **Standard 4:** Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel
- **Standard 5:** Processes for responding to and reporting suspected child abuse
- **Standard 6:** Strategies to identify and reduce or remove risks of child abuse
- **Standard 7:** Strategies to promote the participation and empowerment of children

Council makes the following **Statement of Commitment** in relation to child safety:

*Mildura Rural City Council is committed to child safety. We want children to be safe, happy and empowered. We support and respect all children, as well as our employees and volunteers.*

*We are committed to the safety, participation and empowerment of all children.*

*We have zero tolerance of child abuse, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures.*

*We have legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.*

*Mildura Rural City Council is committed to preventing child abuse and identifying risks early, and removing and reducing these risks.*

*Mildura Rural City Council has robust human resources and recruitment practices for all employees and volunteers.*

*We are committed to the cultural safety of Aboriginal children, the cultural safety of children from culturally and/or linguistically diverse backgrounds, and in providing a safe environment for children with disability.*

*We have specific policies, procedures and training in place that support our leadership team, employees and volunteers to achieve these commitments.*

*If you believe a child is at immediate risk of abuse phone 000.*

## How did you find out about Family Day Care?

(Please tick)

Newspaper ☐

Internet Search (e.g. Google) ☐

Radio ☐

Word of Mouth ☐

Television ☐

Other

Social Media (e.g. Facebook) ☐

## All About Me!

**Educators will use this information on your child to assist in the program planning.**

Child's Name

Child's Preferred  
Name

Child's Age

Other Siblings

Other special people in my life

Pet's Name (if relevant)

Is your child used to spending time away from you?

Yes ☐

No ☐

Have they regularly attended children's groups?

Yes ☐

No ☐

How does your child settle when away from you?

My nationality is

I speak the following  
languages at home

What I would like to see my child achieve while at Service?

Does anyone in your child's family have knowledge, skills or a hobby that they can share with the educators and/or children?

## Eating

Does your child feed themselves with:

Fingers ☐

Spoon ☐

Fork ☐

Does your child drink from a:

Cup ☐

Trainer Cup ☐

Bottle ☐

Is your child on formula or is your child breast fed? Formula ☐ / Breast fed ☐

When does your child have a bottle?

My favourite foods are:

But I don't like to eat:

What would your child usually eat on an average day?

What signs/symptoms does your child have if an allergic reaction occurs?

Additional information:

## Sleeping

Does your child sleep well at night? Yes ☐ / No ☐

Does your child sleep during the day? Yes ☐ / No ☐

Do you want your child to rest if they don't have a sleep? Yes ☐ / No ☐

What is their day time sleep pattern, including any comfort routines or items?

## Toileting

Is your child; In daytime nappies? ☐ In process of toilet training? ☐ Independently toilet trained? ☐

Is a nappy required at sleep time? Yes ☐ / No ☐

What assistance and routines does your child require for toileting?

## Language

Does your child use gestures and sounds to communicate? Yes ☐ / No ☐

Is your child using words to communicate? Yes ☐ / No ☐

Is your child talking in more than three (3) word sentences? Yes ☐ / No ☐

Have you any concerns about your child's speech? Yes ☐ / No ☐

If yes, what are your concerns?

My special words are :

Toileting	
Mum	
Dad	
Grandparents	
Food	
Drink	
My comfort toy	
Dummy/Pacifier	
Other	

Just a little more...

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The things I do well are: \_\_\_\_\_

The things I enjoy doing are: \_\_\_\_\_

My favourite song is: \_\_\_\_\_

My favourite toy is: \_\_\_\_\_

Things that scare me are: \_\_\_\_\_

Does your child require any physical assistance or aides to walk, climb, sit, feed, communicate, and if so, what assistance does your child require?

Does your child like?	Songs/Music	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Swings	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Getting Messy	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Cars/Trucks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Sandpits	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Puzzles	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Being Outside	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Dress Up Play	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Art Activities	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Water Play	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Construction Toys	Yes <input type="checkbox"/> / No <input type="checkbox"/>		

Are there any Early Intervention Services involved with your child? Yes ☐ / No ☐

If yes, who are the agencies involved with your child/family?

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What support do they provide?

☐ Physiotherapy ☐ Occupational Therapy ☐ Speech Therapy

☐ Other (please state)

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Is there anything else about your child that you would like us to know?

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