

CHILD'S DETAILS				
Full Name				
Gender		D.O.B.		
CRN		Medicare No		
Address				
Related to Educator	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes relation to Educator:		
Cultural Background	Aboriginal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	
	Torres Strait Islander:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language/s Spoken	
	Other:			
Special Considerations	Cultural			
	Religious			
	Additional Needs			
Any Health Requirements	<input type="checkbox"/> Yes* <input type="checkbox"/> No *if yes please specify. Further documentation will be required and must be submitted in a timely manner	Allergies		
		Anaphylaxis		
		Asthma		
		Disabilities		
		Dietary		
		Medical Conditions		
		Medications		
Immunisations up to date?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Copy Provided*	*A copy of your child's up to date Immunisation History Statement needs to be provided and updated at all times under the NSW Public Health Act 2010. Child care cannot commence until approved documentation has been provided.		
Doctors Name		Doctors Phone		
Clinic Address				
Court Order	<input type="checkbox"/> Yes* <input type="checkbox"/> No *Copy required	Details		
Parenting Order	<input type="checkbox"/> Yes* <input type="checkbox"/> No *Copy required	Details		
Parenting Plan	<input type="checkbox"/> Yes* <input type="checkbox"/> No *Copy required	Details		

Preferred Start Date		Number of Days Required			
Days Required	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Have you made a claim for Child Care Subsidy (CCS) for the above mentioned child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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For assistance with the cost of child care, Services Australia (Centrelink) requires a claim for Child Care Subsidy (CCS) to be completed for each child.

APPLICATION FOR ENROLMENT

GUARDIAN 1				CCS Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Partner <input type="checkbox"/> Single	Child Lives with Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name				
Former Name		Relationship to Child		
D.O.B.		CRN		
Email* (Required for PIN)		Contact No		
Residential Address				
Postal Address				
Cultural Background		Language/s Spoken		
Occupation		Occupation Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Place of Employment		Employers Phone		
Authorised to	<input type="checkbox"/> Collect/Deliver Child	<input type="checkbox"/> Give Excursion Permissions	<input type="checkbox"/> Permit Ambulance Transport	
	<input type="checkbox"/> Give Medical Consent	<input type="checkbox"/> Request/Permit Medication	<input type="checkbox"/> Be Notified of Emergency	

GUARDIAN 2				<input type="checkbox"/> N/A or CCS Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Partner <input type="checkbox"/> Single	Child Lives with Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name				
Former Name		Relationship to Child		
D.O.B.		CRN (if claiming CCS)		
Email* (Required for PIN)		Contact No		
Residential Address				
Postal Address				
Cultural Background		Language/s Spoken		
Occupation		Occupation Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Place of Employment		Employers Phone		
Authorised to	<input type="checkbox"/> Collect/Deliver Child	<input type="checkbox"/> Give Excursion Permissions	<input type="checkbox"/> Permit Ambulance Transport	
	<input type="checkbox"/> Give Medical Consent	<input type="checkbox"/> Request/Permit Medication	<input type="checkbox"/> Be Notified of Emergency	

ADDITIONAL PEOPLE TO BE CONTACTED SHOULD THE ABOVE GUARDIANS BE UNAVAILABLE

EMERGENCY CONTACT 1 (If Guardian is unavailable)			
Full Name		Relationship to Child	
Phone		Email* (Required for PIN)	
Address			
Place of Employment		Work Phone	
Authorised to	<input type="checkbox"/> Collect/Deliver Child	<input type="checkbox"/> Give Excursion Permissions	<input type="checkbox"/> Permit Ambulance Transport
	<input type="checkbox"/> Give Medical Consent	<input type="checkbox"/> Request/Permit Medication	<input type="checkbox"/> Be Notified of Emergency

EMERGENCY CONTACT 2 (If Guardian is unavailable)			
Full Name		Relationship to Child	
Phone		Email* (Required for PIN)	
Address			
Place of Employment		Work Phone	
Authorised to	<input type="checkbox"/> Collect/Deliver Child	<input type="checkbox"/> Give Excursion Permissions	<input type="checkbox"/> Permit Ambulance Transport
	<input type="checkbox"/> Give Medical Consent	<input type="checkbox"/> Request/Permit Medication	<input type="checkbox"/> Be Notified of Emergency

APPLICATION FOR ENROLMENT

GUARDIAN AUTHORISATIONS

<input type="checkbox"/>	Should my child/ren develop asthma, allergies, anaphylaxis, epilepsy or any other medical condition I agree to notify my Educator and/or Service Coordination Unit as soon as becoming aware of the diagnosis and agree to supply my Educator with a Medical Condition Risk Minimisation Plan & Communication Plan their medical action plan provided by a doctor and medication if my child is diagnosed with any medical condition.
<input type="checkbox"/>	I authorise for the approved provider, nominated supervisor or educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service; as well as transportation of my child by ambulance.
<input type="checkbox"/>	I authorise for photographs and/or videos of my child/ren to be taken by Educators and/or CFDC staff to be used for learning stories and programming purposes when appropriate. Restrictions (if any) attached.
<input type="checkbox"/>	I authorise for photographs of my child/ren and documentation about my child's activities and development to be added to my Educators Facebook page and Services page when appropriate. Restrictions (if any) attached
<input type="checkbox"/>	I authorise for photographs of my child to be included in displays within the care area and to be used in Newspaper articles relating to Community and Service celebrations.
I authorise My Educator to apply Sunscreen to my child/ren as required. Please check appropriate box.	
<input type="checkbox"/>	Only Sunscreen supplied by the guardian to be applied to my child/ren
<input type="checkbox"/>	The Educator may supply sunscreen to be used on my child/ren
I authorise my Educator to apply Insect Repellent to my child/ren as required. Please check appropriate box.	
<input type="checkbox"/>	Only Insect Repellent supplied by the guardian to be applied to my child/ren
<input type="checkbox"/>	The Educator may supply Insect Repellent to be used on my child/ren
I authorise the application of Face Paint to my child/ren. Please check appropriate box.	
<input type="checkbox"/>	Face Paint may be applied to my child/ren
<input type="checkbox"/>	Face Paint may not be applied to my child/ren

GUARDIAN AGREEMENT

- I agree to notify my educator if my child has had medication within 24hours prior to attending care.
- I am aware that a copy of this Enrolment will be given to my educator and stored in a secure place.
- I agree to advise my educator if my child/ren is absent or will be late in arrival or collection.
- I agree to sign my child/ren in to care upon arrival and sign them out upon departure each day they are in attendance.
- I agree to provide written permission/authorisation for any medications.
- I agree to keep my child home if he/she is suffering an infectious disease or illness.
- I agree that should my educator have a medical emergency, a coordinator from our service can provide emergency care for my child/ren. I understand that the service will notify me as soon as possible should this happen.
- I agree to abide by service policies and procedures
- I agree to notify the service of any changes regarding my or my child/ren's personal details.
- I agree to pay all fees relating to my child/ren's care within the required timeframe. I give permission for the parent levy to be deducted from my fees
- I agree to the above conditions and understand that my child/ren will be placed with a Clarence Family Day Care Educator

I have read and understood the Guardian Authorisations	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read and understood the Guardian Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I declare that the information provided is true and correct. I understand that confidentiality of information will be maintained except where there are Child Protection concerns

Print Name			
Signature		Date	