

**102 Bowen Street Camberwell VIC 3124**

**Telephone: (03) 9889 0791**

**Email: info@bowenstreet.org.au⏐www.bowenstreet.org.au**

**License Service SE-00015525**

**CHILD CARE ENROLMENT FORM 2023**

**Bowen Street Community Centre requires all sections of this form to be completed and all documentation attached prior to your child’s first day of childcare with us. This information must be completed by one of the child’s parents, who have lawful authority in relation to the child.**

**Please notify us of any change of details, as soon as they arise.**

**CHILD’S NAME: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3 hour session: Wednesday, Friday: 9.15 am – 12.15 pm

5 hour session: Wednesday, Thursday, Friday: 9.30 am – 2.30 pm

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate session time next to the days that your child will require care:** | | | |
| Wednesday 🞎3 hours 🞎5 hours | Thursday 🞎5 hours | | Friday 🞎3 hours 🞎5 hours |
| **Start Date:** | |  | |
| **Will you be applying for CCS (Childcare Subsidy)? 🞎Yes 🞎No** | | **Number of children you are claiming CCS (Childcare Subsidy) for:** | |
| **Parent registered with Centrelink CRN (Centrelink Reference Number):**  **Date of birth:** | | **Child:**  **CRN (Centrelink Reference Number):** | |

**IF CLAIMING CCS (CENTRELINK REFERENCE NUMBER) – PRIMARY PARENT MUST ALSO BE THE REGISTERED CRN (CENTRELINK REFERENCE NUMBER) HOLDER.**

**PRIVACY DISCLAIMER**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

**CHILD DETAILS** *(Please print)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child CRN:** | | | | | ***Please Note: Parent and child have their own individual CRN Number*** | | | | | |
| First Name(s): | | Surname: | | | | | | | | |
| Preferred Name: | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | |
| Gender at birth: | | | Female | | |  | | Male |  |  |
| Gender identity: | | | Female | | |  | | Male |  |  |
| Pronouns: | | | | | | | | | | |
| Home Address: | | | | | | | | | | |
| Postcode: | | | | | | | | | | |
| Country of Birth: Language(s) Spoken at Home: | | | | | | | | | | |
| Cultural Background: | | | | | | | | | | |
| Cultural, Religious or Dietary Requirements or additional needs: | | | | | | | | | | |
| Is your Child: Indigenous Australian |  | | | Torres Strait Islander | | |  |  | | |

**MEDICAL INFORMATION**

**Family Doctor**

Title: First Name(s): Surname:

Service Name:

Address:

Postcode:

Contact Phone:

Medicare Number:

Ambulance Subscription:

Dietary Restrictions:

Diagnosed Healthcare Needs & Medical Conditions:

Prescribed Medications: Dosage:

Child`s name on medication must be on a pharmacy printed label.

**DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT (IMPORTANT)**

I, a person with lawful authority of the child referred to in this enrolment form,

* Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information; Including: informing the service of any infectious disease or illness that has been identified while the child has not attended the service and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service.
* Have provided all current relevant information regarding any allergies that my child has
* Agree to collect or make arrangements for the collection of the child referred to in this enrolment

form if child becomes unwell at the service.

* Consent to the staff of the children`s service seeking medical treatment for the child from a registered medical practitioner, hospital or ambulance service and where appropriate, administering such medical treatment and medications as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children`s service.
* Am aware that the Centre will conduct fire drills four times a year and the children may be taken outside the premises under supervision.
* Give authorization of transportation for the child by an ambulance service.
* Give authorization to the nominated authorised nominee or another educator at the service to seek medical treatment from a Registered Medical Practitioner, hospital or ambulance service.
* Give authorization when none of the emergency contacts are contactable to transport my child in case of emergency via ambulance.

**Full Name Signature Date**

**CHILD HEALTH INFORMATION**

**Immunisation Record**

***Please attach a copy of your current Immunisation History Statement (from myGov).***

Is your child’s immunisation up to date for age? Yes 🞎 No 🞎

***A copy of your child’s immunisation history statement must be sighted by the Bowen Street Community Centre Child Care Coordinator and a copy attached to this form*** ***or emailed to info@bowenstreet.org.au***

***Please ensure you notify the Bowen Street Community Centre Child Care Coordinator upon the completion of each immunisation update.***

Child Health Record has been sighted by (Bowen Street Community Centre Child Care Co-ordinator)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child undertaking or have undergone assessment to support any particular developmental areas such as speech therapy, occupational therapy, Autism spectrum disorder? Please attach supporting documents and please provide us with any other information we should know about your child. (For example, additional learning and support needs, information about the child`s wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

Does the child have a developmental delay or disability or special needs including intellectual, sensory or physical impairment? Yes 🞎 No 🞎

If yes, please give details:

Does your child suffer from any allergies or sensitivities? Yes 🞎 No 🞎

***If YES, your child will need an Action Plan for the treatment of their allergy/sensitivity signed by your doctor and the copy of the Action plan must be attached to the enrolment form.***

***The Plan should include:***

* ***A photo of your child***
* ***If relevant, state what triggers the medical condition, allergy or anaphylaxis***
* ***First aid needed***
* ***Contact details of the doctor who signed the plan***
* ***When the Plan should be reviewed.***

***The Bowen Street Community Centre Child Care Coordinator will discuss this with you further and supply you with the appropriate policy before your child attends the Centre for the first time.***

Does your child suffer from any Anaphylaxis? Yes 🞎 No 🞎

Has your child been diagnosed at risk of anaphylaxis? Yes 🞎 No 🞎

Does your child have an auto injection device (e.g. EpiPen)? Yes 🞎 No 🞎

Has the anaphylaxis medical management plan been provided to the service? Yes 🞎 No 🞎

Has a risk management plan been completed by the service in consultation with you? Yes 🞎 No 🞎

In the case of anaphylaxis, you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child, signed by the medical practitioner who is treating your child. Theis will be attached to your child`s enrolment form. More information can be found at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

Does your child have Asthma? Yes 🞎 No 🞎

If yes, Trigger Factors:

Management Plan: a copy of the Asthma plan must be provided before your child attends the Centre and attached to your child`s enrolment form.

Please be advised that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs, the nominated supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child`s parents and/or emergency services as soon as possible. Education and Care Services National Regulations – Regulation 94.

Does your child have any medical conditions and needs which are relevant to the children’s service? Yes 🞎 No 🞎

If Yes, the following management procedures are to be followed:

A copy of the Management Plan must be provided before your child attends the Centre and attached to your child`s enrolment form.

Does your child have any special considerations, for example any cultural, religious or dietary requirements or additional needs?

Yes 🞎 No 🞎

If yes, the following restrictions apply:

Does your child sleep in a bed or cot? Bed 🞎 Cot 🞎

***Please describe your child’s sleeping times/habits (including day/night, comforters, and fears/phobias):***

Has your child been toilet trained? Yes 🞎 No 🞎

***Please describe details, if necessary.***

# PARENT/GUARDIAN DETAILS (each known parent must be listed)

## **PARENT 1 – PRIMARY CARER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent 1 CRN:** | | | ***Parent 1 is claiming CCS from Centrelink & child will come under Parent 1 CRN.***  **Please note *Parent and child have their own individual CRN number*** | |
| Title: | First Name(s): | | | |
| Surname: |  | | | |
| Home Address:  Postcode:  Mobile Phone: Home Phone:  Email:  ***(this is the email we use for all communication including digital sign in registration)*** | | | | |
| Occupation: | | | | Work Phone: |
| Date of Birth: | | Country of Birth: | | |
| Relationship to Child: | | | | |
| Does the child live with you? YES 🞎 NO 🞎 Shared Care 🞎 | | | | |

## **PARENT 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | First Name(s): | | |
| Surname: |  | | |
| Home Address:  Postcode:  Mobile Phone: Home Phone:  Email:  ***(this is the email we use for all communication including digital sign in registration)*** | | | |
| Occupation: | | | Work Phone: |
| Date of Birth: | | Country of Birth: | |
| Relationship to Child: | | | |
| Does the child live with you? YES 🞎 NO 🞎 Shared Care 🞎 | | | |

**EMERGENCY / AUTHORISED PERSON CONTACTS (Other than Parents)**

In case of an emergency, Bowen Street Community Centre will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed. Please provide at least two contacts who live close to the centre. If you do not have an emergency contact, please discuss this with the Child Care Co-ordinator so that a plan can be made.

***Please attach a copy of legal photo ID (eg. licence) of each emergency/authorised person.***

**CONTACT ONE**

|  |
| --- |
| Title: First Name(s): |
| Surname: |
| Relationship to Child: |
| Home Address: |
|  |
|  |
| Suburb: Postcode: |
| Home Phone: Mobile Phone: |
| Email: |
| Tick to authorise:  🞎 Pick-up  🞎 Drop-off  🞎 Emergency  🞎 To sign a childcare incident or illness form  🞎 To give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted |
| **Contact One Signature** |

**CONTACT TWO**

|  |
| --- |
| Title: First Name(s): |
| Surname: |
| Relationship to Child: |
| Home Address: |
|  |
|  |
| Suburb: Postcode: |
| Home Phone: Mobile Phone: |
| Email: |
| Tick to authorise:  🞎 Pick-up  🞎 Drop-off  🞎 Emergency  🞎 To sign a childcare incident or illness form  🞎 To give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted |
| **Contact Two Signature** |

**COURT/CUSTODIAL ORDERS**

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

YES 🞎 NO 🞎

Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?

YES 🞎 NO 🞎

***Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers of Bowen Street Community Centre cannot enforce parents’ requests.***

**BOWEN STREET COMMUNITY CENTRE ENROLMENT AGREEMENT**

**PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING.**

**PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.**

Please tick the following clauses to authorise:

**General:**

I/We give permission for this child to:

|  |  |
| --- | --- |
| Have SPF30+ sunscreen provided by centre applied prior to sun exposure. If not, please provide a letter releasing the centre of any Liability and provide own labelled sunscreen | Yes 🞎 No 🞎 |
| Have staff apply Nappy Cream/Paste (supplied by parents) | Yes 🞎 No 🞎 |

**Photos and Video Footage:**

I/We give permission:

|  |  |
| --- | --- |
| For photos and video footage of my/our child to be used in Learning  stories, and to be shared with other families that attend the centre within the same childcare session  (Xplor Playground app photo use) | Yes 🞎 No 🞎 |
| Do you **ONLY** give permission for photos and video footage of your  child to be taken for your own personal viewing and to receive copies?  (Xplor Playground app photo use) | Yes 🞎 No 🞎 |

***DOCUMENT CHECKLIST***

***Please ensure ALL of the following documents are attached to this application before submission***

* *Child’s Immunisation History Statement*
* *Photo identification of emergency contacts*
* *Allergy/Sensitivity plan (if required)*
* *All other relevant documentation*
* *Child`s photo*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bowen Street Community Centre is a community organisation. Do you have any skills or trades that could be of use to the Centre?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in becoming a Committee member?

Would you be happy to receive your Newsletter and Childcare Information by Email Yes 🞎 No 🞎

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This organisation respects your right to information privacy. Information which we collect and hold is kept in accordance with information privacy laws. Please contact us if you would like any further information on privacy.