



Newton Family Day Care

Approved Service ABN: 54601033756

Service Approval ID: SE-40004907

CCS Approval ID: 190007148B

Email: newtonfdc@gmail.com

## Child Enrolment Record Form

Child's Start Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Child's Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male / Female

Child's CRN: \_\_\_\_\_ Medicare: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

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

Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child (If yes, court orders must be attached) 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  
(i) the relevant authorisations set out in regulation 161;  
(j) the relevant health information set out in regulation 162.  
(If yes, court orders must be attached)

Is your child Aboriginal or Torres Strait Islander? Yes / No

Is the child related to FDC Educator? Yes / No

### School Information

School Name : \_\_\_\_\_

School Address: \_\_\_\_\_

School phone number: \_\_\_\_\_ Current year at school: \_\_\_\_\_

Time school starts: \_\_\_\_\_ Time school finishes: \_\_\_\_\_

Where will the educator be collecting the child (e.g. Inside the school gate, Classroom, Office)

## Parent Information

### **Parent/Guardian 1 (Please Circle):** Mother / Father / Guardian

Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Please Circle): Male / Female

Marital status (Please Circle): Single Married Separated Divorced Widowed De Facto

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

Mobile: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

CRN: \_\_\_\_\_ Medicare: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Cultural Background: \_\_\_\_\_

Religion: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you or your partner an educator? Yes / No

Are you of Aboriginal or Torres Strait Islander Origin? Yes / No

### **Parent/Guardian 2 (Please Circle):** Mother / Father / Guardian

Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Please Circle): Male / Female

Marital status (Please Circle): Single Married Separated Divorced Widowed De Facto

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

Mobile: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

CRN: \_\_\_\_\_ Medicare: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Cultural Background: \_\_\_\_\_

Religion: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you or your partner an educator? Yes / No

Are you of Aboriginal or Torres Strait Islander Origin? Yes / No

## Authorised Nominees

### **Emergency contact 1**

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Home number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Work number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- ☐ Notification in the event of an emergency (*Reg. 160(3)(b)(ii)*)
- ☐ Authorised to Collect (Authorised Nominee) (*Reg. 160(3)(b)(iii)*)
- ☐ Authorised to consent to medical treatment (*Reg. 160(3)(b)(iv)*)
- ☐ Authorisation for administration of medication (*Reg. 160(3)(b)(iv)*)
- ☐ Authorised to authorise an educator to take the child outside of the premises (*Reg. 160(3)(b)(iv) &(v)*)
- ☐ Authorised to authorise the education and care service to transport the child or arrange transportation of the child (*Reg. 160(3)(b)(v) &(vi)*)

### **Emergency contact 2**

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Home number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Work number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- ☐ Notification in the event of an emergency (*Reg. 160(3)(b)(ii)*)
- ☐ Authorised to Collect (Authorised Nominee) (*Reg. 160(3)(b)(iii)*)
- ☐ Authorised to consent to medical treatment (*Reg. 160(3)(b)(iv)*)
- ☐ Authorisation for administration of medication (*Reg. 160(3)(b)(iv)*)
- ☐ Authorised to authorise an educator to take the child outside of the premises (*Reg. 160(3)(b)(iv) &(v)*)
- ☐ Authorised to authorise the education and care service to transport the child or arrange transportation of the child (*Reg. 160(3)(b)(v) &(vi)*)

### **NOTE:**

The above emergency contacts will be contacted when the parent/s named in this enrolment form cannot be reached. They may be required to pick your child up if you are not able to do so.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

## **Medical Information**

Has your child been immunised?	Yes/No – If no, evidence of exemption MUST be provided.
Does your child have Asthma?	Yes / No – If yes, an asthma action plan, a risk minimisation plan and communication plan MUST be provided
Does your child have anaphylaxis?	Yes / No – If yes, an anaphylaxis action plan, a risk minimisation plan and communication plan MUST be provided
Does your child have an allergy?	Yes / No – If yes, an allergy action plan, a risk minimisation plan and communication plan MUST be provided
Does your child have any illnesses? e.g. diabetes, epilepsy	Yes / No – If yes, please specify and include an action plan, a risk minimisation plan and a communication plan.
Does your child have any special needs or disability?	Yes / No – If yes, please specify:
Does your child take any regular medication?	Yes / No – If yes, please specify:

Are there any other considerations you would like to mention? (E.g. dietary requirements)

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Does your child have any religious requirements in the case of an accident?

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### **Doctor**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### **Dentist**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

## **Parent Agreement and Consent Terms**

**Parents are required to sign the timesheet upon arrival and departure with actual times of arrival and departure (NOT CONTRACTED TIMES). Parents are required to sign the timesheet for all absences, i.e.: sick days, holidays, occasional absences etc.**

- I understand that as a parent/guardian of the child I must abide by the schemes policies and procedures, the education and care services national regulations and laws, in particular but not limited to the filling in of my child's timesheet/attendance record.
- I understand that the timesheet is a legal commonwealth government document and it has to be filled in accurately and truthfully.
- I understand that I MUST sign my child in and out on accurate days and times of actual care.
- Failure to do so may incur in Newton FDC scheme terminating the care for my child and a report being made to inform the department and relevant authorities.

**Parent/Guardian Signature:** \_\_\_\_\_

### **FEVER:**

I give permission for the Educator to administer non-prescribed medication to my child/ren in the case of a fever of 37.5 degrees or higher. I am aware that the Educator will make every attempt to contact me for verbal permission before administration.

However, in the event that I or any emergency contact persons are not available, or there is a delay in the pickup of my child/ren, the educator will continue to treat and care for my child/ren accordingly until my child/ren has left the service. **Yes / No**

Please circle one or all medications you prefer to be given to your child: **Nurofen Panadol**

**Parent/Guardian Signature:** \_\_\_\_\_

### **SUNSCREEN:**

I give permission for the educator of this service to apply sunscreen purchased by this service on my child in accordance with the service's sun protection policy. If my child is unable to use the service's sunscreen I agree to purchase a suitable sunscreen for my child that is to the standard of the Australian Cancer Council Sunsmart Program.

### **MEDIA:**

I give permission to photograph and video my child whilst in attendance at the service for programming and portfolio purposes. **Yes / No**

**Parent/Guardian Signature:** \_\_\_\_\_

**TRANSPORTATION:**

I give permission for my child to travel in an RMS Approved vehicle. **Yes / No**

**Parent/Guardian Signature:** \_\_\_\_\_

**ACCIDENT / INJURY:**

I hereby authorise the educator, staff member, nominated supervisor and approved provider to seek and provide any emergency/dental/hospital or other such services as they see fit should my child suffer any accident/ illness or injury whilst at the service that requires extreme emergency care.

I give them permission to seek medical treatment for my child and be transported by ambulance to the nearest available treatment centre. I understand that an educator or staff member will accompany my child with the child's personal details and act on my behalf until an authorised person arrives.

I realize that all possible attempts will be made to contact parents or emergency contacts as soon as possible of any action being taken, and the Authorised Staff / Educator will act in the best interest of my child in cases of emergency.

**I accept all liabilities including medical, dental, hospital and ambulance that may be incurred. Yes / No**

**Parent/guardian signature:** \_\_\_\_\_

**OUTINGS:**

I give permission for my child/ren to participate in outings to places such as playgroup, schools, shops, local parks, libraries or other places of interests (permission forms will have to be signed for allowing children to leave the service). **Yes / No**

**Parent/guardian signature:** \_\_\_\_\_

**Child Care Subsidy**

Child Care Subsidy (CCS) Eligible Hours: \_\_\_\_\_

Is this Child using another Service Claiming CCS? Yes / No

*(If yes, please provide the other Service Name and how many hours of CCS are allocated to this Service)*

Service Name: \_\_\_\_\_

CCS Hours Allocated to this Service: \_\_\_\_\_

### Child Swapping Legislation:

Family Day Care Educators and their parents are not entitled to receive child care payments for their own child's session of FDC if, on the same day, the FDC educator provides FDC for an approved FDC service (**THIS MEANS SWAPPING OF CHILDREN BETWEEN REGISTERED FAMILY DAY CARE EDUCATORS**). There is a register of special circumstances that applies to this legislation.

1. A FDC child is enrolled in the approved FDC service and
2. The eligible individual\* or their partner is a FDC educator\*, and
3. The FDC child\* attends the FDC service\* on one or more days that the eligible individual\* or their partner works as an FDC educator\*, and
4. The eligible individual\* has informed the FDC service\* that a specified circumstance\* applies in respect of one or more sessions of care, and
5. Information and documentary evidence about the circumstance has been provided to the FDC service\*.

Should any of these circumstances apply to you please fill in the Family Day Care Register of Specified Circumstances and return to Newton Family Day Care management.

### Relative Care Arrangement

There are restrictions under the Family Assistance Law about Family Day Care educators providing care for children who are related to them. The Family Assistance Law specifies care that is not eligible for Child Care Subsidy, but does allow for some care to be provided to related children.

Section 47 of the Minister's Rules provides that within each Child Care Subsidy fortnight, the Family Day Care educator must make sure that less than 50% of children in care are related to them, and that more than 50% of children in care are not related to them.

The ratio is applied across all of the children cared for across the whole fortnight, and not to just one particular session.

### **CHANGES TO FAMILY ASSISTANCE LAW AS OF 10 OCTOBER 2016**

Child care fee assistance is not payable for: -

- Care where there is not a genuine liability to pay fees
- Care that is predominantly transport
- Family Day Care provided in the child's own home, or where the parent is present
- Family Day Care or In-Home Care provided by a parent or sibling.

## Booking Hours

Educator Full Name \_\_\_\_\_

Parent Full Name: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Please Circle: **Pre-School**    **Casual**    **B/A School**

	MON	TUES	WED	THURS	FRI	SAT
<b>Start</b>						
<b>Finish</b>						
<b>Start</b>						
<b>Finish</b>						

### **Holiday / Vacation Care**

	MON	TUES	WED	THURS	FRI	SAT
<b>Start</b>						
<b>Finish</b>						

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Please inform the coordination unit each time there is a change to the children's Booking hours and send a copy to the office.**

### OFFICE USE ONLY

- Immunisation record:
- Birth Certificate/Citizenship and/or Travel Document to Australia:
- 100 points of ID for parent claiming CCS (including medicare card):

Received By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_



## Routine Permission Form

I \_\_\_\_\_ (parent/guardian) give permission to my child's  
Educator (name) \_\_\_\_\_, to take my child/ren (name/s)  
\_\_\_\_\_, on the  
following routine transportation / excursion.

### Local School

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Pick-up Location: \_\_\_\_\_

Destination: \_\_\_\_\_

The reason the child is to be transported \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_ Period of time which child is to be transported \_\_\_\_\_

The number of children involved in the transport: \_\_\_\_\_

Number of staff members supervising the children during the transportation: \_\_\_\_\_

Requirements for seatbelts or safety restraints in NSW have been met. **Yes / No**

Means of Transport: ☐ Walk ☐ Car ☐ Bus

### Local Park

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

***This outing is subject to weather conditions. Please refer to my daily program to verify days and times of outing.***

Pick-up Location: \_\_\_\_\_

Destination: \_\_\_\_\_

Reason the child is to be taken outside the premises: \_\_\_\_\_

Activities to be undertaken by the child during the excursion: \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_ Period of time which child is away from premises: \_\_\_\_\_

The number of children involved in the excursion: \_\_\_\_\_

Ratio of educators to children attending the excursion: \_\_\_\_\_

Number of staff members supervising the children attending the excursion: \_\_\_\_\_

Requirements for seatbelts or safety restraints in NSW have been met. **Yes / No**

Means of Transport: ☐ Walk ☐ Car ☐ Bus

**Local Shopping Centre**Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pick-up Location: \_\_\_\_\_

Destination: \_\_\_\_\_

Reason the child is to be taken outside the premises: \_\_\_\_\_

Activities to be undertaken by the child during the excursion: \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_ Period of time which child is away from premises: \_\_\_\_\_

The number of children involved in the excursion: \_\_\_\_\_

Ratio of educators to children attending the excursion: \_\_\_\_\_

Number of staff members supervising the children attending the excursion: \_\_\_\_\_

Requirements for seatbelts or safety restraints in NSW have been met. **Yes / No**Means of Transport: ☐ Walk ☐ Car ☐ Bus**Local Library**Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pick-up Location: \_\_\_\_\_

Destination: \_\_\_\_\_

Reason the child is to be taken outside the premises: \_\_\_\_\_

Activities to be undertaken by the child during the excursion: \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_ Period of time which child is away from premises: \_\_\_\_\_

The number of children involved in the excursion: \_\_\_\_\_

Ratio of educators to children attending the excursion: \_\_\_\_\_

Number of staff members supervising the children attending the excursion: \_\_\_\_\_

Requirements for seatbelts or safety restraints in NSW have been met. **Yes / No**Means of Transport: ☐ Walk ☐ Car ☐ Bus**Play Session**Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pick-up Location: \_\_\_\_\_

Destination: \_\_\_\_\_

Reason the child is to be taken outside the premises: \_\_\_\_\_

Activities to be undertaken by the child during the excursion: \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_ Period of time which child is away from premises: \_\_\_\_\_

The number of children involved in the excursion: \_\_\_\_\_

Ratio of educators to children attending the excursion: \_\_\_\_\_

Number of staff members supervising the children attending the excursion: \_\_\_\_\_

Requirements for seatbelts or safety restraints in NSW have been met. **Yes / No**Means of Transport: ☐ Walk ☐ Car ☐ Bus

Other

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pick-up Location: \_\_\_\_\_

Destination: \_\_\_\_\_

Reason the child is to be taken outside the premises: \_\_\_\_\_

Activities to be undertaken by the child during the excursion: \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_ Period of time which child is away from premises: \_\_\_\_\_

The number of children involved in the excursion: \_\_\_\_\_

Ratio of educators to children attending the excursion: \_\_\_\_\_

Number of staff members supervising the children attending the excursion: \_\_\_\_\_

Requirements for seatbelts or safety restraints in NSW have been met. **Yes / No**

Means of Transport: ☐ Walk ☐ Car ☐ Bus

**NOTE:**

**Under No circumstances are routine or non-routine excursions to occur near or where there is any mass of water. This includes but is not limited to; the beach, pools, lakes, river etc. Trains are also not to be used as a mode of transport.**

**OUTINGS:**

I give permission for my child/ren to participate in outings to places such as schools, playgroup, shops, local parks, libraries or other places of interests (permission forms will have to be signed for allowing children to leave the service). **Yes / No**

**This form must be completed and submitted to Newton Family Day Care along with a completed risk assessment PRIOR to children attending any excursion or transportation. A copy of the risk assessment as well as written policies and procedures for transporting children are available at the education and care service should you request to see them.**

Parent/Guardian Signature: \_\_\_\_\_

Educator Signature: \_\_\_\_\_

This consent is valid from: \_\_\_\_/\_\_\_\_/20 to \_\_\_\_/\_\_\_\_/20

**(MUST BE REVIEWED EVERY 12 MONTHS)**