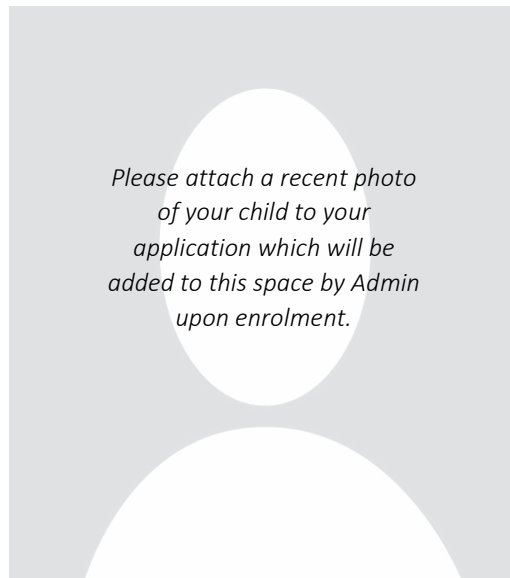


CHILDCARE CENTRE 2024 ENROLMENT FORM

Child's Full Name	
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<i>Service name: Longreach Childcare Services</i>	
<i>Address: 5-7 Wompoo Road, Longreach, QLD, 4730</i>	
<i>Phone number: (07) 4652 5300</i>	<i>Email: adminccs@longreach.qld.gov.au</i>

OFFICE USE ONLY							
Date Received		Time Received		Received Via <small>(email or hardy copy)</small>		Staff Initials	

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	

Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number.</i>	
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Child's home address	
Child normally lives with	

BOOKING REQUESTS

Child's requested start date															
Please tick your requested Service/s <i>(children eligible for Kindergarten are able to enrol for Long Daycare hours however fees differ)</i>															
Permanent Long Daycare <i>(7.30-5.30pm)</i>	<input type="checkbox"/>	Kindergarten <i>(8.45 – 2.45pm on Wed, Thurs, Fri of school terms for children turning 4 by 30 June 2024)</i>					<input type="checkbox"/>	Casual Long Daycare <i>(7.30-5.30pm or hourly) (no bookings are secured and will only be taken if there is capacity at the time of booking)</i>							
	Please tick your requested day/s <i>(no alternative week bookings available)</i>														
Weekly	<input type="checkbox"/>	Mon	<input type="checkbox"/>	Tues	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>	Fri	<input type="checkbox"/>				
Please identify whether you are flexible with your requested day/s <i>(please note bookings are only requests until confirmed)</i>															
I am flexible with my days								I am not flexible with my days							

Further information about requested booking <i>(if required)</i>	
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CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?	No		Aboriginal		Torres Strait Islander		Both	
Does your child speak a language other than English at home?	Yes				No			
	If yes, identify below what language(s) other than English are spoken at home							
County of birth								
Child's residency status								
What is your child's cultural background?								
Please outline any cultural practices you would like followed e.g. Cultural, dietary								
Religion (optional)								
If identified above, please outline your child's religious background and if relevant any religious practices/celebrations you would like followed								

PRIMARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Primary Parent must also be the registered CCS claimant.

Parent given name		
Parent surname		
Address		
Phone number/s	(M)	
	(W)	
	(H)	
Date of birth		
Email address		
Relationship to child		
Country of birth		
Languages other than English spoken at home		

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details	
---	--

Does the child live with you?	Yes		No	
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Occupation	
Approx. hours of work	

SECONDARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent given name		
Parent surname		
Address		
Phone number/s	(M)	
	(W)	
	(H)	
Date of birth		
Email address		
Relationship to child		
Country of birth		
Languages other than English spoken at home		

Please provide any relevant cultural background details	
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Does the child live with you?	Yes		No	
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Occupation	
Approx. hours of work	

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Please note that without this documentation we cannot legally enforce the Order/s.

<p>Are there any relevant 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? <i>(If yes, please provide all relevant documentation and paperwork)</i></p>	Yes		No		Attached (tick if so)
<p>Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person? <i>(If yes, please provide all relevant documentation and paperwork)</i></p>	Yes		No		Attached (tick if so)
<p>Have photographs and names of unauthorised people been attached to this form?</p>	Yes		No		Attached (tick if so)
<p>Briefly outline court order requirements</p>					

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d, g)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact a member of the Leadership Team as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's medicare number			
Medicare expiry date		Child's medicare reference number	
Doctor's name			
Medical centre		Phone number	
Doctor's address			

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, i, j), Regulation 162 (f, h, i)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

Immunisation Status of Child at enrolment	Fully immunised		Catch up schedule	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded	Yes		No	Attached (tick if so)
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity <i>(if applicable)</i>	Yes		No	Attached (tick if so)
AIR Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated <i>(if applicable)</i>	Yes		No	Attached (tick if so)

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Does your child have any allergies? <i>These can include insect stings, food (e.g., nuts, eggs, peanuts), animals, latex, medication or other.</i>					Yes		No		
Allergy/allergies (list all)									
Name of medical specialist or doctor who may be currently treating your child for this condition									
Phone contact			Address						
Risk of Anaphylaxis	Yes		No		Has a doctor diagnosed this allergy?	Yes		No	
Does your child have a current ASCIA Action Plan?	Yes		No		Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes		No	
What is the expiry date of the adrenaline autoinjector? (month/year)									
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service on each day of attendance (and renew prior to expiry date).									
I understand that in the case of an anaphylaxis or asthma emergency, the Nominated Supervisor or other educator may administer medication to my child without making contact. <i>Education and Care Services National Regulations - Regulation 94.</i> Educators will notify the child's parents and/or emergency services as soon as possible.					Parent / guardian 1	Yes		No	
					Parent / guardian 2	Yes		No	
I understand that a Management Plan, Risk Minimisation Plan and Communication Plan will need to be completed for Allergies or Anaphylaxis prior to the child's first day. <i>Education and Care Services National Regulations - Regulation 90.</i> You will be contacted to be involved in this process by a member of the Leadership Team upon confirmation of enrolment.					Parent / guardian 1	Yes		No	
					Parent / guardian 2	Yes		No	

Does your child have any special dietary requirements or restrictions? <i>Please explain further below if Yes.</i>					Yes		No		
Prohibited food/s		Detailed information							

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (asthma, epilepsy, diabetes, food intolerances, other)

Medical condition				
Brief outline of the medical condition				
Has a doctor diagnosed this condition?	Yes		No	
Does your child have a current Action Management Plan (e.g. Asthma Plan)?	Yes		No	
If yes, is this plan attached?	Yes		No	
<p>I understand that a Management Plan, Risk Minimisation Plan and Communication Plan will need to be completed for any medical condition prior to the child's first day.</p> <p><i>Education and Care Services National Regulations - Regulation 90.</i></p> <p>You will be contacted to be involved in this process by a member of the Leadership Team upon confirmation of enrolment.</p>	Parent / guardian 1	Yes		No
	Parent / guardian 2	Yes		No
Does your child take any prescribed regular medication for this condition?	Yes		No	
Medication name/s and brief outline of how often it is taken etc.				
<p>I acknowledge that medication will only be administered if:</p> <ul style="list-style-type: none"> it is prescribed by a medical practitioner it is in the original container with the original label the label contains the child's name instructions and dosage can be clearly read expiry date or use by date is valid any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations - Regulation 95.</i></p> <p>Any medication to be given at the Service, including non-prescription medication, must be authorised by parents/guardians or an authorised nominee via our "Medication Record" form on OWNA prior to the medication being given.</p> <p><i>Education and Care Services National Regulations - Regulation 93.</i></p>	Parent / guardian 1	Yes		No
	Parent / guardian 2	Yes		No

DEVELOPMENTAL INFORMATION

Please provide any relevant information if applicable					
Does your child have any problems with hearing, sight or speech?	Yes		No		
	Hearing		Sight		Speech
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes		No		
Does your child require additional support for learning because of disability?	Yes		No		
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	Yes		No		
Has your child begun toilet training?	Yes		No		
Is this the first time your child has been in care? <i>(if no, please indicate the type of early education and care your child has experienced)</i>	Yes		No		
Is your child familiar with other adults and children?	Yes		No		
Does your child have any comforters? <i>(e.g. security blanket, dummy, bottle etc)</i>	Yes		No		

TRANSITION TO SCHOOL – this table for children enrolling in the Kindergarten Program

Please leave blank if your child is not enrolling in Kindergarten.

Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child's transition to school? Name of School: _____	Permission to exchange information			
	Parent / guardian 1	Yes		No
	Parent / guardian 2	Yes		No
Are you enrolling your child in another approved Kindergarten program as well as this one?	Yes		No	
If yes, tick the type of program	Sessional		Long daycare	
Please note that if you are enrolling your child in both a funded sessional kindergarten and a funded long daycare service, the sessional kindergarten will automatically be eligible to receive Free Kindy funding for the child as mandated by the Department of Education.				

ACCESS GUIDELINES

Enrolments will be prioritised according to the following Access Guidelines to meet the Australian Government's aims of helping families who are most in need and supporting the safety and wellbeing of children at risk.			
Priority 1	A child at risk of serious abuse and neglect <i>(Evidence will be required)</i>		
Priority 2	A child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment		
Priority 3	Parents who do not satisfy the activity test through paid employment		
Priority 4	Families with outstanding fees owing at Longreach Childcare Services		
Please identify which priority your child falls under:			
Priority 1	Priority 2	Priority 3	Priority 4

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Person must not be previously listed as a parent/guardian. Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full name					
Relationship to child					
Phone number/s	(M)				
	(W)				
	(H)				
Address					
Email address					
Can this person be contacted to deliver/collect your child from the education and care service?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	
Can this person be contacted 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?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	
Can this person give authorisation for the Service to take the child on regular outings?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Person must not be previously listed as a parent/guardian. Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full name					
Relationship to child					
Phone number/s	(M)				
	(W)				
	(H)				
Address					
Email address					
Can this person be contacted to deliver/collect your child from the education and care service?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	
Can this person be contacted 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?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	
Can this person give authorisation for the Service to take the child on regular outings?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Parent/guardian 1	Yes		No	
	Parent/guardian 2	Yes		No	

PERSON/S AUTHORISED TO DELIVER/COLLECT CHILDREN FROM EDUCATION AND CARE SERVICE

Education and Care Services National Regulations - Regulation 99 (4a, ii, iii, 4b)

These persons are optional, additional people required for delivery/collection of children. Please leave blank if you do not require any additional people for delivery/collection of your child or see Admin if you require more Person's Authorised to Deliver/Collect your child from the Education and Care Service.

Full name					
Relationship to child					
Address					
Phone number/s	(M)				
	(W)				
	(H)				
Can this person deliver/collect your child from the education and care service?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	

Full name					
Relationship to child					
Address					
Phone number/s	(M)				
	(W)				
	(H)				
Can this person deliver/collect your child from the education and care service?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	

Full name					
Relationship to child					
Address					
Phone number/s	(M)				
	(W)				
	(H)				
Can this person deliver/collect your child from the education and care service?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	

AUTHORISATIONS – Illness, accident and emergency treatment

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)

Do you authorise the Nominated Supervisor or other educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
Do you authorise the Nominated Supervisor or other educator to administer paracetamol in the event your child registers a temperature of 38°C or higher as per <i>Incident, Injury, Trauma and Illness Policy</i> ? <i>(you must still collect your child from the service)</i>	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	

AUTHORISATIONS – Health and Safety

Do you authorise educators to apply SPF30+ sunscreen to your child prior to sun exposure? <i>(If not, please provide a letter releasing the Service of any liability)</i>	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
Do you authorise educators to apply Band-Aids or sticking plasters when necessary?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
Do you authorise educators to apply Nappy Cream/Paste as required (supplied by parents)?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
Do you authorise educators to apply Insect Repellent to your child as required (supplied by parents)?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	

AUTHORISATIONS – Photography and Video

Displays permission - Do you authorise photos and video footage of your child to be displayed on walls throughout the Service?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
Internal permission - Do you authorise photos and video footage of your child to be used internally via the following channels? - Daily updates on OWNA - Centre event posts on OWNA - Longreach Childcare Services newsletter	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
Student permission - Do you authorise photos and video footage of your child to be used for student training purposes (photos and video footage may leave the Service for students to present to trainers for assignment marking)?	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
External permission - Do you authorise photos and video footage of your child to be used externally via the following channels? - Longreach Childcare Services brochure - Longreach Childcare Services website - Longreach Regional Council social media - ILLY newsletter - Childcare Information Paper Report for Longreach Regional Council meetings	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	

PARENT/GUARDIAN AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

I agree to keep my fees paid up to date, as per <i>Payment of Fees Policy</i> , and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all permanently booked days are paid for even when my child is absent due to sickness or on holidays.	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
I agree to pay a late fee of \$20.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	

I agree to provide two weeks written notice to withdraw my child or reduce booked days.	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's <i>Medication Record</i> form on OWNA. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Director deems the child well enough to attend Service.	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
I have read the Family Handbook and am familiar with the Service's Policies located in each room and in the office. I agree to follow, support and abide by these policies and am aware that the Leadership Team are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously via Survey Monkey.	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	
I agree to inform the Service in writing immediately of any changes to the above information.	Parent / guardian 1	Yes		No	
	Parent / guardian 2	Yes		No	

ATTACHMENTS

Please ensure ALL of the following documents are attached to this application before submission. Tick to confirm documents have been attached:			
AIR Immunisation History Statement		ASCIA Action Plan for Allergies, Anaphylaxis or Asthma <i>(if required)</i>	
Photo identification of all emergency contacts		Copies of any family law or other relevant court Orders and/or legal documents <i>(if required)</i>	
A recent photo of your child			

SUBMISSION

I have read and understood the information in this application. Information provided is true and correct. Information about other people has been given with their authorisation.					
Parent/Guardian 1 print name		Signature		Date	
Parent/Guardian 2 print name		Signature		Date	

Thank you for completing your enrolment form. Please save and email through to adminccs@longreach.qld.gov.au with required documents as attachments or print and return a hard copy to the Administration Office. You will be contacted regarding your booking as soon as possible.

Privacy Disclaimer

We acknowledge and respect the privacy of our 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.