



ENROLMENT FORM

Have you used Huon Valley Council Children's Services before?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
ENROLLING PARENT 1 <input type="checkbox"/> OTHER _____				PARENT 2 <input type="checkbox"/> PARTNER <input type="checkbox"/>					
First Name:				First Name:					
Surname:				Surname:					
Date of Birth:				Date of Birth:					
Address:				Address:					
Suburb/Town:				Suburb/Town:					
Home Phone:				Home Phone:					
Mobile Phone:				Mobile Phone:					
Email Address:				Email Address:					
Medicare No:				Child's No. on card:					
WORK/STUDENT:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual		WORK/STUDENT:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual			
Place of work:				Place of work:					
Contact No:				Contact No:					
Occupation:				Occupation:					
CHILD/REN DETAILS									
ADDRESS: (Child/ren's place of residence):									
	Given Names	Surname	Gender	Date of Birth	School	Grade			
1			M <input type="checkbox"/> / F <input type="checkbox"/>						
2			M <input type="checkbox"/> / F <input type="checkbox"/>						
3			M <input type="checkbox"/> / F <input type="checkbox"/>						
4			M <input type="checkbox"/> / F <input type="checkbox"/>						
Are there any Family Court, Custody or Restraining Orders relevant to the above mentioned child/ren? (If "YES", a copy needs to be provided to the Manager Children's Services) <input type="checkbox"/> YES <input type="checkbox"/> NO									
CENSUS INFORMATION (The following questions are used for Census purposes)									
PARENT 1 / GUARDIAN				PARENT 2 / PARTNER					
Country of Birth:				Country of Birth:					
Primary Language spoken at home (if not English):				Primary Language spoken at home (if not English):					
Religion:				Religion:					
Aboriginal <input type="checkbox"/>		Torres Strait Islander <input type="checkbox"/>		Aboriginal <input type="checkbox"/>		Torres Strait Islander <input type="checkbox"/>			
Cultural Background:				Cultural Background:					
CHILDREN		CHILD 1		CHILD 2		CHILD 3		CHILD 4	
Country of Birth:									
Primary Language spoken at home:									
Aboriginal or Torres Strait Islander:		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Religion:									
Cultural Background:									

FAMILY REGISTRATION CONSENTS (This agreement is for the child/ren listed on the front of this form)

The person responsible for payment of the account is: _____

Postal address: _____

Email Address: _____

MEDICAL TREATMENT: I give permission for the staff to seek medical attention from a registered medical practitioner, hospital or ambulance service, as deemed appropriate, in the event of an illness or injury to my child and I agree to be responsible for any medical expenses incurred.* YES NO**INFECTIOUS ILLNESS:** I agree to advise of any infectious condition affecting my child. YES

I understand that my child / ren should not attend care if they have an infectious illness

 YES**IMMUNISATION:** (It is a requirement that proof of immunisation be provided).

I have provided proof of immunisation.

 YES NO

If your child is not immunised, have you provided a copy of your Conscientious Objection?

 YES NO

I understand that if there is an outbreak of an infectious illness and my child / ren is not immunised and I have not provided a copy, my child /ren may be excluded from care and fees will be charged.

 YES**SUNSCREEN:** I give permission for Sunscreen (Hamiltons Optimal SPF 30+) to be applied as per the Sun Protection Guidelines. YES NOIf **NO**, I agree to provide my own sunscreen. Brand _____**TRANSPORT:** I give permission for my child to be transported in a vehicle driven by staff, in an age / weight appropriate restraint.* YES NO

In the case of an emergency, I give permission for my child to be transported by ambulance to receive medical attention.*

 YES NO**PHOTOGRAPHS:** I give permission for photographs of my child to be taken and used for promotional purposes i.e. Facebook and local newspapers, child records and evidence for study purposes of educators.* YES NO**FACE PAINTING:** I give permission for my child to have face paint, nail polish or coloured hair spray applied. YES NO**CHILD CARE BENEFIT STATEMENT:** The Department of Education and Training requests that a Statement of Child Care Subsidy (CCS) be issued to parents/guardians every fortnight.

Do you wish to receive a fortnightly CCS Statement?

 YES NOIf **YES**, do you wish to receive it be email? (Complete email details on page 1) YES NO**DAILY COMMUNICATION:** Do you require a communication book for your child? YES NO**CANCELLATION OF CARE:** I agree to give one (1) weeks paid notice before terminating care* YES**CHANGE OF DETAILS:** I agree to notify of any changes to the above information.* YES

I understand that the information on this form is collected to enable my child to be placed in care and will be treated in confidence according to the Council's Confidentiality Policy.

 YES NO***In cases of court orders, enrolment / child details are required to be completed by the relevant DHHS Secretary or their designated representative.****Full enrolment forms are required if re-enrolling after a period of 18 months of initial enrolment.**

SIGNED _____

DATE: ____/____/____

(Parent / Guardian)

EMERGENCY CONTACTS & AUTHORITY TO COLLECT (other than parent / guardian) Please ensure that these individuals are able to be contacted during the time that your child/ren is in care and is available to collect your child/ren if required.

Full Name:		Full Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:	
Work Phone:		Work Phone:	
Email Address:		Email Address:	
Relationship to Child:		Relationship to Child:	

MEDICAL DETAILS

Family Doctor:		Phone:	
Address:			

Does your child / ren have any medical conditions/allergies? (e.g. food, insect etc). (You may be required to complete a care plan). Please state: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO *
-------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

Does your child / ren suffer from Asthma? If YES , an Asthma Management Plan must be provided prior to your child being left in care. Medication is required daily.	<input type="checkbox"/> YES <input type="checkbox"/> NO *
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

Does your child / ren have any additional needs or a disability? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO *
------------------------------------------------------------------------	------------------------------------------------------------

Does your child / ren celebrate any significant dates / events that can be incorporated into the program? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

****If you have answered "YES" to any of the above information, you may be required to complete additional forms. You will also need to discuss details with your Room Leader / Co-ordinator.***

CHILD CARE SUBSIDY (CCS) PROCESSING INFORMATION

Have you/your partner registered for CCS through the Family Assistance Office?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------------------------------------------------------------	----------------------------------------------------------

If **"YES"**, Name of **Registered Parent**:

PARENT CRN (Customer Reference Number):

CHILD'S NAME	CHILD'S CRN	OFFICE USE	
		ENROLMENT ID	ADVANCE
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

If **"NO"**, please give details (eg. paying full fee, applying for CCS):

Do you have a child / ren attending another approved child care service? If YES , it is recommended that a Nomination of Eligible Hours form be completed which is available from the Service. If this situation changes, please advise Office Staff.	<input type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Are you entitled to Additional Child Care Subsidy (Transition to Work)? If YES , a copy of your Additional Child Care Subsidy approval letter must be provided to the Service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Answering **YES** to any of the above questions may affect your child's CCS percentage or entitlement to eligible hours and allowable absence days. To avoid underpayment, contact us if your usage or other childcare services change.

DAYS OF CARE REQUIRED

I understand my Complying Written Arrangement is classified as: Permanent Casual

Child's name	Date of Birth	Mon	Tues	Wed	Thurs	Fri
		Start Time	Start Time	Start Time	Start Time	Start Time
		Finish Time	Finish Time	Finish Time	Finish Time	Finish Time
		Start Time	Start Time	Start Time	Start Time	Start Time
		Finish Time	Finish Time	Finish Time	Finish Time	Finish Time
		Start Time	Start Time	Start Time	Start Time	Start Time
		Finish Time	Finish Time	Finish Time	Finish Time	Finish Time
		Start Time	Start Time	Start Time	Start Time	Start Time
		Finish Time	Finish Time	Finish Time	Finish Time	Finish Time

Date Booking to Commence: _____

Service / Room to be used: _____

Fee to be charged: _____

Fees are on display at the service

- **PARENT/GUARDIAN DECLARATION – I, the Parent / Guardian, agree to:**
- Pay the fees as set out in the Service Fee Schedule.
- **RECORD AND INITIAL** the time of arrival and departure of my child in care on the sign-in sheets/timesheets.
- Provide prior notice of absence, and **INITIAL** these on the sign-in sheets/timesheets.
- Having fully discussed all aspects of my care arrangements jointly recording the agreements reached above, I accept my responsibilities as outlined and agree to notify of any changes and if necessary, re-negotiate the Contract. I understand that failure to abide by the conditions of this contract could result in the loss of my child care place / s.
- Contact the Family Assistance Office if there are any enquiries regarding eligibility for CCS.

Signed: _____ Date: ____/____/____

(Parent 1 / Guardian)

The personal information requested on this form is being collected by the Council for the purposes of childcare and the *Education and Care Service National Law Act 2010* and will be used for those primary purposes. The intended recipients of the information are Council Officers and State and Commonwealth Government Departments. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it.

Failure to provide this information may result in your application for care not being able to be processed or the service not being able to be provided. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and you may make application for access or amendment to your information in writing to the General Manager, PO Box 210, Huonville 7109. You may be charged a fee for this service.