



# BLAND/TEMORA FAMILY DAY CARE

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SPONSORED BY BLAND/TEMORA SHIRE COUNCILS



## ENROLMENT DETAILS (*Confidential*)

### FAMILY DETAILS

When completing this form please use a black or blue pen and place a tick (✓) in the boxes (☐). Thank you.

Mrs  Mr  Ms  Miss

Today's Date: .....

First Name: ..... Surname: .....

Other / Former Names: ..... D.O.B: .....

Street Address: .....

Town: ..... State: ..... Postcode: .....

Postal Address: .....

Home Phone: (...) ..... Mobile: ..... Fax: .....

Email Address: .....

#### Family Status:

Two Parents  One Parent Mother  One Parent Father  Guardian/s

#### Employment Status:

Full Time  Part Time  Casual  Not Employed  Pension/Benefits  Student

**Workplace** /  **Study:** *(If studying, please supply supporting documentation.)*

(1) ..... Phone: (.....) .....

Occupation: .....

Days / Times: .....

(2) ..... Phone: (.....) .....

Occupation: .....

Days / Times: .....

**Are you or your partner a registered Family Day Care Educator?**  Yes  No

If you answered yes, are you aware that you cannot claim Child Care Benefit (CCB) for your children on a day that you or your partner are offering care, if enrolled with another Family Day Care educator?  Yes  No

**Cultural Background:** Country of Birth: .....

Ethnic Group:  Aboriginal  English Speaking  Non-English Speaking

Primary Language: .....

**SPOUSE OR PARTNER**

Mrs  Mr  Ms  Miss

First Name: ..... Surname: .....

Other / Former Names: ..... D.O.B: .....

Street Address: .....

Town: ..... State: ..... Postcode: .....

Postal Address: .....

Home Phone: (...) ..... Mobile: ..... Fax: .....

Email Address: .....

**Employment Status:**

Full Time  Part Time  Casual  Not Employed  Pension/Benefits  Student

**Workplace** /  **Study:** *(If studying, please supply supporting documentation.)*

(1) ..... Phone: (..) .....

Occupation: .....

Days / Times: .....

(2) ..... Phone: (..) .....

Occupation: .....

Days / Times: .....

**Cultural Background:** Country of Birth: .....

Ethnic Group:  Aboriginal  English Speaking  Non-English Speaking

Primary Language: .....

**FIRST CHILD'S DETAILS: (Confidential)**

First Name: ..... Surname: .....  Male  Female

Other / Former Names: .....

D.O.B: ..... Place of birth: .....

A copy of the child's Birth Certificate must be provided. Is this provided?  Yes  No

Child's Medicare No: \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ + the number for this child \_\_\_

School Status:  At School  Non- School

Reason for Care:  Risk  Work/Study  Parent/Child Disability  Respite

Country of Birth: ..... Primary Language: .....

Ethnic Group:  Aboriginal  English Speaking  Non-English Speaking

**BOOKING DETAILS:**  Weekly  Fortnightly  Rostered  Casual Hours

Times	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Start							
End							

Does this child attend another Child Care Service:  Yes  No

If yes: Name of the service: .....

Please state, if known, the number of allowable absences the child has used this financial year? .....

Number of eligible hours you would like for Bland/Temora Family Day Care (FDC): .....

Date of Commencement with the other service: .....

**CHILD'S HEALTH HISTORY**

A copy of the child's immunisation history statement from the Australian Childhood Immunisation Register (Medicare) must be provided. Is this provided?  Yes  No

Any health history relevant to the child's care? .....

**Please list any special needs:**  Physical impairment  Eyesight & hearing difficulties

Asthma  Epilepsy  Other: .....

Does the child have a Management Plan?  Yes  No *(You will be required to supply a copy)*

**Any allergies?**  Bee Stings  Peanut butter  Other .....

Will your child be required to take any medication while in care?  Yes  No

If yes, Medication Name: .....

Dosage: ..... Frequency: .....

**CHILD'S ROUTINE**

Has your child been in care before?  Yes  No

If so, what type of care? .....

Does your child have a security toy/comforter (e.g. teddy, dummy)? .....

Does your child have any particular fears? .....

If so, what settles them? .....

Is your child toilet trained?  Yes  No If no, at what stage is your child? .....

Are there any special words your child uses, which we should be aware of? .....

Does your child have any special needs? .....

If your child has allergies or special diet, please comment: .....

Any other comments: .....

**OTHER PARENT'S DETAILS (IF NOT SPOUSE)**

Name: ..... Town: .....

Phone: (.....) .....

Access:  Yes  No Court orders photocopied?  Yes  No

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*Important Note: CARE CANNOT START until a copy of each child's birth certificate and immunisation history statement from the Australian Childhood Immunisation Register (Medicare) has been provided. (Immunisation details from the blue book is not acceptable).*

**SECOND CHILD'S DETAILS: (Confidential)**

First Name: ..... Surname: .....  Male  Female

Other / Former Names: .....

D.O.B: ..... Place of birth: .....

Child's Medicare No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ + the number for this child \_\_\_\_

School Status:  At School  Non- School

Reason for Care:  Risk  Work/Study  Parent/Child Disability  Respite

Country of Birth: ..... Primary Language: .....

Ethnic Group:  Aboriginal  English Speaking  Non-English Speaking

**BOOKING DETAILS:**  Weekly  Fortnightly  Rostered  Casual Hours

Times	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Start							
End							

Does this child attend another Child Care Service:  Yes  No

If yes: Name of the service: .....

Please state, if known, the number of allowable absences the child has used this financial year? .....

Number of eligible hours you would like for Bland/Temora Family Day Care (FDC): .....

Date of Commencement with the other service: .....

**CHILD'S HEALTH HISTORY**

A copy of the child's immunisation history statement from the Australian Childhood Immunisation Register (Medicare) must be provided. Is this provided?  Yes  No

Any health history relevant to the child's care? .....

**Please list any special needs:**  Physical impairment  Eyesight & hearing difficulties

Asthma  Epilepsy  Other: .....

Does the child have a Management Plan?  Yes  No (You will be required to supply a copy)

**Any allergies?**  Bee Stings  Peanut butter  Other .....

Will your child be required to take any medication while in care?  Yes  No

If yes, Medication Name: .....

Dosage: ..... Frequency: .....

**CHILD'S ROUTINE**

Has your child been in care before?  Yes  No

If so, what type of care? .....

Does your child have a security toy/comforter (e.g. teddy, dummy)? .....

Does your child have any particular fears? .....

If so, what settles them? .....

Is your child toilet trained?  Yes  No If no, at what stage is your child? .....

Are there any special words your child uses, which we should be aware of? .....

Does your child have any special needs? .....

If your child has allergies or special diet, please comment: .....

Any other comments: .....

**OTHER PARENT'S DETAILS (IF NOT SPOUSE)**

Name: ..... Town: .....

Phone: (.....) .....

Access:  Yes  No Court orders photocopied?  Yes  No

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*Note: For any subsequent children please use the form titled 'Enrolment Details – Additional Child'.*

**CUSTOMER REFERENCE DETAILS. This section must be filled in.**

**PARENT CRN:** .....

**1<sup>st</sup> CHILD NAME:** ..... **1<sup>st</sup> CHILD CRN:** .....

**2<sup>nd</sup> CHILD NAME:** ..... **2<sup>nd</sup> CHILD CRN:** .....

This is the number given to you and your child/ren by Centrelink and the Family Assistance Office (FAO). Your number is located at the top of any FAO correspondence. The child's Customer Reference Number (CRN) may be located further down the page. Before care for your child/ren can start you **MUST** contact the FAO (13 61 50) to obtain your CRNs (if you cannot find them) and to confirm you will be starting care with Bland/Temora Family Day Care.

Will you be claiming Child Care Benefit (CCB) as a fee reduction each week?  Yes  No

Will you be claiming Child Care Rebate (CCR) as a fee reduction each week?  Yes  No

You **MUST** contact the FAO and ask to be assessed for Child Care Benefit and Child Care Rebate and to advise as to whether you wish to claim them either as a fee reduction or at the end of the tax year. If they ask for the Family Day Care's CRN it is 555 001 146X.

Do any of your children, enrolled in FDC, attend another child care service?  Yes  No

If yes, how many hours would you like to nominate for FDC? .....

Do any of your other children, not enrolled in FDC, attend another child care service?

Yes  No

Week 1

Week 2

Normally

(write how many children)

If **yes**, name of child/ren: .....

Name of Service: .....

Days of Attendance: .....

**Details of Family Circumstances relevant to your child's/children's care:**

*(e.g. other people living in your home, court orders, special requirements, etc.)*

.....  
.....  
.....  
.....  
.....  
.....

**EMERGENCY CONTACTS (Confidential)**

*An Emergency Contact is someone other than yourself or your spouse, and preferably someone who lives close enough to be able to come and collect your child if you cannot be contacted.*

Name: ..... Address: .....

Town: ..... State: ..... Postcode: .....

Home Phone: ..... Mobile: ..... Work: .....

**Preferred Doctor:** Name: .....

Address: .....

Town: ..... State: ..... Postcode: .....

Phone: ..... Fax: .....

**Preferred Dentist:** Name: .....

Address: .....

Town: ..... State: ..... Postcode: .....

Phone: ..... Fax: .....

**EMERGENCY ARRANGEMENTS**

I hereby give permission for the service to seek urgent medical, dental or hospital treatment or ambulance service for my child/children in the case of an emergency; and I also give permission for my child/children to receive appropriate medical, dental or hospital treatment.

Signed: ..... Date: .....

**AUTHORISATION**

I hereby authorise the following person/s to collect my child/ren from the Educator’s home. I will give prior notice to the Educator before allowing these people to collect my child/ren.

Name: ..... Home Phone: ..... Work: .....

Address: .....

Name: ..... Home Phone: ..... Work: .....

Address: .....

Name: ..... Home Phone: ..... Work: .....

Address: .....



		Yes	No
1.	I hereby give permission for my child/ren to be included in observations/evaluations made by staff and/or Educators.		
2.	I hereby authorise the Educator to take my child/ren on outings away from the Family Day Care home, within West Wyalong/Temora Shires in a vehicle with appropriate restraints.		
3.	I give permission for photographs of my child taken whilst attending Family Day Care to be used in Family Day Care documentation and social media including, but not limited to, the Bland Shire Council's webpage/Facebook page (internet), newsletters, promotional materials, notice boards and local media (eg newspaper).		
4.	In the event of an emergency in the Family Day Care home, I authorise the Family Day Care staff to arrange a suitable alternative placement and, if necessary, transfer my child/ren to that home.		
5.	I agree to pay my Educator weekly/fortnightly the amount owed. I understand that failure to do so will result in my child/ren being refused care.		
6.	I am aware that the non-payment of fees owed to the Educator may result in the employment of a debt collection agency to recover such fees.		
7.	I give permission for Bland/Temora Family Day Care to email the Child Care Benefit and Rebate Statement to the email address provided.		
8.	In the event of my child/ren contacting an infectious disease, I agree to exclude him/her from Family Day Care for the period of time recommended by the Doctor or covered by NSW Health recommendations and, upon request, provide a Doctor's certificate.		
9.	I am aware that my child/ren must be signed in and out of care each day on the attendance records and full signature will be made in the parent signature section.		
10.	I agree to notify Family Day Care of allowable absences incurred by my child/ren whilst enrolled at another Child Care Service on a regular basis or give permission for Family Day Care to obtain this information from the other Child Care Service.		
11.	I agree to consult with the Coordinator before I alter my care arrangements with my child's/children's Educator.		
12.	I agree to provide updated information to Family Day Care on a regular basis and notify Family Day Care of any changes to my enrolment details.		
13.	I understand that Bland/Temora Family Day Care operates under Priority of Access (see below) and I will inform the Scheme of any changes in my employment status which could affect Priority Of Access.		
14.	I recognise that without documentation, I cannot be considered as a priority and care can only be offered if places are available.		
15.	I realise that if I am offered a place for my child/ren, I may be asked to vacate this place in order to provide a place for a parent who qualifies for care under a higher Priority than I do.		

**PRIORITY OF ACCESS** - The Federal Government has determined guidelines for allocating child care places. The following 3 levels of priority must be followed by child care providers:

**Priority 1** a child at risk of serious abuse or neglect.

**Priority 2** a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act.

**Priority 3** any other child.

**PARENT/GUARDIAN'S NAME:** .....

**SIGNATURE:** .....

**Date:** .....

## MANAGEMENT STATEMENT

**The Commonwealth Privacy Act 1988 (Private Sector) Act 2000, Health Records Act 2001.**

Protection of privacy and the need for confidentiality is fundamental in providing a high quality child care service.

- ◆ The primary purpose the service collects information is to enable Bland/Temora Family Day Care to provide your child with an individual, developmentally appropriate program that is educational, stimulating, nurturing and safe.
- ◆ Bland/Temora Family Day Care requires certain information to be collected in accordance with the administration of the Child Care Benefit, regulations or legislation that directly relate to the operation of a children's service.
- ◆ Bland/Temora Family Day Care discloses personal and sensitive information to the service staff for the specific purpose of administration and education of your child.
- ◆ Bland/Temora Family Day Care will obtain parent/guardian permission before disclosing personal information to a professional attending the service for the specific purpose of providing a service for your child. This includes Early Intervention services, health services relating to children, family support, other child care services and all programs under this services sponsorship.
- ◆ Personal information collected about children is regularly disclosed to their own parents or guardian. On occasions information such as children's personal achievements, child portfolios and photographs are displayed within the boundaries of approved Family Day Care educators and service premises.
- ◆ Parents/guardians have the right to access personal information collected about them or their child. However, there may be occasions when access is denied. Such occasions would include where it would have an unreasonable impact on the privacy of others, where access may result in a breach of the service's duty of care to the child or where children have provided information in confidence.
- ◆ Bland/Temora Family Day Care will not disclose your personal information to third parties for their own marketing purposes without your consent or for any other reason than for the purpose for which it was collected.
- ◆ Bland/Temora Family Day Care will pass a copy of your child's enrolment form and all details pertaining to the said document onto approved educators with Family Day Care. The original document will remain with the Coordination Unit staff and will be limited to the staff.
- ◆ If you provide Bland/Temora Family Day Care with personal information of others such as doctors or emergency contacts, Bland/Temora Family Day Care encourages you to inform them that you are disclosing that information to the service and why. You will also need to inform them that they can access the information if they wish to do so.
- ◆ Bland/Temora Family Day Care takes all reasonable precautions to ensure personal information that we collect, use and disclose is accurate, complete and up to date. Please ensure you inform the service of any changes to the information.

**PARENT/GUARDIAN'S NAME:** .....

**SIGNATURE:** ..... **Date:** .....

### OFFICE USE ONLY

Educator chosen: .....

Date to start care: .....

First Child: ..... Enrolment ID: .....

Second Child: ..... Enrolment ID: .....