



Please attach a recent photograph of your child here for identification purposes

Hills Community Child Care
 PO Box 5
 Olinda 3788
 9751 0001

Enrolment Form/Complying Written Arrangement

Child Information

First Name:	
Surname:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
DOB & CRN:	
All bookings are for routine permanent child care. Session times are from 9:15am-2:15pm on Tuesday, Wednesday, Thursday and Friday. Casual sessions are available dependent on capacity.	
All fees charged per session: 1 st child-\$80 Subsequent child/children-\$75	
Day/s of care required:	
Commencement date of care:	
If the child has previously been in care please state what type and when:	
Languages spoken:	
Is the Child of Aboriginal or Torres Strait Islander decent?:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Names and ages of other children in the family:	
Does either parent/guardian have a disability?:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there any religious/cultural practices that you wish the centre to be aware of?	
Please provide any other information about your child you feel HCCC should know (ie favourite activities, excessive fears etc)	

Parent / Guardian Details

PARENT/GUARDIAN		PARENT/GUARDIAN	
Name:		Name:	
Address:		Address:	
Phone:	(home)	Phone	(home)
	(work)		(work)
	(mobile)		(mobile)
Email Address:		Email Address	
Does the child live with the parent/guardian?	YES / NO	Does the child live with the parent/guardian?	YES / NO
Occupation:		Occupation:	
Languages spoken:		Languages spoken:	
Parent DOB & CRN (whom child is registered under with Centrelink):			
Other residency arrangements (please give details)			
Name:			
Address:			
Phone:	(home)		
	(work)		
	(mobile)		

Parents

All parents have powers and responsibilities in relation to their children, which can only be challenged by a court order. The Children's Services Regulations 1998 refer to these powers and responsibilities as "lawful authority". 'Lawful Authority' is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of a "guardian" under the Children's Service Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases the guardian is the person the child lives with who has day to day care and control of the child.

Court Orders in Relation to the Child

Are there are courts order regarding the powers and responsibilities of the parents in relation to the child or access to the child?

YES / NO

If yes please complete the following:

1. Attach a copy of the original court orders to the enrolment form:
2. Please provide details below if these orders changes the powers of a parent/guardian to:
 - i. Collect the child
 - ii. Authorise the taking of the child outside the service
 - iii. Consent to the medical treatment of the child
 - iv. Request or permit the administration of medication to the child

Persons Authorised to Collect the Child

Please provide details below of authorised persons who in the event of the parent/guardian not being available could collect the child from the service. In the event that the child is not collected from the service and the parent/guardian cannot be contacted this list will also be used to arrange someone to collect the child.

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

Emergency Contact

Please provide below two people who can act as an emergency contact in a case of accident or injury, trauma or illness if the parent / guardian cannot be contacted. If this list is the same as above please write "as above".

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

Medical Information

How would you describe your child's health?
Has she/he had any history of illness?
Does she/he have a medical condition? If so please outline management procedures. If the medical condition is asthma please complete the attached asthma action plan.
Is there any other information regarding your child's well being that we should know (eg allergies, food intolerances)? If so please specify and complete attached form.
Medicare Number:
Ambulance Subscription: YES / NO

Name of Medical Practice:	
Name of Doctor:	
Address:	
Phone:	
Maternal & Child Health Centre:	
Contact Name:	
Phone:	

Immunisation Record

There are strict DEECD guidelines and to finalise an enrolment for your child in occasional care you must provide the service with an Immunisation History Statement that shows your child is:

- up to date with vaccinations for their age OR
- on a vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated

It is a requirement of DEECD that the most current statement is held on record at HCCC. It is a requirement that you provide an updated statement each time your child is immunised. Please attach a copy of your child's current Immunisation History Statement.

A copy of the Immunisation History Statement can be obtained from the Australian Childhood Immunisation Register (ACIR):

- by phone: 1800 653 809
- by email: acir@medicareaustralia.gov.au
- through Medicare online using a MyGov account or
- by visiting a Medicare service centre

Declaration and Consent to Emergency Medical Treatment

I/We declare that the medical information in this enrolment form is true and correct and undertake to immediately inform HCCC in the event of changes to this information. I/ We also agree to collect or make arrangement for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service. I/We consent to the staff of HCCC seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is necessary and agree to reimburse any necessary expenses incurred by the children's service.

Signed:

Signed:

Print Name:

Print Name:

Date:

Date:

Photographic Consent

I/We consent to my child being photographed by HCCC staff members. I/We understand that these photos are for HCCC use only.

YES

NO

I/We consent for my child to be photographed and/or video taped in the event of media reporting

YES

NO

Signed:

Signed:

Print Name:

Print Name:

Date:

Date:

Payment Agreement

I/We understand that:

- Fees are payable four weeks in advance
- Bookings are made on a term by term basis
- There will be no refund of fees for days that my child does not attend due to illness or holidays
- Four weeks notice must be given in writing to cancel a booking
- Non payment of fees will result in forfeiture of my child's enrolment

Signed:

Signed:

Print Name:

Print Name:

Date:

Date:

Policy and Philosophy Statement

I/We agree to abide by all policy and philosophy guidelines of HCCC. Copies of these are available on request at the centre.

Signed:

Signed:

Print Name:

Print Name:

Date:

Date:

Privacy Statement

HCCC uses this enrolment form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct the information on this form on request by contacting the Care Coordinator.