

SCOOSH FAMILY ENROLMENT **FORM**

Please note the following

Approved Provider:

Means the Parent Committee

Authorised Nominee:

Means a person who has been given permission by a parent or family member to collect the child from the service and who can be contacted in case of an emergency when either of the parents cannot be contacted. For further information, please go to the Emergency and Authority to Collect Your Child

Nominated Supervisor:

Means a person nominated by the Approved Provider. It is generally the co-ordinator

SCOOSH e-mail: cronullasouthoosh@gmail.com

SCOOSH PH: 0419 865 015

CHILDS DETAILS

SURNAME:

GIVEN NAME(S):

OTHER NAME BY WHICH KNOWN:

PLACE OF BIRTH (COUNTRY):

CRN NUMBER (9 DIGITS PLUS LETTER):

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DATE OF BIRTH:

GENDER:

POSITION IN FAMILY:

HOME ADDRESS:

CLASS:

CULTURAL BACKGROUND / BELIEFS:

LANGUAGE SPOKEN AT HOME:

ENROLMENT INFORMATION

PREFERED START DATE (DD/MM/YY):

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DAY	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

IMMUNISATION RECORD ATTACHED

BIRTH CERTIFICATE ATTACHED

MEDICAL ACTION PLAN ATTACHED

CUSTODIAL ORDER ATTACHED

PROOF OF YOUR CHILDS CURRENT ADDRESS

ENROLMENT FEE PAID

PARENT/ GUARDIAN DETAILS

	PARENT/ GUARDIAN 1 DETAILS	PARENT/ GUARDIAN 2 DETAILS
SURNAME:		
GIVEN NAME(S):		
RELATIONSHIP TO CHILD:		
OTHER NAME BY WHICH KNOWN:		
PLACE OF BIRTH (COUNTRY):		
CRN NUMBER (9 DIGITS PLUS LETTER):		
DATE OF BIRTH:		
DRIVERS LICENCE NO:		
HOME ADDRESS:		
MOBILE PH:		
HOME PH:		
EMAIL ADDRESS:		
EMPLOYER:		
WORK ADDRESS:		
WORK PHONE:		
AUTHORISED TO COLLECT CHILD:	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMERGENCY CONTACTS
(AUTHORITY TO COLLECT AUTHORISED NOMINEE)

In my absence, I hereby give permission for the below persons to be contacted:

FULL NAME:		
RELATIONSHIP TO CHILD:		
ADDRESS:		
AUTHORITY TO COLLECT CHILD:	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME PH:		
WORK PH:		
MOBILE:		
I give permission for the above listed person to:		
Consent medical treatment or authorise the administration of medication to my child if either parent cannot be immediately contacted.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Notified of an emergency to my child if either parent cannot be immediately contacted.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Authorise my child to be given into the care of a person or taken outside the premises- -Because the child requires medical, hospital or ambulance care or treatment; or -Because of another emergency	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Authorise an educator to take my child outside of the centre if either parent cannot be immediately contacted.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

PARENT/ GUARDIAN 1 SIGNATURE:	
PARENT/ GUARDIAN 2 SIGNATURE:	

CUSTODIAL ORDER
(OR LEGAL PARENTING ARRANGEMENTS)

TYPE (PLEASE TICK)

Custodial Order Parenting Order Court Order Parenting Plan

DATE OF ISSUE: (DD/MM/YY):

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CUSTODIANS FULL NAME:	
ADDRESS:	
HOME PH:	
WORK PH:	
MOBILE:	
Person(s) denied access & not to collect child	
Relevant information about custodian order	
CUSTODIANS SIGNATURE:	

INTERVENTION SERVICE

If enroled with an intervention service please give details:

UNIT	
CONTACT DETAILS	
ATTENDANCE	
I give permission for the Centre Manager to liaise with the Intervention Service in order to provide the most beneficial program for my child. I understand that He/ She will notify me of such contacts as they occur.	YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL CONTACTS

FAMILY DOCTOR

FULL NAME	
ADDRESS	
CONTACT DETAILS	

FAMILY DENTIST

FULL NAME	
ADDRESS	
CONTACT DETAILS	

FAMILY PAEDIATRICIAN

FULL NAME	
ADDRESS	
CONTACT DETAILS	

NOMINATED PERSON OR BODY

FULL NAME	
ADDRESS	
CONTACT DETAILS	

In the event of an emergency, illness or accident (when the centre is unable to contact the Parent / Guardian, authorised emergency contact or the Authorised Nominee), I/we give the Approved Provider, Nominated Supervisor or Responsible Person at the centre consent to seek Medical or Hospital attention for my/our child from a registered medical practitioner and/or an ambulance service and to be transported by ambulance service. In the event of an illness, trauma or accident sustained at the centre I/we agree to pay any expenses incurred for medical treatment and transportation.

PARENT/ GUARDIAN 1 SIGNATURE:	
PARENT/ GUARDIAN 2 SIGNATURE:	

CCS & CCMS INFORMATION

To ensure that you are linked to our centre through the Child Care Management System (CCMS) and to have Childcare Subsidy (CCS) applied to your child care fees, you must contact Centrelink to confirm that they have correct name and date of birth for both parent & child who are registered for CCS. Please complete the following information accurately to ensure that your CRN is linked to our centre and to enable you to receive CCS:

Please tick which Parent / Guardian (as on Page 3) is the person registered for CCS:

PARENT / GUARDIAN 1

PARENT / GUARDIAN 2

I have provided my child's CRN number (as on Page 3)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has The child attended another OOSH centre this financial year	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the child attending multiple OOSH centres	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any other children attendending a registered care service	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Verification of details held at Centrelink	YES <input type="checkbox"/>	NO <input type="checkbox"/>

1. The information I have provided above & on Page 3 is true & correct& that I have provided Centrelink with the same information.
2. I am responsible for communicating this information to Centrelink
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment
4. I understand that if any of the details are incorrect then full childcare fees are payable by me directly to the centre until the details are corrected with Centrelink

PARENT/ GUARDIAN 1 SIGNATURE:	
PARENT/ GUARDIAN 2 SIGNATURE:	

<https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>

MEDICAL HISTORY & INFORMATION

If you answer yes to any of the below questions that relate to your child's specific health care needs or required medical conditions while they are attending the centre, please provide a supporting letter and / or medical management plan from your doctor.

DOES YOUR CHILD HAVE ANY ALLERGIES: (If yes list below)	YES <input type="checkbox"/> NO <input type="checkbox"/>
ALLERGIES TO FOOD:	
OTHER ALLERGIES:	
HAS YOUR CHILD BEEN DIAGNOSED AT RISK OF ANAPHYLAXIS If yes an anaphylaxis plan must be provided to the centre prior to your start date.	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS YOUR CHILD BEEN DIAGNOSED WITH ASTHMA If yes an asthma management plan must be provided to the centre prior to your start date.	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR CHILD HAVE A HISTORY OF ILLNESS OR INJURY: (If yes list below)	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR CHILD HAVE ANY CURRENT HEALTH CARE NEEDS OR MEDICAL CONDITIONS: (If yes list below)	YES <input type="checkbox"/> NO <input type="checkbox"/>
IS YOUR CHILD CURRENTLY ON ANY PRESCRIBED MEDICATIONS: (If yes list below)	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS INCLUDING CULTURAL / RELIGIOUS REQUIREMENTS: (If yes list below)	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR CHILD HAVE ANY ADDITIONAL SPECIAL NEEDS: (If yes list below)	YES <input type="checkbox"/> NO <input type="checkbox"/>

HEALTH INSURANCE & MEMBERSHIP DETAILS

MEDICARE NUMBER	
PRIVATE HEALTH INSURANCE DETAILS	
HEALTH CARE FUND	
HEALTH CARE NUMBER	
AMBULANCE MEMBERSHIP NUMBER	

MEDICAL HISTORY & INFORMATION

Does your child have:

VISION IMPAIRMENT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SPEECH IMPAIRMENT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HEARING IMPAIRMENT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
KNOWN MEDICAL / BEHAVIOURAL PROBLEMS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES TO ANY OF THE ABOVE PLEASE DETAIL:		

IMMUNISATION FOR FURTHER INFORMATION

AIR Immunisation History Statement

Parents must provide an Australian Immunisation Register (AIR) History Statement (that shows a child is up to date or can't be immunised for medical reasons) OR an AIR Immunisation History Form (that shows a child is on a recognised catch-up schedule), when enrolling a child in childcare. Parents can request a copy of their child's AIR Immunisation History Statement at any time (up to their child being 14 years of age):

- using their Medicare online account through myGov <https://my.gov.au/>
- using the Medicare Express Plus App www.humanservices.gov.au/individuals/subjects/express-plus-mobile-apps
- calling the AIR General Enquiries Line on 1800 653 809

'Up To Date' children

Children who have had all the immunisations for their age will have the words "Up to date" on the top left hand side of their AIR Immunisation History Statement. The due date of the next immunisation will be recorded in the bottom section of the Statement. Children who cannot be immunised for medical reasons, or who have natural immunity, will still be recorded as "Up to date" if an AIR Medical Exemption Form has been filled out by a GP/nurse and sent to the AIR. The medical exemption or natural immunity will be listed near the bottom of the updated AIR Immunisation History Statement. For older children who have had all of their immunisations, their Statement will include the words "This child has received all vaccines required by 5 years of age" at the bottom of the page.

Updated Immunisation History Statement

After each immunisation, parents should provide their child's updated AIR Immunisation History Statement to their childcare centre.

Inaccurate AIR Immunisation

History Statement If some of the immunisations which have been given to your child are missing from their AIR Immunisation History Statement, parents need to contact the GP/ nurse who administered the vaccine to check that the records were sent to the AIR. Once the record has been corrected, request an updated AIR Immunisation History Statement.

'Not Up To Date' children

Children who have not had all the recommended immunisations for their age can still be enrolled in childcare once they start on a catch-up schedule. Your GP/nurse needs to fill out an AIR Immunisation History Form, send it to the AIR and give you a copy so that it can be provided to the childcare centre.

Please be aware that children who have not had all the recommended immunisations for their age may need to stay at home during a disease outbreak. This is to protect the child and stop the spread of disease.

Children vaccinated overseas

Overseas immunisation schedules may be different from the Australian schedule. If your child was immunised overseas, their immunisation record will need to be checked by a GP/nurse who will transfer the information to the AIR. Parents should then request an updated AIR Immunisation History Statement to give to the childcare centre.

More information

Australian Immunisation Register <https://www.humanservices.gov.au/individuals/services/medicare/australianimmunisation-register>

NSW Health www.health.nsw.gov.au/immunisation

NSW Health 'Save the Date to Vaccinate' www.immunisation.health.nsw.gov.au

Australian Government Department of Health Immunise Australia Program

www.immunise.health.gov.au

PLEASE NOTE A child cannot commence at SCOOSH unless this information has been provided to the centre and sighted by the Co-ordinator and or nominated authority at the centre.

Tick to Confirm:

Child Health records have been sighted and received by the responsible person of the Centre

I/We understand that in the event of an outbreak of a vaccine preventable disease at the centre, the management has to notify the Department of Health the names and details of any unimmunised children at the centre and that, if my child is not immunised he/she may be excluded from attendance for such a time as the Department deems necessary and that the daily fee at the centre must still be paid.

PARENT/ GUARDIAN 1 SIGNATURE:	
PARENT/ GUARDIAN 2 SIGNATURE:	

PERMISSIONS AND AGREEMENTS

I accept all responsibility for the payment of all fees payable in relation to my child whist enrolled at SCOOSH. I understand and accept that fees must be paid for all my child's absences.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for the staff at SCOOSH to seek urgent medical, dental or hospital treatment or call an ambulance if required.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for the staff at the centre to supply my child with hand wash to wash their hands with on a regular basis in each session.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for the staff at the centre to provide sun cream as required during the day to my child – we use Intergrity Health & Safety SPF 50+ Sunscreen Lotion.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for the staff to administer one dose (as per dosage on the bottle) of GlaxoSmithKline Children's Panadol to my child in the case of an emergency or when my child's temperature is over 38.0°Celcius. I understand that I will be contacted and informed of this situation. I agree to collect my child as soon as possible. I understand the potential risks and side effects of this medication for my child.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for the staff to apply Johnson & Johnson bandaids, ice packs or take their temperature (using a hand held digital thermometer) as required on my child	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for staff to use dettol, antiseptic cream, stingose for minor accidents.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for my child to participate in fire drills on a regular basis. I understand this involves gathering in an orderly manner in front of the neighbour's property.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for photographs to be taken of my child throughout their time at SCOOSH. I understand the photos will only be used within the centre to foster the child's self-awareness and provide me with the opportunity to view my child at play.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for my child's data (which includes, but is not limited to, Full Name, Date of Birth, Address, Telephone Number and Parent's Details) to be entered into the Kinderm8 Software for use in creating an online portfolio and information management. This portfolio will only be viewable by myself and anyone else that I share the login details with. Under no circumstances will Kinderm8 share this information with any third party. I agree that any registration information provided for use on Kinder m8 will always be accurate, correct and up to date. I acknowledge that I am responsible for keeping all usernames and passwords required to access the Application secure and confidential. I give permission for photographs and videos of my child, to be used in Learning Journals, which will be posted on the Kinderm8 site and may be emailed to other parents or guardians of children who attend this centre.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for my child/ren to watch DVD's rated both G and PG – selected by the staff.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I understand I must give 2 weeks' notice to any cancellation of permanent bookings.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I understand that all fees must be kept up to date and if they are not, my child's position at the centre will be jeopardised.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I must pay the \$33 (per child) or \$44 (per family) registration for my enrolment to be accepted.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I understand that I must let SCOOSH know if my child will be absent from SCOOSH via e-mail or phone before 2:50pm or a finder's fee will charged to my account.	YES <input type="checkbox"/> NO <input type="checkbox"/>

I agree that all the information I have given in this enrolment form is true to the best of my knowledge.

By signing below I agree to all the above information

PARENT/ GUARDIAN 1 SIGNATURE:	
PARENT/ GUARDIAN 2 SIGNATURE:	

Code of Conduct Policy/Contract (Parent's Guardians)

Preamble: Here at SCOOSH we place a high emphasis on the professional code of conduct of our staff and volunteers, through our philosophy we aim to meet the needs of all parents and guardians to create an environment in the centre which will reflect the nurturing at the home. Families are children's first and most influential educators, therefore we believe that all parents/guardians play a crucial and valuable role in the centre and parents/guardians participation and support enriches the children's program. SCOOSH promotes a welcoming and safe environment for all children and their families.

Purpose: This code of Conduct will assist in ensuring that SCOOSH offers a safe and welcoming environment for all children, families and staff. This policy will provide a guideline to promote desirable and appropriate behaviour to ensure that all interaction with children and adults is respectful, honest, courteous, sensitive, tactful and considerate.

Implementation/Parent's responsibilities

1. Parents must not be under the influence of alcohol or drugs when they drive a car to drop off or collect children from the centre. If a staff member suspects a parent is under the influence of either drugs or alcohol and that the child is at risk of significant harm, a staff member will inform the police and follow the centre procedure for reporting a child or young person at risk of significant harm.
2. Communication Use courteous and acceptable verbal and nonverbal language. Refrain from the use of profane, insulting, harassing, aggressive or otherwise offensive language whilst communicating with children, families and staff. Refrain from public criticism of children and adults at the centre.
3. Respect and value the rights, religious beliefs and practices of individuals. Refrain from actions and behaviour that constitute harassment or discrimination.
4. Safety comply with all policies and procedures of the centre, these are located in the parent library, be aware of the emergency evacuation procedures displayed.
5. Confidentiality Please respect the confidential nature of behaviour observed, whilst participating in the program, in relation to other children and adults. (Confidential policy/Privacy Policy Statement)
6. It is regulation that only staff members are to supervise children whilst they are toileting and hand washing.
7. Documentation Fill in and sign all forms accurately, including daily sign in and out on Ipads.
8. Ensure that Family Assistance Office has been contacted for childcare subsidy and registration and that information is current.
9. Give notification of any changes, absences, child's illnesses or change of personal details.
10. Ensure that staff is notified of any dietary requirements, special needs, medication or health management plans that involves their child/children.

11. Ensure that all childcare fees are as up to date as possible; if childcare fees are more than four weeks in arrears your child's position at the centre will be terminated.

12. Ensure that the centre has your child's most current immunisation schedule.

13. Behaviour Management/Positive Guidance be actively involved in behavioural management that may arise concerning their child/children, support staff, assisting where necessary to correct inappropriate behaviour.

Should any of these responsibilities not be met, the following steps will be undertaken:

- The matter will be discussed with the Parent/guardian and the appropriate process outlined.
- In the vast majority of cases, this will be the last action required and the matter will be resolved.
- Should the matter recur, a letter will be sent by the Co- Coordinator outlining the issue, the correct process and stating that another recurrence could lead to the cancellation of the booking.
- If the matter occurs a third time a letter should be sent by the Co- Coordinator referring to previous letters and conversations, and notifying of cancellation of the booking. It is essential that all such processes be undertaken in a respectful and professional manner. Signed and dated hard copies of all letters, meeting notes and records of conversations will be kept on file. References and Related documents: Children's Services Regulations (2004) under the Children and Young Persons (Care and protection) Act 1998/Children's legislation amendment (Wood enquiry Recommendations) Act 2009 The Early Years Learning Framework 2009 Equal Opportunity Act 1995 Occupational Health and Safety Act 2005 Early Childhood Australia Incorporated, Code of Ethics National Childcare Accreditation Council, first addition 2005 Quality Practices Guide United Nations Nationals General Assembly Convention of the Rights of the Child.

Acknowledgement of receipt Please tear off and return to the centre

I hereby acknowledge that on ----- (date) I received a copy of the SCOOSH Code of Conduct Policy (Parent's Guardians). I have read this policy, I understand its contents and I agree to abide by the principles, and practices and consequences set out within. I understand that the Co- Coordinator will deal with any breach of this policy and any serious breach could lead to the withdrawal of my child (ren)'s place at SCOOSH. I understand that a signed copy of this statement of commitment will be kept on file whilst my child(ren) remain at the centre, and will be archived in relation to legal requirements of the centre.

Name (please print) _____

Witness Name (please print) _____

Date _____

Date _____

Signature _____

Signature: _____