

Parent/Carer Details

CRN:

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	First	Middle	
Secondary Carer Full Name: _____ Surname: _____			
Relationship to Child: _____		Country of Birth: _____ DOB: __/__/__	
Home Address: _____		Suburb: _____ P/Code: _____	
Telephone: H: _____		W: _____ Mobile: _____	
Email address: _____		Occupation: _____	
Name of employer/organisation: _____			
Does the Child live with you?		Yes	No
		Shared Care	(Please Circle)
Comments: _____			
Tick to authorise: Pick-up		Drop-off	Emergency
		Medication	Medical
		Transport	

	First	Middle	
Third Parent/Carer Full Name: _____ Surname: _____			
Relationship to Child: _____		Country of Birth: _____	
Home Address: _____		Suburb: _____ P/Code: _____	
Telephone: H _____		W _____ Mobile _____	
Email Address: _____		Occupation: _____	
Name of Employer/organisation: _____			
Does the child live with the guardian?		Yes	No
		(Please circle)	
Comments: _____			
Tick to authorise: Pick-up		Drop-off	Emergency
		Medication	Medical
		Transport	

Emergency Authorised Person Contacts

In case of an emergency, Outlets NCEC will take all avenues to contact parents/guardian. If contact is unsuccessful, Outlets NCEC will contact the following people, in the order that they are listed.

By nominating listed contacts below you agree to these authorising persons consent to medical treatment (refer CWA pt.8) and/or administration of medication and authorise an educator to take the child outside the children's service premises by nominated service educator/supervisor (r108(b) r109 r110)

**** A legal photo ID of each emergency nominee/authorised person will be requested to be sighted & copied***

CONTACT ONE

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	Postcode:
Home Phone:	Mobile Phone:
Work Phone:	Email:
Tick to authorise: Pick-up	
Drop-off	Emergency
Medication	Medical
Transport	
Contact One Signature X	

CONTACT TWO

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	Postcode:
Home Phone:	Mobile Phone:
Work Phone:	Email:
Tick to authorise: Pick-up	
Drop-off	Emergency
Medication	Medical
Transport	

Contact Two Signature X

CONTACT THREE

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	Postcode:
Home Phone:	Mobile Phone:
Work Phone:	Email:
Tick boxes to authorise: Pick-up Drop-off Emergency Medication Transport	
Contact Three Signature X	

COURT/CUSTODIAL ORDERS RELATING TO THE CHILD

Are there any court orders, parenting orders or parenting plans relating to the powers and responsibilities or authorities of any person in relation to the child or access to the child?

YES (Please FOLLOW INSTRUCTIONS below) **NO**

1. Bring court order/s for staff to view and a copy to attach to this enrolment form
2. Are there any other court orders relating to the child's residence or the child's contact with a parent or another person?

YES **NO**

Please describe these changes and provide the contact details of any person given these powers:
Name: _____ Relationship: _____ Contact: _____

MEDICAL AND HEALTH INFORMATION

Family Doctor Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode:
Contact Phone:		

Family Dentist Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode
Contact Phone:		

Medicare Number:	Ambulance Cover: YES NO
Health Insurance Fund: YES NO	Insurance Number:
Health Insurance Name:	

Maternal Child Health Nurse:	First Name(s):	Surname:
Service Name:		
Address:		Postcode
Contact Phone:		

CHILD HEALTH INFORMATION

IMMUNISATION RECORD

Please attach a COPY of all relevant documentation in regard to the following.

Is your child fully immunised? **YES** **NO**

A COPY of your child's immunisation record must be sighted by a member of the **Outlets NCEC team and a COPY attached to this form.**

Sighted by: (Staff member's position) Date Sighted:

****Please ensure you notify Outlets NCEC upon the completion of each immunisation update.***

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following clauses to authorise:

General:

I/We give permission for this child to:

Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre)	YES		NO	
Have sunscreen applied prior to sun exposure <i>(If not, please provide a letter releasing the centre of any Liability)</i>	YES		NO	
Have Band-Aids or sticking plasters applied when necessary	YES		NO	
Have staff apply Nappy Cream/Paste	YES		NO	
Have staff apply Teething Gel	YES		NO	
Have staff apply Insect Repellent	YES		NO	

Photos and Video Footage:

I/We give permission:

For photos and video footage to be taken of my/our child for centre use and staff training purposes (Footage will not leave centre)	YES		NO	
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	YES		NO	
Do you give permission for Outlets NCEC to use photos and/or video of your child to promote the service in such things as Outlets NCEC in advertising flyers, Newsletters, Reports, Displays? <i>Please Note:</i> *If Outlets NCEC wishes for the inclusion of other details (such as age and surname or video footage to be used for the same purpose as mentioned above or Newspaper (Media) you will be given a separate consent form to sign authorising the release of this information.	YES		NO	

Excursions – Removal of child from premises by service – nominated educator/supervisor

r109(b) Service DOES NOT participate or schedule outings or Excursions (<i>refer to Service Transport Policy</i>)
r108 (2)(v) In the event of an Emergency ie: Fire and/or Centre disruption (<i>refer to Centre Emergency Plan and Po</i> Child/ren will be removed from premises to Safe premises – Newport Community Hub.

Office use only:

Attachments:	Received:	Comments: Write Medical condition eg: Asthma etc
Childs Birth Certificate		
Immunisation Record		
Medical Management Plans		
Authorisation for Medical treatment		
Court Orders		
Other		
Parent/Guardian (1) CoVid Cert (x3)		
Parent/Guardian (2) CoVid Cert (X3)		

(Common Written Agreement - CWA)

Full Name of Parent/Carer (PRINT)

I/We: _____

1. Have viewed the **Outlets NCEC** (hereafter called the **service**) and consent to the enrolment of the admitting child (hereafter referred to as the **child**)
2. Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
3. Understand that the person/s nominated as parent/carers are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
4. Agree to provide enrolment (*Part 7 sd.(i) CSRegs*) information to the Australian Government Department of Education and Training and the Department of Human Services (Centrelink) so that I/we can be contacted and provided with information on the new Child Care Subsidy (CCS) and the Additional Child Care Subsidy (ACCS)
***Note families are required to register with CentreLink to acquire a CRN and MyGOV for these subsidies**
Please see Centre Office for assistance. More information on CCS can be found on the Department of Human Services website: www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1
5. Agree to comply with all Government requirements in relation to the service
6. Agree to follow service implemented CoVid Plan for child/ren daily intake (*refer pt.10*)
7. Agree for medical treatment (*refer pt.8*) and/or administration of medication (*r61, r62*)
8. Agree that in the case of accident or injury, the service will attempt to contact me/us and where I/we cannot be contacted (*r109 (a)(i)(ii)*) consent to the medical treatment of child, service nominated supervisor or an educator to seek- medical care and/or ambulance service; and transportation of the child by ambulance service. I/we agree, that a service nominated educator or supervisor accompany the child, if requested by ambulance service for transportation. I/we agree to meet any cost incurred.
9. Agree that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition. Agree for service to take Child/ren temperature non-contact thermometer (*refer pt.7*)
10. Understand that the child will be accepted back into the service once a 'clearance certificate' for the child from a medical practitioner is received
11. Are aware that the service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
12. Agree to provide the service with all information regarding the health of my/our child
13. Are aware that the service may occasionally have visitors, or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service's appropriate supervision
14. Agree to pay the fees on the due day by method prescribed in the Service Fees Policy
15. Are aware that **to cancel child care**, that is booked in Permanent care, I/we are required to give notice **in writing two weeks prior to the date of withdrawal**; otherwise, fees will continue to be charged. During this period, we are aware that if our child does not attend, we are liable to pay full fees.
16. Are aware that fees are payable for all booked days, including absent days, ie. sick days, *family holidays*. (PermCare)
17. Understand that a system of payment for late collection operates at the service, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the service. Any late collection will result in a fee being charged.
18. **Please read clause below carefully re: CCS/ACCS**

I/we have read the above CWA and refer to pt.4

(Please Circle)

I/We **do not wish** to Register or CLAIM CCS/ACCS subsidy and agree to pay FULL Costs for Childcare YES NO

I/We have read, understood and agree to abide by the conditions of this Enrolment Agreement.

Primary Parent / Carer

Service Coordinator/Director

Print Name _____

Print Name: Therese McKenney CEO/Director)

Signature _____

Signature _____

Date _____

Date _____

Your commitment to us: **We/I understand that failure to pay fees is a breach of the Conditions of Enrolment and may initiate the procedure of termination of care and/or Debt collection with extra costs incurred to me/us. I/we accept all payments incurred for care. NB- if you have difficulties to pay invoice when requested please speak with office re: Payment Plan**
I, _____, have read and understood the above-mentioned payment statement and agree to the terms.

Signature _____ Date _____

(Please Circle)

(Please Circle)

I/we have received Outlets NCEC – Fees and Policies YES NO I/we have received Parent Handbook YES NO

Confidentiality of enrolment records

Outlets Co-operative Neighbourhood House Ltd acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in Outlets Co-op Neighbourhood House's children's service, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians and the child enrolled in the program. By completing this form, the Service accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are Outlets authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and Outlets Co-operative Neighbourhood House's Privacy Policy. Outlets will ensure this information is not divulged to another person unless necessary for the care or education of your child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed by the Victorian Childrens Service Regulations 2020(Vic) S.R. No.32/2020 (r108) Ver.2018 National Quality Framework – National Law