Outlets Co-op Neighbourhood House LTD 43 Mason St, Newport 3015
t/as Newport Community Education Centre
***referred to in agreement as* Outlets NCEC**
VECRA Chn's Approval (Vic) PA: 00008995 SE-00015784
CCS Approved Provider DESE - CCCFR (Commonwealth) 190019817K

PA-008995
SE-00015684
Enrolment date:

CHILDCARE ENROLMENT FORM (CSReg.Part7)

*CS Regs 2020 SR No.32/2020 (legislated May 2020)

As an approved for Child Care Subsidy (CCS) centre Outlets NCEC requires this form to be completed and all documentation attached prior to your child's first day of childcare with us. This information must be completed by one of the child's parents/carers, who have lawful authority in relation to the child.

This document is known as **Common Written Agreement. (CWA)**

Please notify us of any change of details, as soon as they arise.

We deliver- EYDLF-Belonging, Being and Becoming, National Quality Framework and 2023-Child Safe Standards Thank you for your cooperation

DAYS AND TIMES REQUIRED					
Please tick the days that your child will require care:					
Monday		Arrival time		Departure time	
Tuesday		Arrival time		Departure time	
Wednesday		Arrival time		Departure time	
					NO care on Thursdays
Friday		Arrival time		Departure time	
CARE TYPE REQUIRED					
Please TICK the care type your child will require:					
Permanent Care:	(As above marked)	**Casual/Flexible Care:**			
Start Date:					
Number of children attending other childcare services: ……		**Number of children you are claiming Child Care Subsidy (CCS)** ……			

Child Details **Child Centrelink Registered Number – CRN:**

First Middle

Child's First Names: _____ Surname: _____

Home Address: _____ Suburb: _____P/C: _____

Date of Birth: _____/_____/_____ **Identify as**: he/she/other Copy of **Birth Certificate** given: Yes / No

Place/Country of Birth: _____Language(s) spoken at home: _____

Is the child of Aboriginal and/or Torres Strait Islander descent? Yes / No

Parent/Carer Details **CRN:**

First Middle

Primary 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: _____

Primary Carer Authority: Pick-up Drop-off Emergency Medication Medical Transport

Parent/Carer Details **CRN:**

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.***

Has your child ever been diagnosed with any of the following?

German Measles	YES		NO		Seizures	YES		NO	
Mumps	YES		NO		Convulsions	YES		NO	
Whooping Cough	YES		NO		Chicken Pox	YES		NO	
Measles	YES		NO						
Other (please specify)									

If you have ticked YES to any in the list above, please specify relevant details below:

_____

_____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES?

If yes to any questions below, please provide relevant details including your child's allergy, side effects, treatment and action to be untaken as per Management Plan *

***An individual management plan is required by this service and MUST be signed by the medical practitioner who is treating your child. It will be attached to this enrolment form.**
More information can be found at www.education.vic.gov.au/anaphylaxis

Does the child have any **allergy or anaphylaxis**? **YES** **NO** (please circle)

Does your child have an auto injection device (epipen) **YES** **NO** (please circle)

If yes, the following management procedures are to be followed - a copy of the management plan must be attached which has been signed by the medical practitioner treating your child

_____

Does the child have **Asthma** **YES** **NO** (Please circle)

If yes, the following management procedures are to be followed -a copy of the management plan must be attached which has been signed by the medical practitioner treating your child

_____

Does the child have any **other medical conditions, needs or treatment** (eg epilepsy, diabetes, etc),

YES **NO** (Please circle)

If yes, the following management procedures are to be followed -a copy of the management plan must be attached which has been signed by the medical practitioner treating your child

Does your child have a diagnosed disability or special needs? **YES** **NO**

If yes, please provide relevant details below:

DIETARY REQUIREMENTS

Does your child have **any special dietary or cultural restrictions** or 'particular' food - dislikes or likes?

If yes, please provide relevant details below:

MORE ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings:

Name	Age	Name	Age

Does your child sleep in a bed or a cot? **Bed** **Cot**

Please describe your child's sleeping times/habits (including day/night, comforters, and fears/phobias):

Has your child been toilet trained? **YES** **NO**

Please provide details, if necessary: _____

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 *(If not, please provide a letter releasing the centre of any Liability)*	**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? *Please Note:* *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 *(refer to Service Transport Policy)*

r108 (2)(v) In the event of an Emergency ie: Fire and/or Centre disruption *(refer to Centre Emergency Plan and Po*
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/carer 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
Print Name_____
Signature_____
Date _____

Service Coordinator/Director
Print Name: Therese McKenney CEO/Director)
Signature _____
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