

Dear Parent/ Guardian

Thank you for choosing Family Day Care for your child care needs. Please find attached the Service Enrolment Form and handbook.

To assist us in placing your child/ren in care, we ask that you complete the enrolment form and forward it to us with the following documentation at your earliest convenience.

Required information

- CRN – Centrelink Customer Reference Number for enrolling parent/guardian and child/children
- Date of birth – For enrolling parent/guardian and child/ren
- Medicare Number for child/ren
- Immunisation reports or current immunisation status for child/ren
- Medical Action Plan (if applicable) signed by a Medical Practitioner
- Workplace information (if applicable)
- Emergency contacts other than enrolling parent/guardian
- Copies of custody arrangements/court orders (where applicable)

Child Care Subsidies can assist with the cost of care and are available from Centerlink.

Please contact the Department of Health and Human Services (DHHS) on 136 150 to assess your eligibility or visit the website www.humanservices.gov.au/customer/themes/families

It is a requirement under Government legislation to collect all of the above information when processing enrolments. It is important that all documentation is completed to avoid delay in commencement of care

Our Service will make every effort to meet your child care needs.

If you have any further queries in relation to your enrolment please do not hesitate to contact our team.

Yours faithfully



Kylie Flanagan
State Wide Family Day Care Manager



Northern Children's Network
 59d Amy Road, Newstead, 7250
 PO Box 724, Kings Meadows, 7249
 Phone: 6341 1555 Fax: 6344 9493
 Email: enquiries@ncn.org.au
www.ncn.org.au

Southern Childcare Services
 112 Risdon Road, New Town, 7008
 PO Box 141, New Town, 7008
 Phone: 6228 2487 Fax: 6278 2748
 Email: southernncs@ncn.org.au
www.southernchildcareservices.org.au



FAMILY DAY CARE ENROLMENT RECORD

Do you require an interpreter to help you with this form? Yes No

WHICH SERVICE/S DO YOU REQUIRE? (PLEASE TICK)

Family Day Care – Northern Tasmania (FDC) Southern Childcare Services (SCS)

Have you used any of our Family Day Care, In Home Care, Long Day Care or Outside School Hours Care services before? Yes No

If yes, which service?

PARENT/GUARDIAN INFORMATION

Enrolling parent is person who is registered for CCB	Enrolling Parent/Guardian	Partner
First Name		
Surname		
Residential Address	P/Code	P/Code
Postal Address (if different)	P/Code	P/Code
Contact Number Home		
Mobile		
Email Address	Tick this box if you agree to receive child usage statements and newsletters via email <input type="checkbox"/>	
Date of Birth	□□/□□/□□□□	□□/□□/□□□□
Customer Reference Number (Centrelink CRN)	□□□□□□□□□□	□□□□□□□□□□
Are you or your partner currently registered as a FDC Educator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Circumstances <i>(Note: Priority of Access is determined by these answers)</i>	Risk Referral <input type="checkbox"/> Working..... <input type="checkbox"/> Please circle: Full Time / Part Time / Casual Studying..... <input type="checkbox"/> Non-Working..... <input type="checkbox"/>	Risk Referral <input type="checkbox"/> Working..... <input type="checkbox"/> Please circle: Full Time / Part Time / Casual Studying..... <input type="checkbox"/> Non-Working..... <input type="checkbox"/>
Place of Work/Study		
Work Phone Number		
Occupation		
Country of Birth		
Primary Language Spoken at Home (other than English)		
Aboriginal or Torres Strait Islander?		
Are you applying for Jobs, Education and Training Child Care Funding Assistance (JETCCFA) JET approval letter stating service type to be provided to the scheme for confirmation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IN CASE OF AN EMERGENCY

If you or your partner are not contactable who else can be contacted?

You should list any other person (**other than yourself or partner**) that may be collecting a child from care.

	Contact 1	Contact 2
Name		
Contact Number		
Address		
Relationship to Child		
Permission to:	Contact <input type="checkbox"/>	Contact <input type="checkbox"/>
	Collect <input type="checkbox"/>	Collect <input type="checkbox"/>
	Consent to Medical Treatment and/or administer Medication <input type="checkbox"/>	Consent to Medical Treatment and/or administer Medication <input type="checkbox"/>

Child's Doctor: **Phone No:**

Address:

I give consent for my Educator/Service to authorise medical treatment for my child from a registered Medical Practitioner Yes No

I give consent for my Educator to administer medication to my child, on my behalf as directed Yes No

Are there any Court, Custody, Care and Protection or Restraining Orders relevant to any children listed on this enrolment form *If yes, a copy must be provided with this enrolment.* Yes No

Are all immunisations for children on this enrolment form up to date? Yes No
All immunisation evidence must be provided before care can take place.

CHILD DETAILS

Have you already arranged care for your child/ren with an Educator? Yes No

If yes, what is the Educator's name:

When will your child/ren be starting with the Educator? Date:

	Child 1	Child 2	Child 3
First Name			
Surname			
Gender			
Date of Birth			
Medicare Number <small>(please include number child is listed on the card)</small>	-----	-----	-----
Child's CRN	-----	-----	-----
Does this child attend school? If yes, which school?			
Country of Birth			
Primary Language Spoken at Home			
Aboriginal or Torres Strait Islander?			

SPECIAL OR ADDITIONAL NEEDS

If your child has any medical conditions or developmental delays, please identify and provide details.
For diagnosed medical conditions, an Action Plan will be required.

1.	Allergies (Foods, insect bites, pollen etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
2.	Intellectual (Autism, Down Syndrome, Foetal Alcohol Syndrome etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
3.	Physical/Sensory (Cerebral Palsy, Cystic Fibrosis, Hearing/Visual impairment etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
4.	Developmental Delays (Language, Muscle Tone, Mobility etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
5.	Other Conditions (Asthma, ADHD, other Medical Conditions etc)		
	Child's Name:	Medication Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details (including Support Agencies):		
		
6.	Other (including Cultural, Diet or Religion that the Educator needs to be aware of etc)		
	Child's Name:		
	Details (including Support Agencies):		
		

GENERAL INFORMATION

Do you have any objections to pets? (please detail)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can NCN use images of your child for promotional / media or social media (e.g. Facebook) purposes?....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your Educator/Service use images of your child for program planning and resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD CARE BENEFIT PROCESSING INFORMATION

Will the child attending this service have already attended another approved child care service in the current financial year? Yes No

Will this child be attending another approved child care service as well as this service? Yes No

Does this child have a sibling, listed on the family assessment notice that will be attending another service which will deem you eligible for a two child percentage? Yes No

If yes, how many children Weekly or Fortnightly

If you answered YES to any of the above questions it may affect your child's CCB percentage. It is important that you keep your information up to date with the service and the Department of Health & Human Services to avoid any overpayment of benefits.

HOW DID YOU HEAR ABOUT US?

- | | | | |
|---|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Television | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social Media | <input type="checkbox"/> Educator | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other (Please provide details) | | | |

STATEMENT

- I agree to abide by the current conditions and policies of Northern Children's Network Inc. (available to view at each service/offices or educator).
- I agree to my child/ren being cared for and/or transported by service staff in an emergency.
- I agree to my child/ren receiving medical attention and being transported by ambulance in an emergency as recommended by the doctor, hospital, ambulance staff or paramedics.
- I understand that non work related care hours may be reduced or 'placed on hold' to accommodate work or study related care. This practice is in accordance with the Commonwealth Priority of Access Guidelines.
- I agree to pay the organisation's Administration Levy every week to the Educator and understand this amount will be deducted from any Child Care Benefit payment due to the Educator on my behalf.
- I agree to complete a Service/Parent Care Agreement at the commencement of care.
- I agree to a copy of the information contained on this enrolment form being forwarded to the Educator/service upon the commencement of care.
- I agree to advise NCN/SCS, the service and my Educator/s within 14 days of any change in the information provided.
- I agree that NCN/SCS, the service may from time to time send newsletters and other relevant information electronically to my email account.
- I agree to pay the account received by me by the due date. If the account is not paid by the due date, then that account may be lodged with a mercantile agent for recovery. If lodged with a mercantile agent for recovery, I, the parent, will bear all collection costs to cover the agent's commission. In addition, I agree to bear all legal costs and disbursements incurred in the recovery of the debt.
- The information that I have provided on this form is true and accurate at the time of completion.

Parent/Guardian signature:..... **Date:**

Northern Children's Network Inc. (NCN) is an approved child care service operator under the provisions set out in the family assistance law, and is subject to the National Privacy Principles (NPPs) under the Privacy Act in the handling of personal information. (Refer to <http://docs.education.gov.au/node/29700>, www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles)

OFFICE USE ONLY

EDUCATORS NAME: _____

- Referral:
 Immunisation:
 Court Orders: