



CENTRE BASED CARE FAMILY ENROLMENT UPDATE



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Email: enquiries@ncn.org.au www.ncn.org.au

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

Section 1 Enrolled Parent Name:

Are you only updating information for a currently enrolled child? Yes No If yes, go straight to the applicable section.

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

(OSHC) Amy Rd, Evandale, Invermay, Westbury & Hagley ASC Amy Rd Vacation Care <input type="checkbox"/>	Queenstown Child Care Service <input type="checkbox"/>
Beaconsfield Child Care Services <input type="checkbox"/>	Scottsdale Child Care Centre <input type="checkbox"/>
Campbell Town Child Care Services <input type="checkbox"/>	Spring Bay Child Care Services -Triabunna <input type="checkbox"/>
Furneaux Child Care Centre - Flinders Island <input type="checkbox"/>	St Marys Child Care Centre <input type="checkbox"/>
Harmony Early Learning Centre <input type="checkbox"/>	St Marys Outside School Hours Care <input type="checkbox"/>
Little Penguins & East Coast Vacation Care- Bicheno <input type="checkbox"/>	<input type="checkbox"/>

Section 2 CHILD DETAILS You need only complete details for new children. Please do not complete details for children already enrolled with NCN.

	Child 1	Child 2	Child 3
Date care to start			
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? Which School			
Country of Birth			
Primary Language Spoken at Home			
Aboriginal or Torres Strait Islander?			

Section 3 IN CASE OF EMERGENCY

Same contacts as original parent enrolment? Yes No If no, please add new contacts below.

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

Will this contact be: Used on a regular basis One off occasion only Date _____

Please note photo identification will be required when collecting a child.

Do you wish to remove a current contact? Yes No If yes, please state name _____

Section 4 SPECIAL/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.			
Condition/Needs	Yes/No	Medication Required	Child's name, actions, relevant support agencies etc.
Allergies <i>Foods, insects, pollen</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Intellectual <i>Autism, Down Syndrome, Foetal Alcohol Syndrome</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical/ Sensory <i>Cerebral Palsy, Cystic Fibrosis, Hearing/Visual impairment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Development Delays <i>Language, muscle tone, mobility</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Conditions <i>Asthma, ADHD, other medical conditions, cultural, religious or dietary requirements</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5 GENERAL INFORMATION	
I give consent for my service to authorise medical treatment for my child from a registered medical practitioner and/or administer medication on my behalf as directed.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 purposes?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your service use images of your child for program planning and resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Family Court, Custody, Care and Protection or Restraining Orders relevant to above mentioned child/ren (If "Yes", a copy needs to be provided to the service and if applicable, the educator)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your child's immunisations up to date? (a copy must be provided to the service prior to care commencing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure all relevant medical action plans completed by a GP are attached e.g Asthma or anaphylaxis action plans	
<i>If your child does not receive immunisations relevant to the Child Immunisation Register, a conscientious objection form, completed by a GP must be provided. Government subsidies will not be applicable to your enrolment if your child/ren is not immunised.</i>	

Section 6 CHILD CARE Subsidy (CCS) PROCESSING INFORMATION	
Do you have a child attending this service who is also attending another approved child care service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of children _____	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Does the child have a sibling listed on the family's assessment notice that is attending another approved child care service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of children _____	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>
Answering YES to any of the above questions may affect your child's CCS entitlement to eligible hours and allowable absence days. To avoid an underpayment, contact NCN if your usage of other child care services changes	

Section 7 STATEMENT	
<ul style="list-style-type: none"> I agree to abide by the current conditions and policies of Northern Children's Network Inc. (available at each service/offices). 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 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 my service within 14 days of any change in the information provided. I agree that NCN 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, the parent will bear all collection costs to cover the agent's commission. In addition, the parent agrees 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 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)	