

**Enrolment Form****Privacy Statement**

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

**Service/Educator Name** \_\_\_\_\_

Have you used care with a Council service before?

☐ Yes☐ No

If yes, which Service/Educator? \_\_\_\_\_

**Information about the child**

Family name \_\_\_\_\_

Given name \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender

☐ Male☐ Female☐ Not specified

Home address \_\_\_\_\_

Suburb \_\_\_\_\_

Post code \_\_\_\_\_

Country of birth \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Is your child currently receiving funding or is an application currently being processed for additional support ie Inclusion Support Subsidy funding/additional worker at another child care service?

☐ Yes☐ No

What is your child's cultural background?

☐ Aboriginal☐ Torres Strait or South Sea Islander☐ Other – please specify \_\_\_\_\_

Child's CRN \_\_\_\_\_

Account holder's CRN \_\_\_\_\_

**The account holder is the parent/guardian registered for Child Care Subsidy (CCS) and must be the person who signs this form.**

Full name of person registered for CCS \_\_\_\_\_

Date of birth of person  
registered for CCS \_\_\_\_\_

Relationship to child \_\_\_\_\_

Any other name known by \_\_\_\_\_

Home address \_\_\_\_\_

Suburb \_\_\_\_\_

Post code \_\_\_\_\_

Country of birth \_\_\_\_\_

Primary language \_\_\_\_\_

Contact numbers

(H)

(M)

(W)

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Place of work \_\_\_\_\_

**Information about the parent/guardian 2 (must be different to account holder)**

Full name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date of birth \_\_\_\_\_

Any other name known by \_\_\_\_\_

Home address \_\_\_\_\_

Suburb \_\_\_\_\_ Post code \_\_\_\_\_

Country of birth \_\_\_\_\_ Primary language \_\_\_\_\_

Contact numbers (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email address \_\_\_\_\_

**Orders relating to the child**

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

☐ Yes☐ No

*If yes, please provide photocopies of any court orders.*

**Other persons to be notified in the case of emergency**

To assist us to deal with these situations, one of the following people authorised to collect and care for your child after an accident, injury, trauma or while they are ill will be notified. The emergency contacts listed on this form are the only people authorised to collect your child/ren if you cannot collect them yourself. Any additional authorisations must be provided to the service in writing. All emergency contacts must be over 16 years of age. At least one emergency contact is required.

**Please ensure all emergency contacts have been contacted and advised that they are a nominated person for your child.**

**Please answer all authorisation questions for each listed emergency contact.**

**Emergency Contact 1 (must be different from parent/caregiver)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Contact numbers (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email address \_\_\_\_\_

Do you authorise this person to drop off and collect your child/ren on your behalf? ☐ Yes ☐ No

Do you authorise this person to consent to medical treatment, permit transportation by ambulance and/or authorise administration of medication to your child on your behalf? ☐ Yes ☐ No

Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted? ☐ Yes ☐ No

Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator? ☐ Yes ☐ No

I give consent for this person to authorise my child to attend excursions outside the service premises? ☐ Yes ☐ No

Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service? ☐ Yes ☐ No

**Emergency contacts must provide photo identification when collecting children.**

**DATA AND DOCUMENT CONTROL**

**Please ensure all emergency contacts have been contacted and advised that they are a nominated person for your child.**

**Please answer all authorisation questions for each listed emergency contact.**

**Emergency Contact 2 (must be different from parent/caregiver)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Contact numbers (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email address \_\_\_\_\_

Do you authorise this person to drop off and collect your child/ren on your behalf? ☐ Yes ☐ No

Do you authorise this person to consent to medical treatment, permit transportation by ambulance and/or authorise administration of medication to your child on your behalf? ☐ Yes ☐ No

Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted? ☐ Yes ☐ No

Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator? ☐ Yes ☐ No

I give consent for this person to authorise my child to attend excursions outside the service premises? ☐ Yes ☐ No

Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service? ☐ Yes ☐ No

**Emergency Contact 3 (must be different from parent/caregiver)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Contact numbers (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email address \_\_\_\_\_

Do you authorise this person to drop off and collect your child/ren on your behalf? ☐ Yes ☐ No

Do you authorise this person to consent to medical treatment, permit transportation by ambulance and/or authorise administration of medication to your child on your behalf? ☐ Yes ☐ No

Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted? ☐ Yes ☐ No

Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator? ☐ Yes ☐ No

I give consent for this person to authorise my child to attend excursions outside the service premises? ☐ Yes ☐ No

Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service? ☐ Yes ☐ No

**Emergency contacts must provide photo identification when collecting children.**

## Child's medical and health information

Medicare number \_\_\_\_\_ Expiry date \_\_\_\_\_

If the child listed does not have a Medicare number, please tick here ☐

Name of registered medical practitioner \_\_\_\_\_

Name of medical service \_\_\_\_\_

Address of medical practitioner or service \_\_\_\_\_

Phone number of medical practitioner or service \_\_\_\_\_

If your child suffers from Asthma, Diabetes, Anaphylaxis, Febrile Convulsions or Epilepsy you are required to supply a Medical Management Plan for educators to follow in the event of an emergency.

The Medical Management Plan must be completed by the child's doctor.

Does your child suffer from (please tick the applicable box for each condition):

<b>Asthma</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Diabetes</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Anaphylaxis</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Febrile convulsions</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Epilepsy (seizures)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## General health information

Is your child under the care of a therapist or specialist? ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

Does your child take regular medication? ☐ Yes ☐ No

If yes, please contact your educator for a medication form.

Does your child have an allergic reaction to any medication? ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

Does your child have any allergies or sensitivities eg bee stings, grass, bandaids etc? ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

Does your child have an adrenaline auto injector (e.g. EpiPen)? (Used to administer adrenaline in case of an anaphylactic reaction.) ☐ Yes ☐ No

If yes, what condition do you administer the adrenaline auto injector for? \_\_\_\_\_

Do you have any other medical/health concerns for your child? ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

**If you have ticked 'yes' to any of the above special health needs or requirements, please attach a copy of the first aid/medical management plan.**

## Dietary needs

Does your child have any special needs at mealtime (eg cultural/religious requirements, like to use chopsticks or their fingers)? ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

Does your child have an allergic reaction to any foods? ☐ Yes ☐ No

If yes, please give details \_\_\_\_\_

Does your child have any special dietary restrictions/needs? (eg vegetarian) ☐ Yes ☐ No

If yes, please completed a special dietary needs form.

## DATA AND DOCUMENT CONTROL

## Child's immunisation record

As of 1 January 2014, a blue book and/or overseas records of immunisation are no longer acceptable.

The current documentation to be accepted are:

1. An **Immunisation History Statement** showing the child's immunisations are up to date or;
2. An **Immunisation History Form** where an immunisation provider has certified that the child is catching up their immunisations.

**Your child cannot commence care until one of the above documents has been provided.**

## Information for bodies which provide funding to this service

From time to time government agencies seek information on the characteristics of families who use this education and care service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions.

Does your child have a diagnosed developmental delay or disability including intellectual, sensory or physical impairment?

☐ Yes

☐ No

If yes, please give details \_\_\_\_\_

Does either parent have a disability?

☐ Yes

☐ No

If yes, please give details \_\_\_\_\_

Is the family a single parent family?

☐ Yes

☐ No

## Other information

To assist Campbelltown City Council to provide the best possible service to your child the following information is required. This information will enable us to assess your child's specific needs and obtain any additional support and resources if required.

Is there any particular area of development that concerns you about your child? This may be behavioural (for example ADD, ADHD, Autism Spectrum Disorder, continual biting etc), physical, emotional or social? Are there any special care instructions that may assist us in caring for your child?

☐ Yes

☐ No

If yes, please give details \_\_\_\_\_

Does your child use any support services to manage this? For example, Speech Therapist, Occupational Therapist, Physiotherapist, Counsellor, Case Worker or other service provider?

☐ Yes

☐ No

If yes, please give details \_\_\_\_\_

Does your child display any of the following behaviours:

☐ Tantrums

☐ Swearing

☐ Spitting

☐ Screaming

☐ Running away from adults

☐ Hitting/kicking/punching etc

If you have ticked any of the above:

a) Are there any triggers that you are aware of that cause these behaviours?

☐ Yes

☐ No

If yes, please give details \_\_\_\_\_

b) How do you currently manage these behaviours? \_\_\_\_\_

Are there other areas of development that concerns you about your child?

(This may be behavioural, physical, emotional or social.)

☐ Yes

☐ No

If yes, please outline any special care instructions that may assist us in caring for your child i.e. triggers, management strategies etc.

## DATA AND DOCUMENT CONTROL

## Parent Acknowledgement – Full Information Disclosure About Enrolled Child

The best and most successful way for Council's Education and Care Services to support the enrolment of your child and family, is to know about any medical diagnosis for your child, all their developmental information, as well as, any community or support agencies that are supporting your child and family.

To set your child and family up for success with this placement, and to continue the enrolment of your child, you are required to read and sign the acknowledgement and disclosure form below:

### Parent agreement

I, (parent name) have fully disclosed all information about  
my child, (child's name) to ensure a successful placement in the

Education and Care Service, including:

- ☐ all current information on my child's development
- ☐ all current information of any diagnosed illness, disability or additional support need
- ☐ all information on any current process of diagnosis for an illness, disability or additional support need my child is going through
- ☐ all current information for any doctor, paediatrician or specialist working with, or supporting my child/family
- ☐ all current information of any community, support or referral agency working with or supporting my child/family

### In addition:

- ☐ I understand that by signing this acknowledgement and disclosure I am agreeing that I have supplied all current and relevant information about my child that will support the placement and enrolment of my child with Education and Care Services.
- ☐ I understand that if I have not provided all current information about my child for this enrolment that my child's position at the service will be reviewed immediately and I may forfeit my child's enrolment with Education and Care Services.

Parent name

Parent signature

Date

### Priority of Access

Campbelltown City Council is committed to following the below enrolment priority of access guidelines:

1. A child at risk of serious abuse or neglect.
2. A child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment

This reflects the Australian Government's intention to help families who are most in need, and support the safety and wellbeing of children at risk.

Is the child care required for work/study related reasons? ☐ Yes ☐ No

### Privacy

#### We respect your privacy

In order to provide you with the highest standard of service we are required to collect personal information from you about yourselves and your child/ren. We are committed to protecting your privacy and we abide by the National Privacy Principles contained within the Privacy Act.

*What information do we collect, why and how is it used?*

Basic details are usually collected from parents such as your name, address and phone contact, but it is also necessary to collect details regarding your child's name, date of birth and medical details, health, routines, likes and dislikes, which make up a personal profile.

In addition, we are required to hold information regarding your Child Care Subsidy entitlement. All this information is vital in assisting us to provide the best possible care for your child, and for processing payments. Some of the information we collect is to satisfy our legal obligations under relevant childcare legislation.

#### DATA AND DOCUMENT CONTROL

Naturally, much of this information is of a personal nature and some of it might be regarded as 'sensitive' and not the sort of information that you would wish to have unnecessarily disclosed to others.

*We assure you that:*

- Information kept will not be disclosed or communicated, directly or indirectly, to anyone other than:
  - medical and developmental information this is required to adequately provide education and care for your child,
  - The Department of Education (DEC) or an authorised officer,
  - as permitted or required by any Act or law.
- Individuals will be allowed access to their personal information held about them or their child as requested without excessive delay. Information may be denied under the following conditions:
  - Access to information could compromise the privacy of another individual.
  - The request for information is frivolous or vexatious.
  - Information relates to legal issues, or there are legal reasons not to disclose information such as cases of custody and legal guardianship.
- Our staff will take reasonable steps to ensure that information about the education and care service, management information, other educators, children and families is not disclosed or communicated without written permission or legislative authority.
- Reasonable steps will be taken to ensure details we keep about your family are accurate, up to date, complete and maintained in a private and confidential manner in accordance with the Commonwealth Privacy Act, 1988 and the Education and Care Services National Regulations. It is your responsibility to keep the service informed of any changes to your child's or family details.
- If a student has a valid training requirement that involves the gathering of certain information pertaining to your child or family the student must have written consent from you and the service supervisor, if it affects your child.
- Information gathered is used only for the education and care of the child enrolled in the service and appropriate systems will be put in place to ensure files will be stored or disposed of in a confidential and ethical manner.

*What to do if you have a complaint*

All privacy related comments, feedback or complaints should be directed to service management. We will follow up complaints within 14 days and resolve them to maintain our high standards of service provision.

**Who else respects privacy?**

Office of the Australian Privacy Commissioner

GPO Box 5218

SYDNEY 2001

## **Lawful Authority**

### **Parents**

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The Children's Services Act 1996 refers to these powers and responsibilities as 'lawful authority'. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

### **Guardians**

A guardian of a child also has 'lawful authority'. A legal guardian is given legal authority by a court order. The definition of "guardian" under the Education and Care Services National Regulations also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day to day care and control of the child.

## **Conditions of Enrolment - Authorisations/Acknowledgements**

### **Enrolment information and bookings**

- I understand that I am required to fully and accurately complete an enrolment form prior to enrolling my child

into care. I understand that I must inform my educator or Council's Administration Team of any changes thereafter. This is a legal requirement.

- I understand that I must complete an 'Authority to Release Form' for any person I request to collect my child not listed on the enrolment form as an 'emergency contact'. This form must be completed prior to collection.
- If I require a change in my child's care arrangements, I understand all changes or cancellations to my child's care arrangement must be completed in writing. I understand my educator will submit a 'Booking Change Request' and I will approve through Harmony Web. If ceasing care, I will complete a 'Ceasing Care' form.
- I understand all changes or cancellations to my child care arrangements require a minimum of two weeks' written notice.
- I must notify my child's before 8.00am if my child will not be attending for any reason.
- I must notify my child's educator before 2.00pm if my child will not be attending an after school care session. I am aware that if I do not notify of my child's absence from after school care, I may be required to pay an additional charge (as per the current fee schedule).
- I must sign my child/ren in and out of care each day. This is a legal requirement.

### Absences

- I understand that I must pay full fees for any absent days for any reason my child takes in excess of 42 allowable absence days per financial year (Child Care Subsidy will not be paid on any absence days taken in excess of 42 days per financial year).
- I understand that if my child is absent and I don't notify the educator or the Administration Team within two weeks, I may lose my child's place at the service. I understand any advance fees held will be used towards outstanding fees for this period and I will be responsible for any outstanding fees.
- I understand that if my child is absent for a continuous fourteen week period, their enrolment will automatically be ceased from the system and any Child Care Subsidy paid for this time, will be recovered and payment of full fees will be required.
- I understand that if my child's enrolment is ceased at any point and I wish to re-enrol, an enrolment fee (as per the current fee schedule) will be payable.

### Health/Medication

- I understand educators will attempt to call me in the first instance should my child develop a high body temperature and become unwell. Should this attempt be unsuccessful I give permission for educators to administer paracetamol on my behalf in an effort to reduce my child's temperature.
- I understand that educators will make all attempts to contact me should my child have trouble breathing and is not diagnosed with asthma.
- I give permission for educators to administer an asthma reliever puffer on my behalf in an effort to assist with my child's breathing difficulties. ☐ Yes ☐ No
- I consent to bandaids being applied to my child.
- In the event that my child becomes unwell or shows symptoms of any transmittable infection/disease, I am aware that my child may be excluded from the service until the condition has been treated or a clearance has been provided. (Please refer to the medical exclusions table in the Family Information booklet.)
- If my child is sick, I will find alternative care arrangements and notify the service of my child's absence.
- If my child is not immunised against vaccine preventable diseases, the Department of Health may require my child to be excluded from the service during any outbreaks of these illnesses within the service. (NB - your child's fees are still required to be paid when your child is excluded.)
- If my child becomes unwell while at the service, I will be contacted to collect my child as soon as possible and I understand that my child will be cared for away from other children (where possible) until he/she is collected.
- I understand that staff will take every care of my child while he/she is at the service but cannot be held responsible for any accidents that may occur.
- I authorise the service to seek urgent medical/dental or hospital treatment and/or ambulance service in the event that my child becomes sick, has an accident or an asthma attack and needs emergency medical/dental

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#### DATA AND DOCUMENT CONTROL



or hospital treatment. Service staff will contact me once all necessary emergency medical/dental treatment for my child has been obtained. I agree to pay all medical/dental expenses.

- If my child requires medication, I will hand the medication to the educator on arrival with the relevant completed Education and Care Services medical authority form ie short term or long term medication. I will not leave medication of any type in my child's bag.
- I must collect my child's medication at the end of each day.
- I am aware that Family Day Services are "nut aware". I understand that the educator will discuss this with me individually upon enrolment, to confirm how this is implemented at their service.

### Publicity

- I understand that observations will be made on my child by the staff within the service. This may include photos of my child for their portfolios, daily journal/diary, projects and other developmental regulatory documentation. The service provides an electronic/hard copy educational program for each child through programming and observations.
- I agree to my child's photograph, first name and age and/or their work being used in marketing promotions to the wider community including social media for example Facebook, and Campbelltown City Council's Education and Care Services website. ☐ Yes ☐ No
- I agree to my child's photograph being included in the service's daily journal/diary. I understand that this may mean that other parents also receiving this daily diary email can potentially copy, reproduce and repost that image in other electronic forums without my knowledge or consent. ☐ Yes ☐ No

### Emergency Evacuation

- I understand that my child will participate in emergency evacuation drills and in the event of an emergency eg fire at the service; the children will be required to evacuate the premises and will assemble at a central point of safety. The children will be fully supervised by educators.

### Fees

- I understand that an enrolment fee (as per the current fee schedule) is payable.
- I agree that I am responsible for paying all the fees for my child.
- I understand I may be required to pay one week fees at the full rate as advance fees.
- I agree to keep my one week advance fees up to date if fees increase or my booking changes.
- I understand that to maintain my child's place at the service, I must pay for the day(s) booked even if my child does not attend for the day. This includes leave such as family holidays or any other reason.
- I am aware that additional fees apply for all casual bookings and payment for casual care must be paid prior to my child attending care.
- I understand that I must pay an early drop off or late collection fee as per the current fee schedule, if my child is dropped off earlier or collected later than the hours of booked care.
- I understand that I must give two weeks written notice when my child no longer requires care and my child must be signed in and out of care on their last day. I am aware that if I do not do this, I may have to pay full fees for those two weeks.
- I understand that I will not hold the service responsible if I fail to read the information given to me via email, routine forms, newsletters, memos or any other correspondence.
- I understand that all information contained in this form needs to be kept up to date.
- I have read and accepted the above information. I have answered all the questions above.
- I have read, understand and accept the 'Expectations of Behaviour' contained in the Conditions of Enrolment section of this form.
- I have discussed the 'Expectations of Behaviour' with my child and will work in collaboration with the service supervisor and educators to support my child's understanding of the expected and acceptable behaviours while in care.

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#### DATA AND DOCUMENT CONTROL

- I understand that should my child not follow these expected behaviours my child's position will be reviewed and may potentially cease.

### Early Learning and Preschool Education Program

I acknowledge that my child will be involved in an early learning and preschool education curriculum.

I understand my child will participate in the following educational curriculums:

- Literacy
- Numeracy
- Language
- Physical activity
- Social skills
- Fine motor skills
- Science and Technology

I am aware that a portfolio of my child's experiences is available at the service.

**I have read and fully understand all the above authorisations/acknowledgements.**

Full name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### What are the next steps in the enrolment process?

1. Contact the Department of Human Services to ensure your child has been assessed for Child Care Subsidy.

**Please note: A new application must be completed for each child and applications can take up to six weeks to be finalised.**

**Positions are held for a maximum of two weeks and you may be required to pay fees at the full fee rate until your Child Care Subsidy claim has been processed.**

2. Attend your scheduled orientation appointment at the service and ensure you bring the following (if not already provided);
  - Completed enrolment form
  - Birth certificate/Australian passport
  - Up to date immunisation history statement

**Please note: You are required to attend the orientation appointment with your child. Enrolments are not confirmed until the orientation has been completed.**

3. Once your orientation has been completed and you and the supervisor/educator have agreed to progress the enrolment, your enrolment information will be forwarded to the administration team for processing.
4. Once your enrolment has been entered into the system, you will receive an enrolment notice through your MyGov account, which will need to be confirmed.
5. Once your orientation has been completed and you and the supervisor/educator have agreed to progress the enrolment, your enrolment information will be forwarded to the administration team for processing.
6. Once your enrolment has been entered into the system, you will receive an enrolment notice through your MyGov account, which will need to be confirmed.

**Please note: The administration team are unable to view your Child Care Subsidy eligibility until the enrolment notice is confirmed.**

7. A member of the administration team will contact you with important information for your enrolment, including your fees, available payment options and your confirmed start date.
8. A member of the administration team will contact you with important information for your enrolment, including your fees, available payment options and your confirmed start date.

**Please note: An enrolment fee, advance fees (as per the current fee schedule) and the first week of care's fees are required to be paid before your child commences care.**