

OFFICE USE ONLY

Immunisation Program permission Direct debit form Photo Diagnoses AD Health forms MC

MIRANDA NORTH OOSH CARE ENROLMENT FORM

CHILDREN'S DETAILS

	Child 1	Child 2	Child 3
Surname			
First Name			
Gender			
DOB			
CRN (Customer reference number)			
Languages spoken			
Nationality			
Religion			
Is the above named child Aboriginal or Torres Strait Islander decent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have refugee status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's School			

FAMILY DETAILS

	Parent / caregiver	Parent / caregiver
First Name		
Surname		
Address		
Suburb		
Post code		
Home Phone		
Mobile Number		
Occupation /workplace and number		
Date of birth		
CRN (parent who is linked to the children)		
Email Address		

Are there any family situations that we should be aware of?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please explain		

FAMILY SITUATION (Please tick)

One parent family	Working <input type="checkbox"/>	Studying <input type="checkbox"/>	Stay at home carer <input type="checkbox"/>
Two parent family	One Working <input type="checkbox"/>	Both working <input type="checkbox"/>	One Studying <input type="checkbox"/>
			Both Studying <input type="checkbox"/>
			One Stay at home carer <input type="checkbox"/>
			Both Stay at home carers <input type="checkbox"/>

PRIORITY OF ACCESS

It is a condition of approval and continued approval for Child Care Benefit (CCB) purposes that services must comply with Family Assistance Law.

The Priority of Access Guidelines are set out in the Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000.

The Guidelines apply to Long Day Care, Family Day Care, Outside School Hours Care and In-Home Care services. Failure to meet these Guidelines is a breach of the conditions of continued approval and may result in a service being sanctioned under the Act.

Priorities for filling vacant places

The Priority of Access Guidelines must be used by approved services to allocate available child care places where there are more families requiring care than places available.

When filling vacant places, a service must fill them according to the following priorities:

Priority 1 – a child at risk of serious abuse or neglect

Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test

Priority 3 – any other child.

Within these main Priority categories, priority should also be given to children in:

- * Aboriginal and Torres Strait Islander families
- * Families which include a disabled person
- * Families with a low income
- * Families from a non-English speaking background
- * Socially isolated families
- * Single parent families.

Requiring a child to vacate a place

Under the Priority of Access Guidelines a child care service may require a **Priority 3** child only to vacate a place to make room for a higher priority child. The service can only do so if:

the person liable for the payment of the child care fees was notified when the child first entered care that the service followed this policy, and the service gives the person at least 14 days notice of the requirement for the child to vacate the place.

Outside School Hours Care

Outside School Hours Care is primarily for school children. Where an Outside School Hours Care Service has no vacant places and is providing care for a child who has not yet started school, the service may require that child to leave the service in order to provide a place for a school child.

CHILDREN'S DAYS

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LEGAL SITUATIONS

Are there any court orders in place (AVO, Custody etc) : **Yes** **No**

Details:

Please provide legal documentation

OTHER COMMENTS:

EMERGENCY CONTACTS (Other than parents)

	Contact 1	Contact 2
Name		
Address		
Home Contact		
Mobile		
Relationship to child		

COLLECTORS (Other than parents)				
	Collector 1	Collector 2	Collector 3	Collector 4
Name				
Home Contact				
Mobile				
Relationship to child				
CULTURAL / RELIGIOUS DETAILS				
Does your child/ren have any cultural or religious requirements the Centre staff should be informed about?				
YES <input type="checkbox"/>	NO <input type="checkbox"/>			
DETAILS				
MEDICAL DETAILS				
Family Medicare Number		Preferred doctor		
Private health cover name		Clinic name		
Membership No		Address		
AUTHORITY FOR MEDICAL TREATMENT				
In the event of an emergency I give my permission for the approved provider, nominated supervisor and or an educator to seek medical treatment and / or ambulance transportation for my child. I will accept financial responsibility for my child's medical / dental treatment I understand that relevant information from this document will be passed on to hospital and medical staff if required.				
ed: Sign: _____		Date: _____		
IMMUNISATION STATUS				
Child Name	Immunised	Not Immunised	Immunisation statement provided	Exemption letter provided
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>You can obtain a copy of your child's immunisation statement by:</p> <p>Registering for online services with Medicare Australia and downloading a statement at www.medicareaustralia.gov.au/public/onlineservices/index.jsp#N10053</p> <p>– By calling 1800 653 809 and requesting a statement to be sent in the mail.</p>				

ADDITIONAL NEEDS				
At Miranda North Oosh care we pride ourselves on being a service where are inclusive of all children. Does your child/ren have any additional needs and/or special needs that staff needs to be aware of in order for your child to be included and settle into the centre environment comfortably and positively?				
Special /additional needs	Child's Name	Ye s	No	Management/ Action plan in place from previous child care settings.
Diagnosed Behavioural				
ADD, ADHD, etc.		<input type="checkbox"/>	<input type="checkbox"/>	
OCD		<input type="checkbox"/>	<input type="checkbox"/>	
ODD		<input type="checkbox"/>	<input type="checkbox"/>	
Diagnosed additional needs				

Autism,	<input type="checkbox"/>	<input type="checkbox"/>	
Asperger's	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory processing disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Auditory processing disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Dyspraxia	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Conditions			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	
Food Allergy / Intolerance	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Any other need not listed	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please provide a copy of the assessment report and any additional information so we can support your child			
Is your child currently undergoing assessment Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please give details:			
Would you like to share any other information about your child: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Details:			
CONTACT WITH CHILDS PREVIOUS SERVICE By allowing our service to contact your child's previous service it will allow our service to gain information and strategies to assist and allow for a smoother transition. I give permission for staff of Miranda North OOSH Care to contact my child/ren previous care setting.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Centre Name	Director's Name	Centre Phone Number	
PLEASE NOTE: Withholding of information may jeopardise you child's place at the centre.			
<i>By completing this application it does not guarantee a position at the centre.</i>			

Permission Notes (please tick)		
Videos / DVDs	YE S <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for my child/ren to watch videos & DVDs rated both G and PG (selected by the coordinator) at the centre.		
Centre Publications	YE S <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for my child/ren to be photographed video recorded at the centre and during excursions. <input type="checkbox"/> I also give permission for photos <input type="checkbox"/> , videos <input type="checkbox"/> and my child's art work <input type="checkbox"/> to be displayed for other children and parents at the centre.		
Program	YE S <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for information (daily diary) and photos about my child's morning, afternoon and day to be displayed on a secure online portal such as EDMODO or a specifically developed app for our service alone.		
Internet	YE S <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission child/ren to use the internet for homework and interest, research purposes. I understand that there will be close staff supervision (staff member with child using the internet at all times).		
First Aid	YE S <input type="checkbox"/>	NO <input type="checkbox"/>
I give permission for the following treatments used on my child/ren. Dettol, Band-aids, variety of bandages, Hirudiod cream, Vaseline, Savlon antiseptic cream, Stingoes, insect repellent & Panadol		

(when their temperature reaches and goes over 37.5. I also give permission to check for headlice		
Asthma	YE S	NO
I give permission for staff to follow the general asthma attack action plan (using Ventolin and a spacer) in case of a suspected asthma attack (even though your child may or may not be diagnosed with asthma)	<input type="checkbox"/>	<input type="checkbox"/>
Anaphylaxis	YE S	NO
I give permission for staff to follow the general Anaphylactic action plan (using an auto injection device epi pen) in case of a suspected anaphylactic reaction (even though your child may or may not be diagnosed)	<input type="checkbox"/>	<input type="checkbox"/>
Allergy	YE S	NO
I give permission for staff to follow the general Allergy action plan (using an Antihistamine such as Claratine) in case of a suspected Allergic reaction (even though your child may or may not be diagnosed with an allergy)	<input type="checkbox"/>	<input type="checkbox"/>
Website	YE S	NO
I give permission for my child/ren photo and or artwork to be placed on the www.ooshcare.com.au website. I understand that their names will not be placed on the site.	<input type="checkbox"/>	<input type="checkbox"/>
Bus	YE S	NO
I give permission for my child/ren to be picked up and or dropped off to the centre with the centre bus. I understand that they will be dropped off via car pick up / drop off method.	<input type="checkbox"/>	<input type="checkbox"/>
Enrolment Agreement		
<ul style="list-style-type: none"> • I understand that I must give 2 weeks notice in writing to any cancelation of permanent bookings <input type="checkbox"/> • I understand that I must give 2 weeks notice in writing to any changes in my child's permanent days <input type="checkbox"/> • I understand that I must give 1 weeks notice in writing to any cancelation of casual bookings <input type="checkbox"/> • I understand that it will be a \$20 late fee incurred for the first 15 minute of there part of that you are late after 6:30 and that it will be \$2.00 per minute after that • I understand that there is a \$20 finder's fee for failing to notify your child's absence to the service • I understand that all fees must be kept up to date and if they are not my child's position at the centre will be jeopardised <input type="checkbox"/> <p style="text-align: center;">By signing / typing my name I understand and agree to all the terms and conditions</p> <p style="text-align: center;">Name _____ Sign _____ Date _____</p>		

Mother's name:

Father's name:

Name child uses for Grandparents:
 Mother's Mother:
 Mother's Father:
 Father's Mother:
 Father's Father:

Does your child have any brothers or sisters?
Please list their name and age

Does your child have any fears/phobias, or has had any traumas (e.g. spiders, dogs, thunder etc)

ALL ABOUT ME

What are your child's Favourite TV show / Videos ?

YOUR CHILD

Childs name:
 Childs D.O.B:

Does your child have any pets? If so please list them and their names.

What is your child's Favourite Toy or game?

What is your child's Favourite Song?

Does your child have a favourite place to visit?

What are some of your child's least favourite foods?

Does your child's have a favourite book?

What is your child's Favourite Foods?

Are there any special occasions that your family celebrate?