

DEDERANG PRIMARY SCHOOL

"Where each child is challenged to be curious, creative and caring."



DPS CARE ENROLMENT RECORD - 2016

Please Read This Notice Before Completing The Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that the service can register your child and allocate staff and resources and so that staff can attend to the child's/families cultural needs in a timely and sensitive manner. All staff at the service and the Department of Education, Employment and Workplace Relations are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at the service can properly care for your child. This includes information about any medical condition or disability your child may have medication your child may rely on while at the service, any known allergies and contact details of your child's doctor. The service depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

The service requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to the service. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Manager, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

EMERGENCY CONTACTS

These are people that the service may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to the service.

CHILD BACKGROUND INFORMATION

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that the service receives appropriate resource allocations for their children. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

IMMUNISATION STATUS

This assists the service in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

UPDATING YOUR CHILD'S RECORDS

Please let the service know if any information needs to be changed by sending updated information to the service office. During your child's time with the service we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD'S RECORD HELD BY THE SERVICE

In most circumstances you can access your child's records. Please contact the Manager to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Manager. The Service can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

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DPS Care Enrolment Record - 2016

Please indicate the date you wish to commence care:

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority can be found on page 2.

INFORMATION ABOUT YOUR CHILD

Family Name:

Given Names:

Usually called:

Date of Birth:

Sex: M F (please tick)

Home Address:

.....Postcode:

Postal Address:

.....Postcode:

Language(s) spoken in the home:Place of Birth:

Is the child of Aboriginal and/or Torres Strait Islander descent?

No Yes (please tick)

Are the parents of Aboriginal and/or Torres Strait Islander descent?

No Yes (please tick)

Family Assistance Office registered parent name:.....

Parent CRN:

Child CRN:

INFORMATION ABOUT THE CHILD'S PARENTS/GUARDIANS

Mother/Guardian	Father/Guardian
Full Name	Full Name
Date of Birth:	Date of Birth:
Address - as per child or:	Address - as per child or:
Home Telephone/s:	Home Telephone/s:
(Mobile)	(Mobile)
Email:	Email:
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

Mother/Guardian Work/Study Details	Father/Guardians Work/Study Details
Occupation	Occupation
Address	Address
Telephone (W) (Mobile)	Telephone/s (W) (Mobile)
Work email	Work email
Country of Birth	Country of Birth
Language/s	Language/s

COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No go to the next section.

Yes **please complete the following:**

1. Bring the **original** court order/s for staff to view and a copy to attach to this enrolment form;
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorise the taking of the child outside the service by a staff member of the service;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child, AND/OR
 - b) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

.....

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The *Education and Care Services National Law and Education and Care National Regulations 2011* refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether they live 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 lawful authority by a court order. The definition of “guardian” under the *Education and Care Services National Law and Education and Care National Regulations 2011* 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.

PRIORITY OF ACCESS (Please refer to the handbook for further details)

I understand that when there are no vacant places and my child is considered ‘third priority’, my child may be required to leave the service in order for the service to provide a place for a higher priority child

Signature: Date:

Type of Care

We offer the following options:

- **OPTION 1**

Full long day care sessions (from 8.30-4.30), 5 days a week, 48 weeks of the year. Included in the Long Day Care session on a Tuesday, Wednesday and Thursday is 3 days of an integrated five hour 3 to 4 year old Kinder program, inspired by Reggio Emilia. The integrated kinder program runs in Victorian school term dates.

* If booked on the Kinder days, your child will receive a school transition statement and portfolio of their work for the year.

* If booked in permanent long day care only, your child will receive a portfolio, but no school transition statement.

- **OPTION 2**

A 4 year old Kinder Only option for 15 hours a week over 3 days during school terms. Please note these sessions run from 9.15 – 2.15 with a strict drop off and pick up time.

Your child will receive a school transition statement and portfolio of their work for the year.

- **OPTION 3**

Casual Long Day Care bookings are available (from 8.30-4.30), 5 days a week, 48 weeks of the year. If your child is attending regularly on the same day each week it is considered a permanent booking.

*** **OSHC** - Should a 4.30pm pick up not be possible for you, children are able to transfer into the OSHC (OUT OF SCHOOL HOURS CARE) program. OSHC care is billed separately and run independently to DPS Care.

TIMETABLE AND PRICING FOR 2016:

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Long Day Care 8.30-4.30pm (or part thereof)	Long Day Care \$45	Integrated with Reggio inspired kinder program \$55	Integrated with Reggio inspired kinder program \$55	Integrated with Reggio inspired kinder program \$55	Long Day Care \$45
4 year old Reggio inspired kinder program with no day care		\$380 per school term. Strictly 9.15am-2.15pm. Only available for funded 4 year olds	\$380 per school term. Strictly 9.15am-2.15pm. Only available for funded 4 year olds	\$380 per school term. Strictly 9.15am-2.15pm. Only available for funded 4 year olds	
Transfer to OSHC at 4.30pm	Enquiries: Ph: 0418399861	Enquiries: Ph: 0418399861	Enquiries: Ph: 0418399861	Enquiries: Ph: 0418399861	Enquiries: Ph: 0418399861

*(Prices are current as at 26/10/2015. Before enrolling please confirm prices with the administrator as they may be subject to change)

PLEASE TICK THE OPTION AND DAYS YOU REQUIRE BELOW AND SIGN TO ACKNOWLEDGE YOU AGREE

Option 1 (please tick) Long Day Care with 3 to 4 Year old Integrated Kinder over 3 days

Monday 8.30-4.30pm	Tuesday 8.30-4.30pm	Wednesday 8.30-4.30pm	Thursday 8.30-4.30pm	Friday 8.30-4.30pm
Long Day Care \$45 <input type="checkbox"/> (please tick required days)	Long Day Care Integrated with Reggio inspired kinder program \$55 <input type="checkbox"/> (please tick required days)	Long Day Care Integrated with Reggio inspired kinder program \$55 <input type="checkbox"/> (please tick required days)	Long Day Care Integrated with Reggio inspired kinder program \$55 <input type="checkbox"/> (please tick required days)	Long Day Care \$45 <input type="checkbox"/> (please tick required days)

*Please note the long day care is integrated into the Kinder program on Tuesday, Wednesday and Thursday.

*Children attending the Kinder program will receive a school transition statement and work portfolio

Signature: _____ Date: _____

Option 2 (please tick) 4 year old Kinder ONLY enrolment

Monday	Tuesday	Wednesday	Thursday	Friday
	\$380 per school term. Strictly 9.15am-2.15pm. Only available for funded 4 year olds	\$380 per school term. Strictly 9.15am-2.15pm. Only available for funded 4 year olds	\$380 per school term. Strictly 9.15am-2.15pm. Only available for funded 4 year olds	

*Children attending the Kinder program will receive a school transition statement and work portfolio

*Late pick up will incur a fee of \$45

Signature: _____ Date: _____

Option 3 (please tick) Casual Long Day Care Service

I intend to use the DPS Care service for Casual Bookings and will contact DPS Care to book in dates I require. I understand if I require my child to be cared for on the same day at the centre on a regular basis, a permanent booking must be made. I understand that as a casual booking my child will not receive a school transition statement or work portfolio.

Signature: _____ Date: _____

PAYMENT:

How would you like to receive your invoice? Email Hard copy

How will you pay?

Direct Debit into our account: BSB: 063645 Account No: 10038831

Cash

Cheque

Combination

OTHER PERSONS TO BE NOTIFIED IN AN EMERGENCY AND COLLECTING THE CHILD FROM THE SERVICE

There may be times when the child has an accident; injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children’s service should notify one of the following people who are authorised to collect and care for the child in such situations. If required these people will also need to be contacted for their permission to administer medication in an emergency or if the child becomes ill whilst attending the centre.

Ideally the person should live locally

Your consent is required for other people to collect the child from the children’s service on your behalf. They will need Photo ID for initial pickup.

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
<p>This person has authority to: Tick those that apply <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Give permission for excursions out of the service <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness</p>	<p>This person has authority to: Tick those that apply <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Give permission for excursions out of the service <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness</p>

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to Child	Relationship to Child
<p>This person has authority to: Tick those that apply <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Give permission for excursions out of the service <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness</p>	<p>This person has authority to: Tick those that apply <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Give permission for excursions out of the service <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness</p>

(Please add an extra page to the back of the form if you wish to list more contact names.)

CHILD'S IMMUNISATION DETAILS

Has the child been immunised? No Yes (please tick) If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register

Please note: the original copy of child's Immunisation Record and Child Health Record needs to be sighted by the centre

NB - If your child has NOT been vaccinated, you will need to provide a certified letter stating that you have made a conscientious decision not to vaccinate your child.

Staff Use Only:

Health Record sighted by Centre? No Yes Date sighted..... Initials.....

Original Immunisation Record sighted by Centre? No Yes Date sighted..... Initials.....

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

Long Term Medication Authorisation or Anaphylaxis Plan forms are also needed to be completed for child, please see centre staff prior to child's first day of care.

I (*Print full name*) a person with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

Signature.....Date.....

CHILD'S MEDICAL AND HEALTH INFORMATION

Name Doctor/Medical Service:

Telephone:

Address Doctor/Medical Service:
.....

Does the child have any allergy or sensitivity? No Yes (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

.....
.....

Does your child have any Dietary restrictions: No Yes

if so please list:

.....
.....
.....

Does the child have any medical conditions and needs (eg anaphylaxis, epilepsy, diabetes, etc) that are relevant to the children's service? No Yes (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

.....
.....

Is your child known to have a reaction to bee or wasp sting or to any other insects? If so, how severe and what treatment is most effective?

.....
.....

Maternal Health Centre:

.....

Maternal and Health Nurse: Telephone:

Has your child had their 3½ year old assessment?

YES NO Please tick

If yes, provide details by attaching a copy of the 3½ assessment from the Child Health Book

Are you an Ambulance subscriber? YES / NO

Ambulance Subscription No.:

Private Health Fund Name (if applicable):

Health Fund number:

Medicare Number:

Relevant Illness/accident history:

.....
.....
.....

The following information is vital to educators/staff in providing quality care that meets the particular needs of your child.

Please provide WRITTEN notice of any changes to food or diet that may affect your child's health.

Food

Please supply details of special diet/restricted diet/food intolerance

Toileting

Is your child toilet trained, in nappies, fully independent or in need of some assistance? (Please note, we are unable to offer care for children in nappies).

Other information

Is there is anything else that the children's service should know about the child? (eg excessive fears, favourite activities, specific behaviour guidance strategies etc)

.....

.....

.....

.....

Family celebrations/festivals/cultural or religious issues that educators should be aware of:

.....

.....

.....

Are there any aspects of your child's cultural, ethnic and /or religious background that you would like us to be aware of? Yes No

Details:

.....

.....

.....

Name and ages of siblings:

Name _____	Age _____	Lives with sibling: YES / NO
Name _____	Age _____	Lives with sibling: YES / NO
Name _____	Age _____	Lives with sibling: YES / NO
Name _____	Age _____	Lives with sibling: YES / NO
Name _____	Age _____	Lives with sibling: YES / NO

SUNSCREEN

- Does your child have any allergic reaction to sunscreen? YES NO

If YES, please comment: _____

- I give permission to apply sunscreen to my child which has been supplied by me:

Signature: _____ Date: _____

- I give permission for educators/staff to apply the centres sunscreen to my child.

Signature _____ Date _____

PHOTOGRAPHS

- I give permission for my child to be photographed whilst attending the Centre:
 NO YES

For use in (Please tick): Within the centre for displays Newspaper/media articles
Website/internet

Signature _____ Date _____

STUDENTS:

As part of commitment to the continuance of quality care within the Early Childhood industry, DPS Care may have students from the tertiary education sector. As part of their studies they may be required to take observations, written and photographic.

- I give permission for tertiary students to take written observations and photographs for the purposes of their education and learning as an Early Childhood student

Signature _____ Date _____

PARENT INFORMATION BOOK:

I am aware that a Parent Information Booklet will be provided to me and agree to abide by the policies and procedures described therein, or as updated through staff and parent input and advertised via the centre noticeboard and through the parent newsletter.

Signature _____ Date _____

DECLARATION AND CONSENT TO FOLLOW POLICIES AND PROCEDURES:

I,(Parent/Guardian) have read the 'Parent Information Book' provided and *agree* to abide by the policies and procedures described therein. Updated and new policies will be advertised/displayed via the centre noticeboard and through the parent newsletter.

Signature _____ Date _____

DECLARATION AND CONSENT TO PAY FEES, LATE FEES AND MISCELLANEOUS FEES FOR SERVICES MANAGED BY DPS CARE CENTRE:

I understand that:

- Full fees are charged for each day the centre is operational.
- Fees will be charged for all permanent bookings for any absences. For casual bookings, fees will not be charged if 24 hours notice is given.
- No fees will be charged for public holidays or non-operational weeks. All scheduled closures will be published on the notice board and in the newsletter.
- Fees are to be paid on a regular basis, that is fortnightly
- The eligible 4 year old kinder funding for my child will be claimed by DPS Care and I give permission for this.

Signature: _____ Date: _____

DECLARATION:

I, _____ (please print full name), a person of lawful authority of the child referred in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Dederang Primary School Care in the event of any change to the information:

Parent /Guardian Signature: _____ Date: _____

DPS CARE: Additional Enrolment Information

Help us to get to know your child

Please complete this form as it will help us to make your child's transition to DPS Care as smooth as possible.

CHILD'S NAME: _____

Please list some of your child's favourite things (ie. Foods, songs, games, toys, inside activity, outside activity):

Does your child have any fears?

Other people who have regular contact and are involved in your child's care (ie. grandparents, step parents, siblings, friends, etc).

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other).
