KIDZONE FAMILY DAYCARE ENROLMENT FORM

CHILD NAME:

EDUCATOR NAME:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

Service name: KIDZONE FAMILY DAY CARE	
Address: SHOP 2/324-326 WILLIAM STREET KINGSGROVE NSW 2208	
Phone number: 02 97878310	***Email: admin@kidzonefdc.com***

OFFICE USE Only	
Date Entered	Entered By

PARENT/GUARDIAN INTERVIEW 2022-2023

This is to confirm, that I _____ Parent of,

Child 1 _____Child 2_____

Child 3_____

Have attended an interview with _____ (staff name) and have been provided all appropriate information, about my responsibilities about my children attending family day care.

My Child's start date with the service is on _____

I, understand that

1. When I am travelling overseas or going on a holiday, I need to inform the office 1 week prior.
2. My gap fee obligations are payable into the educator's bank account.
3. Harmony Pin cannot be shared, your partner will be provided a separate pin number.
4. No pickup and drop off service will be allowed, if noticed spot termination will be given
5. Exclusion period and absences are explained
6. Medical condition policy explained
7. No food will be provided by the educator, all nutritious meals need to be provided by the parent.
8. Are you or your children related to the educator? Yes/No

Parent Signature: _____ Date: _____

Staff signature: _____Date: _____

Checklist:

- ☐ Parent ID's copy
- ☐ Immunisations copy
- ☐ Medicare card copy
- ☐ Birth certificate copy
- ☐ Medical Plan
- ☐ Check for Assistant consent form, Non-related Emergency contact
- ☐ Paracetamol consent, Routine Excursion Details
- ☐ Face to Face Interview
- ☐ Telephone interview -> This paper will be emailed to the parent for signature and verification purposes.

CHECKLIST

Educator Name:	Child Name:
Office use only:	Nominated Supervisor Approval:
CWA Sent Date:	CSS Sent Date:

MANDATORY DOCUMENTS	PROVIDED (EDUCATOR)	WILL UPDATE	N/A	NEXT UPDATE OFFICE ONLY
ENROLMENT FORM				
IMMUNISATION UPDATED (CHECK DATES)				
BIRTH CERTIFICATE				
PARENT ID				
MEDICARE				
EMERGENCY CONATCTS				
MEDICAL ACTION PLAN				
MEDICATION PROVIDED TO EDUCATOR AS PER ACTION PLAN (PHOTO ATTACHED)				
COMMUNICATION PLAN/RISK MINIMISATION FORM COMPLETED BY PARENT				
ASSISTANT NOTIFICATION				
REGULAR TRANSPORTATION AUTHORISATION				
RISK MINIMISATION FORM				
CHILD RESTRAINT SEAT CHECK FOR CHILDREN UNDER 7 YEARS				
PARACETAMOL FORM SIGNED				
PET AUTHORISATION FORM				

Educator Checked all documents before submission?	☐ YES ☐ NO Date Submitted: SIGNATURE: _____
Coordinator Checked all documents?	Date Checked : Signature:
Notes:	

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family Name			
First given name		Second given name	
Preferred first name			

Date of Birth		Gender	

Child Centrelink Reference Number (CRN) ***Please note:*** *Parent and child have their own individual CRN number.*	

Child's home address	
Child normally lives with	

Days of attendance:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Session Start Time							
Session End Time							

Child's Start Date	

Preferred Educator			
Is your child related to the educator?		Relationship to the educator	
Does your child attend another service (provide dates/times)			

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both
Does your child speak a language other than English at home? *(Please circle)* Yes / No	If yes, what language (s) other than English are spoken at home.
County of birth	
Child's residency status	
What is your child's cultural background?	
Please outline any cultural practices you would like followed: (Cultural, dietary)	
Religion	
Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.	

PRIMARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

[Primary Parent must also be the registered CCS claimant]

Parent/Guardian Name	
Parent/Guardian Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent/Guardian Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent/Guardian Centrelink Reference Number (CRN):	[Ensure Primary parent is registered as CCS Claimant]

Please provide any relevant cultural background details	

Does the child normally live with you? (Please circle)	Yes / No

Occupation	

SECONDARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent/Guardian Name	
Parent/Guardian Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent/Guardian Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent/Guardian Centrelink Reference Number (CRN)	

Please provide any relevant cultural background details	

Does the child live with you? (Please circle)	Yes / No

Occupation	

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, I, j) Regulation 162(d)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			
Dentist name			
Name of Service		Phone number	
Dentist's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies- provide details of child's allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No

A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis			Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
What is the expiry date of the adrenaline autoinjector?			Month / Year
Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. *Education and Care Services National Regulations - Regulation 94.*	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Special dietary requirements

Prohibited Food	Detailed information

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition	
Has a doctor diagnosed this condition?	Yes/No
Does your child have a current Action Management Plan (eg Asthma Plan)	Yes/No
If yes, is this plan attached?	Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)	Yes/No
If yes, is this plan attached?	Yes/No
Does your child take any prescribed regular medication for this condition?	Yes/No

Medication Name/s			
Medication will only be administered if: • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name • instructions and dosage can be clearly read • expiry date or use by date is valid • any verbal or written instructions provided by the medical practitioner must be provided by the parent/s *Education and Care Services National Regulations Regulation 95* Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. *Education and Care Services National Regulations Regulation 93*		Parent 1 **Signature:**	
		Parent 2 **Signature:**	

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, I, j)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes/ No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached

Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No	Attached

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

DEVELOPMENTAL INFORMATION

	Please provide any relevant information
Does your child have any problems with hearing, sight or speech? ☐ Hearing ☐ Sight ☐ Speech	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	

Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Has your child begun toilet training?	
Is this the first time your child has been in care? If *yes,* please indicate the type of early education and care your child has experienced.	
Is your child used to being with other adults and children?	
Does your child have any comforters? (security blanket, dummy, bottle etc)	

TRANSITION TO SCHOOL

<table>
<tr><td rowspan="3">Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?

Name of School:

_____

Permission to exchange information:
Yes/No</td><td>Yes/No</td><td>Parent 1
Signature:</td><td></td></tr>
<tr><td>Yes/No</td><td>Parent 2
Signature:</td><td></td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program.</td><td colspan="3"></td></tr>
</table>

FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A
		Parent 2 Signature	

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

<table>
<tr><td>Full Name</td><td colspan="3"></td></tr>
<tr><td>Relationship to child</td><td colspan="3"></td></tr>
<tr><td>Phone Number</td><td colspan="3">(H)
(M)
(W)</td></tr>
<tr><td>Address</td><td colspan="3"></td></tr>
<tr><td>Email Address</td><td colspan="3"></td></tr>
<tr><td rowspan="2">Can this person be contacted to deliver/collect your child from the education and care service</td><td rowspan="2">Yes/No</td><td>Parent 1 Signature</td><td></td></tr>
<tr><td>Parent 2 Signature</td><td></td></tr>
<tr><td rowspan="2">Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)</td><td rowspan="2">Yes/No</td><td>Parent 1 Signature</td><td></td></tr>
<tr><td>Parent 2 Signature</td><td></td></tr>
<tr><td rowspan="2">Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted?
(Please Circle)</td><td rowspan="2">Yes/No</td><td>Parent 1 Signature</td><td></td></tr>
<tr><td>Parent 2 Signature</td><td></td></tr>
<tr><td rowspan="2">Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?</td><td rowspan="2">Yes/No</td><td>Parent 1 Signature</td><td rowspan="2">If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A</td></tr>
<tr><td>Parent 2 Signature</td></tr>
</table>

CHILD'S ROUTINE

TIME	ROUTINE

ADMINISTRATION OF PARACETAMOL IN CASE OF AN EMERGENCY

In the case of an emergency a child with a high fever, which may endanger the child's health if not controlled immediately, may have administered one only close of paracetamol liquid.

The following conditions must apply:

- The child has a temperature of 38 degrees' or more.
- Other methods of lowering the temperature (such as sponging) have been attempted.
- The consent note below is signed by a parent.
- The recommended dosage for the child's age/weight is adhered to.
- The family day care office is informed, prior to administering the paracetamol.
- A written record is kept of the date, time and amount of paracetamol administered and child's temperature prior to administration.
- If possible, the child's parent or emergency contact has been phoned and asked verbal permission to administer the Paracetamol.

PARENTAL CONSENT TO ADMINISTER PARACETAMOL INCASE OF AN EMERGENCY

I _____(parent name) give consent for the family day care staff/educator {name }_____ to administer one dose of liquid paracetamol to my child _____(child name) according to the above conditions/ directions.

Parents signature : _____ date: _____

PLEASE ASK YOUR EDUCATOR IF SHE HAS AN ASSISTANT BEFORE COMPLETING

☐ NO ASSISTANT GO TO → AUTHORISATIONS

ASSISTANT NOTIFICATION CONSENT FORM

Dear Parent/Guardians

RE: EDUCATOR ASSISTANT NOTIFICATION TOPARENT/GUARDIANS

This is to notify that has 1st Assistant Name: ……,

2ND Assistant name: ……

Has been approved as an educator's assistant for your child/ren …… (Child's name) in the event where the primary educator……(Educator's Name) is not available to provide care for up to 4 hours.

An Educator Assistant is approved to provide care either in emergencies or for short periods of time, to the children in care with the Primary Educator. This care is covered under the Educators insurance and permitted under Regulation 144. Care with the Educator Assistant will at no time extend beyond four hours. The Family Day Care office must be notified at the start and end of the relief care period.

The Educator Assistant has applied for and successfully met the following criteria:

1. Holds a current Working with Children's check.
2. Has a current Apply First Aid Certificate and CPR.
3. Has undertaken Anaphylaxis and Asthma training.
4. Signed and agree to abide by the Code of Conduct and/ Educator Agreement.
5. Is covered by Public Liability insurance with Family Day Care Australia as an Educator assistant.
6. Has provided a copy of their motor vehicle Driver's License.
7. Advised all parents of children in care with the Primary Educator

It is important that you are aware of all details regarding the care being provided to your child/ren. Please take the time to complete the attached form and return it to either your Educator or direct to the Co-ordination Unit.

Should you have any questions or concerns regarding this issue, please do not hesitate to contact the Co-ordination Unit.

Yours sincerely
Ahmed Ibrahim
Scheme Director
Kidzone Family Day Care

TO: Co-Ordination Unit

RE: Educator Assistant Status

I …… have received

(Parent Name)

notification that 1st Assistant Name: ……

2ND Assistant name……..

has undertaken an Educator Assistant interview by the Coordination Unit and has successfully met the following criteria:

1. Holds a current Working with Children's check.
2. Has a current Apply First Aid Certificate and CPR.
3. Has undertaken Anaphylaxis and Asthma training.
4. Signed and agree to abide by the Code of Conduct and/ Educator Agreement.
5. Is covered by Public Liability insurance with Family Day Care Australia as an Educator assistant.
6. Has provided a copy of their motor vehicle Driver's License.
7. Advised all parents of children in care with the Primary Educator

I agree to …… providing relief care for our child/ren. I am aware that if I have any concerns the Co-ordination Unit can be contacted, and direction will be sought.

……(parent/guardian signature)

Date: ……/……/….

OFFICE USE ONLY:

Name of Staff Receiving:…… Signature:……

Information sourced from

Kid zone FDC policies and Procedures.
The Education and Care National Regulations and The National LAW

AUTHORISATIONS

Illness, accident and emergency treatment

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 **Signature:**	
		Parent 2 **Signature:**	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 **Signature:**	
		Parent 2 **Signature:**	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes/No	Parent 1 **Signature:**	
		Parent 2 **Signature:**	

TRANSPORTATION AUTHORISATION

Education and Care Services National Regulations - Regulation 102(4), 102D(4)

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: • regular outings (once every twelve months) • an excursion that is not a regular outing	
Parent 1 **Signature:**	
Parent 2 **Signature:**	

ENROLMENT AGREEMENT- CONSENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Nappy Cream/Paste (supplied by parents)	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child for FDC Service use and staff training purposes (footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation	YES	NO

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, I, j)

Please tick box to confirm you have read each point:

- ☐ I agree to inform the FDC Service in writing immediately of any changes to the above information.
- ☐ I agree to pay the FDC Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
- ☐ I agree to keep my fees paid up to date and understand that my child's position at the FDC Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- ☐ If I am unable to collect my child by end of session time, I will organise for one of the people listed as authorised contacts to collect my child prior to session end time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by the educator to collect my child.
- ☐ I agree to pay a late fee of $15.00 per 15-minute block or part thereof after session end time. In the event that a child is left with the educator at the service for over an hour after session end time and the educator has been unable to contact anyone to collect the child, the nominated supervisor/ FDC coordinator may contact the local Police Station and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- ☐ I agree to provide two weeks written notice to withdraw my child or reduce booked days.
- ☐ I agree to bring my child to the FDC Service with sunscreen applied and give permission for the educator to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer, they use their own sunscreen, please bring a spare tube to remain at the FDC Service - clearly labelled with your child's first and last name).
- ☐ I authorise the educator to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- ☐ I give permission for prescribed medication to be administered by the educator upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are

filled in incorrectly or left blank or if the medication does not meet the standards of the FDC Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the educator both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by the educator unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the educator deems the child well enough to attend Service.

❑ I give permission for my child to be observed by the educator of the FDC Service and students supervised by the educator. I give permission for my child to participate in programs organised by practicum students under the supervision of the educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

❑ I have read the Family Handbook and am familiar with the FDC Service's Policy Manual, available upon request. I agree to follow, support and abide by these policies and am aware that the educator is available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to the educator or through the FDC coordinator.

❑ I, or someone I know has a skill they could share with the children to enhance the educational program.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.					
PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other:	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.