

# Child Enrolment Form

Must be submitted **5 working days prior** to child's first day in care.

38 Sittella Street, Inala 4077  
Ph 07 3372 1711  
Email [FDCadmin@ich.org.au](mailto:FDCadmin@ich.org.au)  
Refer Regulation: 160-162



## Parent/Guardian Claiming CCS

(Please tick) ☐ **Mother** ☐ **Father** ☐ **Guardian**

First Name

Surname

Date of Birth

Parent/Guardian CRN - Needed for CCS

 -  - 

Are you on a Visa?

☐ Yes ☐ No

Daytime Phone

Mobile Phone

Email

Residential Address

State

Postcode

Name and Suburb of Workplace

Occupation

Occupation (**Only tick 1 box**)

☐ Full Time ☐ Part Time ☐ Student ☐ Unemployed ☐ Casual

Country of Birth

Ethnic Group / Cultural Background

Primary Language

Are you a relative of the Educator?

☐ Yes ☐ No

Are you an FDC Educator

☐ Yes ☐ No

## Other Parent/Guardian (If applicable)

(Please tick) ☐ **Mother** ☐ **Father** ☐ **Guardian**

First Name

Surname

Date of Birth

Daytime Phone

Mobile Phone

Email

Residential Address

State

Postcode

Name and Suburb of Workplace

Occupation

Occupation (**Only tick 1 box**)

☐ Full Time ☐ Part Time ☐ Student ☐ Unemployed ☐ Casual

Country of Birth

Ethnic Group / Cultural Background

Primary Language

Are you a relative of the Educator?

☐ Yes ☐ No

Are you an FDC Educator

☐ Yes ☐ No

### Office Use Only

☐ Immunisation Record sighted

☐ Bookings Entered

☐ Stats

Staff Signature

☐ Pin

☐ Campaign Monitor

☐ Welcome Pack emailed

☐ Harmony Entry

☐ Filed

☐ Booking Confirmation

## Family Doctor/Medical Centre Details

Doctor's Full Name

Medical Centre

Street Address

Phone

## Emergency Contact/Authorised Nominee #1 Details (other than parent/guardian)

Name

Relationship to child

**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 and/or authorise administration of medication to your child/ren 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

**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

Home Phone

Mobile Phone

Work Number

Email (Must be provided if authorised to collect children)

Residential Address

State

Postcode

## Emergency Contact/Authorised Nominee #2 Details (other than parent/guardian)

Name

Relationship to child

**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 and/or authorise administration of medication to your child/ren 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

**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

Home Phone

Mobile Phone

Work Number

Email (Must be provided if authorised to collect children)

Residential Address

State

Postcode

Parent/Guardian Name

## Child Details

First Name

Surname

Child's CRN – Needed for CCS

 -  - 

Visa

☐ Yes ☐ No

Date of Birth

Medicare No

Gender

☐ Male ☐ Female

Country of Birth

Ethnic Group / Cultural Background

Primary Language

Name of School (If applicable)

**Reason for Care:**  
(please tick one)

☐ Child at risk/referral ☐ Working ☐ Studying/Training ☐ Respite

**Anaphylaxis**

☐ Yes ☐ No

Comment:

**Asthma**

☐ Yes ☐ No

Comment:

**Dietary Requirements**

☐ Yes ☐ No

Comment:

**Medical Allergies / Conditions**

☐ Yes ☐ No

Comment:

**Other Medication Treatment / Conditions**

☐ Yes ☐ No

Comment:

**Child Has Diabetes?**

☐ Yes ☐ No

Comment:

**Child Disability**

☐ Yes ☐ No

Comment:

**Child Fears**

☐ Yes ☐ No

Comment:

**Additional Needs / Requirements**

☐ Yes ☐ No

Comment:

**Religious / Cultural Needs**

☐ Yes ☐ No

Comment:

☐ Medical Action Plan/s supplied by the parent/guardian/medical practitioner. **If a medical action plan needed, please attach to enrolment**

Effective (From & To)

**Other Agencies/Organisations Involved in This Child's Care (incl NDIS)?**

☐ Yes ☐ No

Comment:

## Court Orders / Custody / Foster Care Access Arrangements

Are there any custody or access arrangements in place for this child? **If Yes, please attach copies of any custody Orders / Access Arrangements / ATC**

☐ Yes ☐ No

Does the Foster Carer have the authority to care?

☐ Yes ☐ No

**If Yes, is child linked to your MyGov / CRN?**

☐ Yes ☐ No

Are there Parenting Plans in place?

☐ Yes ☐ No

Parent/Guardian Name

## Child Details (Continued)

### Is Your Child Immunised?

☐ Yes ☐ No

**TO DO:** Attach Immunisation Records ☐

**⚠ Care cannot commence unless proof of immunisation is provided ⚠**

### Booking Details

Educator's Full Name

Commencement Date

#### Type of Care needed

(please tick one)

☐ Full Time ☐ Part Time ☐ Casual ☐ Before/After School Care ☐ Vacation Care ☐ Weekend Care

### WEEKLY ROSTER

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
Finish Time							
Start Time							
Finish Time							

### FORTNIGHTLY ROSTER (IF DIFFERENT FROM ABOVE)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
Finish Time							
Start Time							
Finish Time							

#### I am aware that my Educator's public holiday is

☐ Ipswich Show ☐ Brisbane Show Monday (Logan) ☐ Brisbane Show Wednesday ☐ Toowoomba Show ☐ Gold Coast Show  
☐ Caboolture Show ☐ Other If 'Other', please specify:

Does your child attend another approved child care service in conjunction with My Place Family Day Care? ☐ Yes ☐ No

Parent/Guardian Name

# Child Enrolment Agreement Form

The Service agrees to provide a welcome email summarising the legislation, policies and procedures of the Service and encourages parents/guardians to contact the Service to discuss any feedback. The Service compliance register is available at the office to view. Copies of job descriptions/role and staff qualifications are available on request.



## Parent / Guardian must complete below

The following terms form the agreement for your child/ren to be placed within our Service:

I/We – the parents/guardians, agree to:

- |  |  |   |
|--|--|---|
| 1. Authorise the Service to seek emergency medical/dental treatment from a registered medical practitioner, hospital or ambulance &/or transportation by an ambulance service, where necessary. I understand that any costs incurred will be my responsibility.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 2a. Permission to administer 1 (one) dose of Paracetamol, according to instructions on the bottle, providing I am notified of the reason as soon as possible and I will complete the medication record on collection of my child/ren. If my child/ren does not improve I will collect my child/ren as advised from either Educator or co-ordination unit. (Refer to Regulation 93) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 2b. Permission for the administration of life saving medication 'if available' in an emergency situation for the treatment of anaphylaxis and acute asthma.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 3. Permission for my child/ren to travel in a motor vehicle which is subject to the provision of appropriate child safety restraints. I understand that I will need to give written consent on the Educator's Regulator Outings Permission Form. I understand I also will need to give prior written permission for any outing outside the normal routine.                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 4. Permission for my child/ren to interact with animals providing this is a directly supervised activity by the Educator.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 5. Permission for sunscreen to be applied.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 6. I agree to pay my child care fees on time.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 7. I give authorisation for my child to have photos taken.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 8. I give authorisation for my child's photos to be published.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/guardian initials                                |
| 9. Should my child/ren be Priority 3 under Centrelink rules, and the Service has no vacancy, the Priority 3 child/ren may be required to leave the Service in order for the Service to provide a place for a higher priority child. The Service will give the family at least 14 days' notice. (Centrelink Priorities: 1 = At Risk/Referral; 2 = Work/Study; 3 = Respite).         |  | Parent/guardian initials                                |
| 10. I understand that the amendment to the Child Protection Act 1999 means it is now mandatory for Family Day Care Managers, Coordinators and Educators to report any signs or suspicions of child abuse to the Department of Child Safety.  |  | Parent/guardian initials                                |
| 11. How did you hear about our service?  |  |   |
| <input type="checkbox"/> Family  | <input type="checkbox"/> Flyer                           | <input type="checkbox"/> My Place Facebook              |
| <input type="checkbox"/> Friends   | <input type="checkbox"/> Newspaper/Magazine              | <input type="checkbox"/> Inala Community House Facebook |
| <input type="checkbox"/> Educators   | <input type="checkbox"/> Market Stall                    | <input type="checkbox"/> My Place Website               |
| <input type="checkbox"/> CareforKids Website   | <input type="checkbox"/> Internet Search                 | <input type="checkbox"/> Inala Community House Website  |
| <input type="checkbox"/> Others (Specify) _____  |  |   |

Parent/Guardian Name \_\_\_\_\_

12. Abide by the legislation, policy and procedures of the Service. **Full copies of these are available on request from My Place Family Day Care office or Educator.**
13. Promptly pay all fees as required, for contracted hours, including absences as determined by the Educator's Parent Fee Schedule given by your Educator prior to commencement of care.
14. Authorise the Service to collect monies, such as CCS, on my behalf from the relevant government agency.
15. Authorise the Service to collect my child service fee (\$1.35 per child per hour) through my Child Care Subsidy (CCS) payment.
16. Maintain a current working e-mail to receive correspondence.
17. Any placement **offered** by the Service will only be kept open for **2 working days**, unless the Educator or Coordinator has been contacted and other arrangements made. I understand the final decision regarding accepting the child/ren into care rests with the Educator or Service Coordinator.
18. Record the actual time of arrival and departure and pin or sign the attendance record for each day of care, and at the end of each week.
19. Collect my child/ren promptly at the specified time unless sudden circumstances prevent it, and will advise the Educator by phone of the delay. I understand I may be charged a late/early fee.
20. Inform the Educator the reason for any absence, and to give as much notice as possible. For CCS to apply, your child/ren must attend the first and last day of care.
21. Give the Educator and the Service **two weeks' notice prior** to termination of care. **Child must physically attend the first and last day of care to comply with government rules and regulations.**
22. A two weeks' notice period to be given to the Educator regarding permanent changes to contracted hours.
23. When my Educator is on holidays, I understand that every effort will be made by the Service to place my child/ren with another Educator if required, but there is no guarantee of such placement being available. Please note, each Educator has a different fee scale.
24. Advise the Service and Educator of any changes to personal information particularly, **but not limited to, my phone number, e-mail address and home address details.**
25. Provide my child/ren with ample and nutritious food and drinks and appropriate clothing, including but not limited to nappies, hat, sunscreen, shoes.
26. Exclude my child/ren from care if they are sick or suffering from an infectious illness. A medical clearance may be requested by the Service or Educator before my child/children return to care. An Educator has the right to refuse to accept the child/children into care if he/she is showing signs of an infectious illness or is unwell, where no current medical clearance is provided. If the FAO does not pay CCS for any absences, full fees will be charged.
27. Provide specific written requests to administer medication to my child/ren in care as required, in accordance with the Service's policy & legislation.

### Parent / Guardian must complete below

I declare to the best of my knowledge my answers are true and correct. I give permission for My Place Family Day Care to pass on any information regarding my eligibility for CCS to my chosen Educator, and any subsequent Educators used within the Service, for the purpose of calculating fees. I agree to abide by all the terms and conditions of My Place Family Day Care.

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**Insert name or sign**

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**Date**

My Place Family Day Care collects personal Information for the purpose of administering child care. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet Government, legal or other regulatory authority requirements.

Parent/Guardian Name \_\_\_\_\_

# My Place Family Day Care



## Gap Fee Declaration for My Place Family Day Care Parent/Guardian

- The declaration must be completed by any Parent/Guardian, who has entered an enrolment with My Place Family Day Care (Approved Provider Inala Community House).
- The form is designed to support Approved Provider – Inala Community House to ensure that all Parents/Guardians engaged with the service, understand their requirements in full and are complying with Family Assistance Legislation.
- Completed forms will be retained and stored by the approved provider to support the overseeing of Family Assistance Legislation.

### Part A: Personal details Parent/Guardian receiving CCS

1 Please complete the following:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

2 Are you currently receiving Child Care Subsidy payments for Education and Care services through a My Place Family Day Care Educator? ☐ Yes ☐ No

If No, are you currently in care receiving ACCS? ☐ Yes ☐ No

If No, are you currently in care receiving NO Child Care Subsidy? ☐ Yes ☐ No

3 Are you currently paying the Gap Fee as per your invoice, provided to you by your Educator each week/fortnight for every child attending care? ☐ Yes ☐ No

4 As of 1 July 2023, are you aware that the making of these payments must be through electronic funds transfer? E.g. Bank /credit card, direct deposit or bank transfer, online payment system, Bpay ☐ Yes ☐ No

5 As of 1 July 2023, are you aware that this is legislation, and the Service is required to audit the process between Educator/Parent to ensure the requirement is being met? ☐ Yes ☐ No

### Part B: Declaration

I, \_\_\_\_\_ (insert full name) declare that:

1, the information provided on this form is true, complete and correct

2, the approved provider or a representative of the approved provider is authorised to verify any information provided in this form

3, I am aware that under Family Assistance Legislation penalties apply if false or misleading information is provided.

Signature of person making declaration: \_\_\_\_\_

Date: \_\_\_\_\_