

OCCASIONAL CHILD CARE Enrolment & House Membership Form

Important, please complete ALL sections of this form

- A separate form must be completely filled out for each child each year.
- Missing details may delay the start of care for your child.
- Please return the completed form to reception or to Child Care staff.
- An annual family membership fee of \$15.00 will apply.
- ECH Emergency Contact Number: 0480 124 747

| Child Information | | | | | |
|---|---|----------------------|---|--|--|
| | Date of Birth | 1 | Sex: Male Female | | |
| | | | | | |
| | Given Names | | | | |
| | | I | Post code | | |
| Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick) No, Not Aboriginal or Torres Strait Islander Yes, Aboriginal | | | e(s) spoken in the home | | |
| Yes, Aboriginal and Torres Strait Islander Yes, Aboriginal Yes, Aboriginal Aboriginal And Torres Strait Islander Yes, Torres Strait Islander | | | | | |
| | / | | RN) from Family Assistance Office. Please | | |
| Parents/Guardians | | | | | |
| Parent/Guardian 1 Surname | | Given Names . | | | |
| Relationship to the child | | Date of Birth | | | |
| Address same as child \square or | | | Postcode | | |
| Telephone (H) | (W) | (N | ۸) | | |
| Email | | | | | |
| FamilyCRN/ | / | eference Number (CRI | N) from Family Assistance Office | | |
| Is the family CRN in the name of the | e Mother or Father Mother | Father \Box | | | |
| Parent/Guardian 2 Surname | | Given Names . | | | |
| Relationship to the child | | Date of Birth | | | |
| Address same as child \square or | | | Postcode | | |
| Telephone (H) | (W) | (N | M) | | |
| Email | | | | | |
| Care Requirements: | Permanent or Casual | Starting da | nte: | | |
| Which days does your child requir | re a place in Occasional Child Care? | | | | |
| Monday Tuesday Wednesday Friday | (9:30am to 2:30pm): □ (9:30am to 2:30pm): □ (9:30am to 2:30pm): □ (9:30am to 2:30pm): □ | | | | |
| | | | | | |

| Court orders relating to the child: | | | | |
|---|--|--|--|--|
| Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? | | | | |
| Yes \square Please complete the following: No \square Go to next section. | | | | |
| Bring the original court order/s for staff to see <u>and a copy to attach to this enrolment form.</u> | | | | |
| 2. If there are any changes to the original court order/s, a new copy must be supplied to Emerald Community House Staff. | | | | |
| | | | | |
| | | | | |
| Child's Health Information | | | | |
| Doctor's Name & Medical Service Name | | | | |
| Address | | | | |
| Medicare No. Ref No. Expiry Date | | | | |
| Maternal & Child Health Centre | | | | |
| Has the child been immunised and up to date with immunisations? Yes \square No \square | | | | |
| Please provide a copy of the Immunisation History Statement (see page 6) | | | | |
| Medical information | | | | |
| Important: All medication must be handed to staff. It must be in its original container and labelled correctly. No child is to self-administer medication. | | | | |
| Does the child have any special or additional needs? Yes \square No \square | | | | |
| If yes, please provide details and management procedures to be followed with respect to their needs. | | | | |
| | | | | |
| Does the child have any allergies or sensitivity? Yes \(\square\) No \(\square\) | | | | |
| If yes, please provide details and management procedures to be followed with respect to the allergy. | | | | |
| Anaphylaxis | | | | |
| Has the child been diagnosed at risk of anaphylaxis? Yes No | | | | |
| If yes, has the anaphylaxis medical management plan been provided to the service? Yes \(\sigma\) No \(\sigma\) | | | | |
| If yes, has a risk management plan and communication plan been completed by the service in consultation with you? Yes \square No \square | | | | |
| You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to the child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis | | | | |
| your child. This will be attached to the child's enforment form. Information is available at www.education.vic.gov.ad/ariaphylaxis | | | | |
| Does the child have any other medical conditions? (ie: Dietary restrictions, Asthma, Epilepsy, Diabetes, etc. that are relevant to the care of the child) | | | | |
| Yes No No | | | | |
| If yes, please provide details of any medical and any management procedure to be followed with respect to the medical condition. | | | | |
| | | | | |
| | | | | |

Other Information Is there any other information about the child that you wish to disclose to staff? This may include special interests, favourite activities, early intervention services they attend, behaviors, excessive fears etc. Authorised Emergency Contacts & Other Authorised Persons who may collect the Child (other than parents): There may be times when the child becomes ill or there is an incident or emergency at the service which may involve the child and the parents/guardians cannot be contacted. In these cases, the service may notify one of the following people who are authorised to give information about the child to educators or emergency services. In the case of an evacuation or closure of the service, this person may pick up the child, if necessary, within 30 minutes of being notified. It is the parent's responsibility to brief the emergency contacts and ensure they are available as required. Two nominated persons must be provided. These can be changed or added to at any time. Address Telephone (H) (W) (M) Yes \square Is this person authorised to collect the child from this service? Is this person authorised to give consent to administer medication on behalf of parents/guardians? Yes Name Relationship to the child Yes \square Is this person authorised to collect the child from this service? Is this person authorised to give consent to administer medication on behalf of parents/guardians? Yes \Box No \Box Photos/videos I give permission for my child's photo to be used in the Emerald Community House Child Care programs and for promotional purposes. I authorise staff to take written observations and photographs of my child which may be used in the Child Care program. Yes \square I give permission for my child's photo to be used on social media ie Facebook and Instagram

Confidentiality of Enrolment Records

No \square

Yes \square

The Emerald Community House ensures that information in the child's enrolment record is not divulged to another person unless necessary for the care and education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (a-e).

Declaration and Consent to Emergency Medical Treatment and Parent/Guardian Obligations

Please read the following carefully and sign the declaration below.

- I declare that the information in this enrolment form is true and correct and undertake to immediately inform the Emerald Community House in the event of any change to this information.
- I understand that either I or my emergency contact will be expected to collect my child when called in case of emergency or closure of the centre (within 30 minutes of being notified).
- I understand that the service will be closed on **EXTREME** and **CODE RED** bushfire warning days. It is my responsibility to maintain awareness on fire risk days & find alternative arrangements for my child on those days.
- I understand that my child may not be accepted or kept at the service if they are unwell or injured. I agree to collect or make arrangements for the collection of my child if they become unwell or injured at the service.
- I consent to the staff seeking, or where appropriate, administering such emergency medical treatment as is reasonably
 necessary. I consent to staff in case of accident, injury, illness, trauma or emergency to contact a medical practitioner or
 ambulance, at my expense. I consent to medical practitioners carrying out emergency medical treatment they consider
 necessary until contact is made with me or a person authorised on this enrolment form.
- I understand that a fee of \$15.00 (family membership fee) is required each year for the House Membership and my child cannot attend care at the service until this fee is paid. This fee covers administration and house costs.
 - I understand that fees for my child attending child care will be invoiced weekly via email and must be paid upon receipt of invoice for the full amount via direct debit, cash or credit card at reception.
 - o Any additional casual sessions must be paid for on the day.
- I understand that if fees are not paid up to date as per above the service may be restricted until payment is made.
- I understand that we must pay our fees for all booked days, including absent days i.e. sick days, family holidays and public holidays.
- I have read and understood the Confidentiality of Enrolment Statement on Page 3.
- I understand that it is an offence to publish photos of minors who are wards of the state or subject to family court proceedings and this does not apply to my child.
- I agree to deliver and collect my child on time and to contact staff if circumstances change. I understand that I will be charged a late pickup fee of \$1.00 per minute after 2.30 pm. I will let staff know if for any reason my child will not be attending.
- I consent to providing my child with a healthy and substantial snack/lunch each day
- I consent to providing my child with:
 - Clothing that provides sun protection including a wide brimmed hat.
 - Sunscreen applied to all areas of exposed skin during Term 1 and Term 4.
 - A warm jacket or coat during cooler months.
- I shall not hold the Emerald Community House Inc. Committee of Management, or staff legally responsible for any injury sustained by any child or loss of property which may occur during my child's attendance at the Service.
- I have read and understood the Emerald Community House Children's Services Handbook.

| I, | <i>full name</i>) a person with lawful authority in relation to the and this declaration and consent and agree to abide by the |
|--|---|
| Signed: D | ate: |
| Office use only (Emerald Community House Staff to complete) | |
| Date Member's Database Member's Mail-out Member's Mail-out | Member's Email |
| | Page 4 of 7 |



Account Number:

Account Name:

on a Tuesday for the previous weeks care. Your chosen method of payment will then be automatically processed on the same day for the total amount on the invoice. It will be the parents' responsibility to ensure there are enough funds in the account when payment is due.

Child/Children's Full Name/s:

Please specify your preferred payment method:

Bank Account

Credit/Debit Card

Credit/Debit Card Number:

Invoices for Before and After School Care and Occasional Childcare are emailed via HubWorks EVERY WEEK

The transaction reference for payment from bank accounts will be HUBHELLO CCARE and for Credit/Debit Cards the transaction reference will be HUBHELLO CHILDCARE.

Credit/Debit Card Name:

Expiry:

Any failed transaction will incur a fee of \$3.50 per failed transaction. The parent will be notified of any failed transaction and the system will automatically retry to process the payment on the next business day.

By signing this form, you have understood and agreed to the terms and conditions governing the debit arrangements between you, HubHello Pty Ltd and Emerald Community House Inc. as set out in this Request and in your iPay Request Service Agreement which can be viewed upon request.

I/We authorise and request IntegraPay Pty Ltd ABN 63 135 196 397 to debit payments from my/our bank account or Credit/Debit card as listed above, at intervals and amounts as directed by Emerald Community House Inc. as per Terms and Conditions of my agreement with Emerald Community House Inc. and in accordance with this Direct Debit Request and the IntegraPay DDR Service Agreement. I/We understand that we will be charged a fee of \$3.50 for any transaction that has failed.

| Signed: | Name: |
|----------|-------|
| Address: | |
| Phone: | |
| Email: | |

Starting Childcare or Kindergarten

Immunisation information for parents enrolling a child

Enrolment requirements in Victoria

By law¹, to finalise enrolment for your child in long day care, kindergarten, family day care or occasional care you must provide the service with an immunisation status certificate that shows your child is:

up to date with vaccinations for their age OR

on a vaccine catch-up schedule OR

has a medical condition preventing them from being fully vaccinated.

What is an immunisation status certificate?

It is a statement showing the vaccines your child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register²

'Homeopathic immunisation' is not a recognised form of immunisation.

What is this document used for?

To finalise enrolment. To accept an offered place at a service, you must provide the service with an immunisation status certificate. This would usually be done within two months before your child is due to start at the service.

To keep children safe. If there is a disease outbreak at the service, the document is used to identify children at risk (for example, children too young to be fully immunised against a disease) who may need to stay away from the service until it is safe for them to return.

What if I cannot get this document?

In some circumstances a 16 week 'grace period' can be applied, so your child can start at the service while you organise the document. The service can advise if this applies to you.

How do I get an immunisation status certificate?

Request an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR)

phone 1800 653 809

email <u>acir@medicareaustralia.gov.au</u>
visit <u>www.medicareaustralia.gov.au/online</u>

visit a Medicare service centre.

See your doctor or local council

A doctor or local council immunisation service can also provide an immunisation status certificate. To be used for enrolment, the document/s needs to contain the same details as an ACIR Immunisation History Statement and be signed by the immunisation provide

How do I tell if my child is 'up to date

Review your child's most recent ACIR Immunisation History Statement. At the bottom of the statement there is a section titled 'Next due immunisation(s)'. If the date of the next due vaccination is in the future, then your child's immunisations are up to date for age..

² The Australian Childhood Immunisation Register is likely to be renamed the Australian Immunisation Register in September 2016.



¹ Under the Public Health and Wellbeing Act 2008, in effect from 1 January 2016.

If your child has completed all their childhood vaccinations there will be no vaccines listed under the 'Next due immunisation(s)' heading.

What do I do when my child has vaccinations AFTER enrolling?

After each vaccination, you should provide an updated immunisation status certificate to the service to include in their records.

Getting the right documentation

| Scenario | Advice |
|---|---|
| Lost ACIR Immunisation History Statement | Contact the ACIR for a replacement statement. These can also be downloaded and printed from the Medicare website at any time. |
| Incorrect ACIR Immunisation History Statement | If vaccines are missing from a statement, contact the doctor/nurse to check if the records were sent to the ACIR. Once the updated information is received by the ACIR, a corrected Immunisation History Statement can be re-issued to you on request. |
| Overdue for a vaccination | See a doctor/immunisation nurse. The doctor/nurse will provide the vaccine and inform the ACIR. Once the updated information is received by the ACIR, an updated Immunisation History Statement can be issued to you on request. |
| Overdue for multiple vaccinations | See a doctor/immunisation nurse. The doctor/nurse will develop a 'catch-up schedule'. Your doctor can provide you with an immunisation status certificate. |
| Medical reasons can't be fully vaccinated | See a doctor. The doctor will provide information to the ACIR and, on request, the ACIR will issue you with a Statement that says 'up to date' and notes which vaccines your child cannot receive for medical reasons. |
| Overseas vaccination | See a doctor/immunisation nurse. Overseas vaccination schedules may differ from the Australian schedule and need to be checked by a doctor/nurse who will transfer the information to the ACIR. An Immunisation History Statement will then be issued to you by the ACIR at your request. |
| Questions or concerns | Seek advice from a medical doctor or immunisation nurse. |

Why immunise?

It is important that children are fully vaccinated before they start childcare or kindergarten to:

- help protect them from diseases that can be prevented by vaccination
- help protect others who cannot be vaccinated for medical reasons from being exposed to these diseases.

Immunisation is a proven and safe way to be protected against diseases that cause serious illness and sometimes death.

Childhood immunisation schedule

Children should be vaccinated at birth, 2 months (from as early as six weeks), 4, 6, 12 and 18 months of age and $3\frac{1}{2}$ -4 years of age.

To find out what immunisations your child needs:

- see your doctor or contact your local council immunisation service
- view the schedule of vaccinations online at www.betterhealth.vic.gov.au
- receive reminders when your child's immunisations are due; download the free VaxOnTime Victoria app, available for iOS, Android and Windows devices.

More information

Better Health Channel

www.betterhealth.vic.gov.au

Department of Health and Human Services website www.health.vic.gov.au/immunisation

Australian Government Department of Health & Ageing Immunise Australia Program

www.immunise.health.gov.au

For translated versions of this document go to www.health.vic.gov.au/immunisation

To receive this publication in an accessible format phone 1300 882 008, using the National Relay Service 13 36 77 if required, or email immunisation@dhhs.vic.gov.au

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