

LONG DAY CARE ENROLMENT FORM 2024

Family Name:		<div style="border: 1px solid blue; padding: 20px; color: red;"> <p>Please attach a photo of your child here.</p> </div>
Care start date:/...../.....		
Child's First name:		
Date of birth:/...../.....		
Service details:		
Address: 151 Belmore Road Nth (near M5), Riverwood NSW 2210		
Contact details: Email: childcare@riverwoodcommunity.org.au PH: 9533 0136 Fax: 9584 9739 Mobile : 0410 183 689		
Opening hours: Monday - Friday: 7.00am - 6.00pm		
Before the child starts in the service make sure all the relevant information have been received accordingly		
Immunisation record	(Staff Initials)	<input type="checkbox"/>
Child's birth certificate	(Staff Initials)	<input type="checkbox"/>
CRN for child and parents	(Staff Initials)	<input type="checkbox"/>
Medical communication plans x2	(Staff Initials)	<input type="checkbox"/>
Medication supplied and in date	(Staff Initials)	<input type="checkbox"/>
Action plan	(Staff Initials)	<input type="checkbox"/>
Photo identification of all parents and emergency contacts	(Staff Initials)	<input type="checkbox"/>

Information for Educators:

This information will be developed on the orientation day between the parents and the educators in order to provide a safe and caring environment for the child.

Riverwood Community Centre Long Day Care requires this form to be completed and all documentation attached prior to your child's first day of childcare with us. This information must be completed by one of the child's parents, who has lawful authority in relation to the child.

Please notify us of any change of details, as soon as they arise.

Child's Name:	Age:
Questions:	Comments:
Does the child crawl?	
Does the child feed by himself/herself?	
Child's eating habits.	
Does the child have formula milk or full cream milk? If yes, please provide milk bottle.	
At what time does the child sleep/rest during the day?	
How long does the child usually sleep?	
Does the child have any favourite toy from home?	
Allergies to any food or special dietary?	
Other concerns:	

Fees and charges		
	Amount	Director to sign when charged to family
Yearly administration fee:	\$50 per family (to be paid upon enrolment/re-enrolment for the year)	
Under 2 years old :	\$ 138.00	
Over 2 years old:	\$ 125	
Late fees	IF you pick up your child after 6.00pm you will be charged First 15 minutes \$15 \$15 for every 15 minutes after 6.15pm	
Non-notification fee	\$20 (If you do not inform the centre before 2.00pm that your child will be away)	
Bond 2 weeks relevant to the number of the days the child enrolled for.	\$	
Fees Paid to: (Preferred method)	Direct Debit is compulsory. Please add the relevant Bank Account details to OWNA. Or email accounts, Rashmi Honnagangappa at Rashmi.H@riverwoodcommunity.org.au	

Please tick the days you require for Child Care:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

About your child:

Child's First Name: Middle Name :
 Child's Family Name:
 Child's Date of Birth: Age: Gender: Male Female
 Child's CRN Number:
 Home Address:Post Code:
 Is your child known by any other names?
 Does your child have any former names?
 What is your child's first language?
 Does your child speak any other language/s?
 Cultural background of the child?

Country of Birth:

Is your child: Aboriginal Torres Strait Islander Neither

Has your child previously been in Childcare? Yes No

If yes, please give details:.....

Were you referred to this Centre by another service? Yes No

If yes, please give details:.....

Information about Parents/Guardians

Parent/Guardian 1	Parent/Guardian 2
Relationship to child:	Relationship to child:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.
First Name:	First Name:
Family Name:	Family Name:
Date of Birth:/...../.....	Date of Birth:/...../.....
Age bracket (please tick)	Age bracket (please tick)
<input type="checkbox"/> <15 <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+	<input type="checkbox"/> <15 <input type="checkbox"/> 16-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+
Address:	Address:
.....
Suburb:Post Code:	Suburb:Post Code:
Primary Contact number:	Primary Contact number:
Study/Workplace:	Study/Workplace:
Study/Work contact number:	Study/Work contact number:
Study/Work (please tick): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Study/Work (please tick): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Email:	Email:

Cultural/Ethnic background: Language spoken:..... CRN Number:-.....-..... I do not wish to receive information by email <input type="checkbox"/>	Cultural/Ethnic background: Language spoken:..... CRN Number:-.....-..... I do not wish to receive information by email <input type="checkbox"/>
---	---

Financial Information

Please tick the situation that applies to you:

- Single parent receiving Centrelink Benefits
- Single parent in paid employment
- Two parent family receiving Centrelink Benefits
- Two parent family, one parent in paid employment
- Two parent family, both in paid employment

Other information about your family

How many people live with your child at home?

Please list any siblings and complete their details below:

Child's Full Name	Gender	Date of Birth	Service Attended
	Male/Female		
	Male/Female		
	Male/Female		
	Male/Female		

Please provide the name and ages of any other **close relations** attending the same centre:

Child's Full Name	Gender	Age
	Male/Female	
	Male/Female	

About your child

Was your child born premature? Yes No

Comment (how early):

At what age did your child?

Crawl: Walk:

Self-feeding: Say first words:

Speak in Sentences:.....

Toileting: Is your child in Nappies needs Help independent

Is there any special word/s used for toileting?.....

At what time does your child usually sleep/rest during the day?.....

How long does he/she usually sleep?.....

Does your child have a security item?.....

Is your child frightened of anything?.....

Does your child have a favorite toy?.....

What does your child call his/her Grandparents?.....

Has your child been left with other people before? E.g. Family, Babysitter, another Day Care

(Please write name of other centre)

Please list any assessments your child has had (Speech, Hearing, Developmental, behaviour assessments). It would be useful for us to have a copy of any reports from these assessments:

.....

.....

.....

.....

.....

Child's Medical Information

Family Doctor Title:		First Name (S) :	Surname :
Service Name:			
Address:			
Contact Phone:			
Family Dentist Title:	First Name(S):	Surname:	
Service:			
Address:			
Contact phone:			
Medicare Number:		Ambulance Cover:	YES NO
Health Insurance Fund	Yes NO	Insurance Number:	
Health Insurance Name:			

Child's Health information

Please attach a copy of all relevant documentation in regards to the following:

Is your child fully immunized? Yes No Last updated:

A copy of your child's immunisation record must be sighted by the Nominated supervisor or the Coordinator of the Long Day Care and attached to this form. Please ensure you notify the Nominated supervisors or the Coordinator upon the completion of each immunisation update

Has your child ever been diagnosed with any of the following?

German Measles	YES			NO		Seizures	YES
Mumps	YES			NO		Convulsions	YES
Whooping Cough	YES			NO		Chicken Pox	YES
German Measles	YES			NO		Seizures	YES

Other (please specify)

If you have ticked YES to any in the list above, please specify relevant details below:

Does your child suffer from any allergies? YES NO

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

.....

.....

Does your child have a diagnosed disability or any additional needs? YES NO

If yes, please provide relevant details below:

.....

.....

Does your child take prescribed medication or treatment on a regular basis? YES NO

If yes, please provide relevant details below:

.....

.....

Does your child suffer from anaphylaxis? YES NO

If yes, please provide relevant details below:

.....

.....

.....

Does your child have a diagnosed disability or any additional needs? YES NO

If yes, please provide relevant details below:

.....

.....

Does your child take prescribed medication or treatment on a regular basis? YES NO

If yes, please provide relevant details below:

.....

.....

Does your child suffer from anaphylaxis? YES NO

If yes, please provide relevant details below:

.....

.....

Cultural, Religious or Dietary Requirements

Does your child have any cultural, religious or dietary requirements? If yes, please provide relevant details below:

.....

.....

Please list any other details that could help us in providing your child with the most suitable dietary options:

.....

.....

Does your child have any consideration for additional needs

.....

Emergency Contacts

Your consent is needed for other people (Authorised Nominees) for the following:

- To collect your child from the Riverwood community Centre Long Day Care on your behalf. Please list the details in the table below, of those people who can collect your child. This list may be added to or changed throughout the year. Those collecting your child will need to show identification (e.g. driver's licence, passport or relevant ID with photo and name on it) before taking your child from the centre. The Director must be notified in advance if any other person will be collecting your child/ren or we cannot release them.
- Authorisation to consent for medical treatment and to administer medication if required on your behalf.
- In the unlikely event that your child has an accident, injury, trauma or illness and you cannot be contacted, please give details for the people who you give permission to collect and care or give permission for medication for your child.

Contact 1:		
Full Name:		Relationship to child:
Address:		Contact number:
Authorisation to consent for this person to collect my child/ren from the service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to administration of medication or authorised for medical treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent for an educator to take the child/ren outside the education and care service premises. <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorise to authorise the service to transport the child or arrange transportation of the child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact 2:		
Full Name:		Relationship to child:
Address:		Contact number:
Authorisation to consent for this person to collect my child/ren from the service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to administration of medication or authorised for medical treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent for an educator to take the child/ren outside the education and care service premises: <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorise to authorise the service to transport the child or arrange transportation of the child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact 3:		
Full Name:		Relationship to child:
Address:		Contact number:
Authorisation to consent for this person to collect my child/ren from the service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent to administration of medication or authorised for medical treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to consent for an educator to take the child/ren outside the education and care service premises. <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorise to authorise the service to transport the child or arrange transportation of the child: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Yes No

Access arrangements for your child and/or court orders

Are there any court orders, parenting orders or parenting plans in place relating to your child and family?

(See side box for greater detail) Yes No

If yes, a copy of any Court Orders/papers will need to be provided.

Court orders, parenting orders and parenting plans are legal documents under the Family Law Act, relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child; and relating to the residence, or the child's contact with another person.

Permissions

I understand that:

My child may be observed by students as part of their practicum requirements and give permission for them to plan for my child accordingly (in conjunction with a member of staff).

Yes

No

I give written permission for my child to have his/her photo taken when needed to be used by the centre in the capacity of the local newspaper, face book or any other advertising used by the Riverwood Community Centre

Yes

No

I give written permission for the centre's staff to use sunscreen on my child.

Yes

No

I give written permission to any person who is authorized to authorise the education and care service to transport the child or arrange transportation of the child.

Yes

No

In the event of a fire evacuation drill conducted by the Riverwood Community Centre, I give written permission for my child to exit secured child care gate to an allocated meeting point in adjoining open parkland of the Riverwood Community Centre.

Yes

No

In the event of a serious accident, I give written authorization for the centre to seek urgent medical, dental, ambulance (including transport by ambulance if requires) or hospital treatment.

Yes

No

I give permission for an authorized person to authorize an educator to take my child outside the education and care service premises

Yes

No

In the event of an accident, I give written authorization for the staff to provide first aid such as band aids on the child injury.

Yes

No

In the event of the child have high temperature 38°C I give written permission to the staff to give the child Panadol

Yes

No

In the event of a serious accident, I give written consent to the carrying out of appropriate medical, dental or hospital treatment if such action appears to be necessary.

Yes

No

I understand and consent that the Riverwood Community Centre Long Day Care may display the following information about my child:

Health: Action Plan Procedures, allergies, medication, accident reports, illness reports.

Yes

No

<u>Education Program:</u> Documentation of children's experiences including displays of photos and children's comments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Staff/parent communication:</u> Information summarizing the activities of the day, eat/sleep charts, nappy change charts, message books, pick up authorization.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Permissions

Enrolment Agreement

I understand that: (please tick each statement as you read it)

- On confirmation of enrolment, two weeks of full fees must be paid as a Bond. This will be held, and deducted from my final fees when child is leaving the Centre. If my child does not commence, this bond may be forfeited.
- On confirmation of enrolment, Administration fees of \$50.00 must be paid. This will be held, and not refundable
- I must sign my child in and out for any absences.
- Fees are payable for absence.
- Fees must be paid up to date, i.e. current week.
- A daily fee is charged.
- My child's attendance may be terminated if fees are not up to date without consultation with the manager.
- Any fees, penalties or service charges incurred by the Riverwood Community Centre Long Day Care as a result of fee payments will be charged to my account.
- A minimum of two weeks' notice is required when withdrawing my child from care or fees will be payable in lieu of notice.
- My child must arrive at the centre no later than 10am and picked up no later than 6.00pm otherwise I will be charged a late pick up fee. Please call the Centre to inform us if your child's going to be late.
- Riverwood community Center Long Day Care educators are mandatory reporters, which means that they are required, under the Children and Young Person's (Care and Protection) Act of 1998, to make a report to the NSW Department of Family and Community Services if they suspect a child is at significant risk of harm.
- My child's enrolment is subject to guidelines stated in the 'Family Information Handbook'.
- The centre will be closed on public holidays and at the end of December over the Christmas/New Year period.
- As a parent/guardian I am responsible for updating the Centre staff, in a timely manner, on any changes in my child's health, ongoing medical conditions or immunization matters.
- My child may be asked not to attend the center if she/he contact an infectious disease that requires an exclusion period Such as (Diphtheria, hepatitis B, fever)
- I am aware that the Centre requires presentation of a medical certificate (Action Plan) in the event of the child developing a medical condition.
- The Riverwood Community Centre Long Day Care is part of the Riverwood Community Centre, and as such adheres to a set of policies and procedures that govern the way service is provided. I am able to view these documents by asking the Centre staff.
- I am aware that it is our Responsibility to maintain current Family Assistant Office income Assessment Notice for child care subsidy purposes
- I am aware that to have access to Child Care Subsidy we need to meet all the current child care requirement
- Agree to comply with all government requirements in relation to the Centre and its service.
- Understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:

First priority: Child at risk of serious abuse or neglect

Second Priority: Children whose parents satisfy work/training/study test under section 14 of the Family Assistance

Act

Third priority: Any other child

Signature (Parent/Guardian)Date:/...../.....

Disclaimer

Riverwood Community Centre Long Day Care occasionally collects statistical information about children and families using the service. This information is used to help plan and deliver services, to monitor and improve services and to meet reporting requirements specified by funders. We respect the privacy of your personal information. All of the Riverwood Community Centre Long Day Care staff are bound by the Riverwood Community Centre's Privacy and Confidentiality policy. The Riverwood Community Centre Long Day Care take all reasonable steps to ensure that your personal information is protected against loss, unauthorized access, modifications or disclosure, and other misuse. Information will only be disclosed or shared if required by law or regulatory or reporting requirements.

Privacy Statement

Riverwood Community Centre Long Day Care has a commitment to protect the privacy of its clients. Riverwood Community Centre Long Day Care complies with the National Privacy principals set out in the Privacy Amendment (private sector) Act 2000. For more information please refer to the Riverwood Community Centre Long Day Care Privacy Policy available at the centre.

Nominated Supervisor Comment

Director Children's Services

Name: _____

Signature: _____ **Date:** /...../.....

CHILDREN'S SERVICES LONG DAY CARE EXCURSION PERMISSION FORM

Dear parents/Guardians

Please see below the details regarding excursions from our service in line with the proposed activities.

When: Monday – Friday as programmed

Time: between 11am & 2.30pm as programmed

Route:

1. Library 80 Kentucky Rd, Riverwood NSW 2210 for the purpose of the Riverwood library
Children will exit the main gate and walk around the exterior façade of the Main RCC building, across the fenced bridge and attend to Riverwood Library, they will return via this route back to the service.
2. Parklands outside Riverwood Community centre at 151 Belmore Road Nth, Riverwood NSW 2210 for the purpose of evacuation drills and park play or mealtimes. Children will exit the gate and walk alongside the fencing in a line with educators, making their way down the steps to the grassed area, next door to the service.
3. Riverwood Community Centre at 151 Belmore Road Nth, Riverwood NSW 2210 for the purpose of event-based activities. Children will exit via the building office door, walking across the foyer and enter the small hall. Returning via this path into the centre.

Individual risk assessments are available for families for the above activities. These are located in the sign in and out area, in a folder labelled "Risk Assessments."

Anticipated number of children: 5-29 children; licensed for 29 children.

Anticipated ratio of staff to children: 1:4 (0-2yrs); 1:5 (2-3yrs) & 1:10 (3-5yrs)

Transport and required seat belts: Not relevant for this excursion. Children will be walking.

Please fill out the permission form and hand in back to staff

Children will be transported to and from these areas via walking only with a return time of no later than 3pm. If parents are required to collect children during the times of excursions being conducted they must inform educators via the centre mobile phone and can meet us at the above location.

I give permission any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child for the purpose of the proposed activity and for the purpose of collecting the child from the following locations.

Child's Name: Date of Birth:/...../..... Age:

Parent/Guardian Name: Date: Signature:

Nominated Supervisor: Date: Signature: