

LONG DAY CARE ENROLMENT FORM 2024

| | |
|---|--|
| Child's Family Name: | <p>Please attach a photo of your child here.</p> |
| Child's First Name: | |
| Date of birth:/...../..... | |
| Expected starting date:/...../..... | |
| Service details: | |
| Address: 151 Belmore Road Nth (near M5), Riverwood NSW 2210 | |
| Contact details: Email: childcare@riverwoodcommunity.org.au PH: 02 9533 0136 Fax: 02 9584 9739 Mobile: 0410 183 689 | |
| Opening hours: Monday - Friday: 7.00am - 6.00pm | |

Please ensure all the relevant information have been submitted accordingly before the child starts attending

| | | |
|--|------------------|--------------------------|
| 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"/> |

ALL ABOUT ME

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: | | Date of Birth: |
| Questions: | | Comments: |
| My favourite things to have | | |
| My favourite things to do | | |
| My fears and dislikes | | |
| Self-help skills: | eating | |
| | sleeping | |
| | toileting | |
| My routine including breakfast, morning tea, nap time, formula/breast milk intake ... | | |
| Any medical condition? Allergies? Dietary requirements? Cultural/Special needs? | | |
| Goals and expectations | | |
| Others: | | |

| FEES AND CHARGES | | |
|---|--|--|
| | Amount | Director to sign when charged to family |
| Yearly administration fee: | \$50 per family | to be paid upon enrolment or re-enrolment for the year |
| Under 2 years old: | \$ 138.00 per day | |
| Over 2 years old: | \$ 125 per day | |
| Late fees | If you pick up your child after 6.00pm you will be charged <ul style="list-style-type: none"> ▪ First 15 minutes \$15 ▪ \$15 for every 15 minutes after 6.15pm | |
| Bond 2 weeks relevant to the number of the days the child enrolled for | \$ | |
| Fees Paid to: <i>(preferred method)</i> | Direct Debit is compulsory. Please add the relevant Bank Account details to OWNA. Or email accounts to 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: Gender: Male Female
 Child's Date of Birth: Country of Birth:
 Is your child: Aboriginal Torres Strait Islander Neither
 Child's CRN Number:
 Home Address: Post Code:
 Is your child known by any other names?
 Cultural background:
 Does your child speak any other language/s?
 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"/> Other:..... | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:..... |
| First Name: | First Name: |
| Middle Name: | Middle Name: |
| Family Name: | Family Name: |
| Date of Birth:/...../..... | Date of Birth:/...../..... |
| Address: | Address: |
| | |
| Suburb: Post Code: | Suburb: Post Code: |
| Primary Contact number: | Primary Contact number: |
| Occupation: | Occupation: |
| Email: | Email: |
| Cultural/Ethnic background: | Cultural/Ethnic background: |
| Languages spoken:..... | Languages spoken:..... |
| CRN Number: | CRN Number: |

Financial Information

Please tick the situation that applies to you:

- | | |
|---|---|
| <input type="checkbox"/> Single parent receiving Centrelink Benefits | <input type="checkbox"/> Single parent in paid employment |
| <input type="checkbox"/> Two parent family receiving Centrelink Benefits | <input type="checkbox"/> Two parent family, both in paid employment |
| <input type="checkbox"/> Two parent family, one parent in paid employment | |

Other information about your family

Would you like to tell us more about your family (eg. family members living in the house)

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.....

.....

.....

Please list any siblings and complete their details below:

| Child's Full Name | Gender | Date of Birth | Service Attended |
|-------------------|---------------|---------------|------------------|
| | 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 | |

Child's Medical Information

| | | |
|------------------------|------------------|-------------------------|
| Family Doctor Title: | First Name (S) : | Surname : |
| Service Name: | | |
| 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 submitted to 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | Seizures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mumps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | Convulsions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Whooping Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | Chicken Pox | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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:

.....

.....

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:

.....

.....

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.

Emergency Contact 1:

| | | | |
|---|---|--|---|
| Full Name: | | Relationship to child: | |
| Address: | | Contact number: | |
| I authorise this person to be an authorised nominee to drop off and pick up this child using OWNA app: <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorise this person to be an authorised nominee to make medical decisions on behalf of this child: <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorise this person to be an authorised nominee for this child's incursions and excursions: <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorise this person to be an authorised nominee to authorise this child being transported by RCCLDC or on transportation arranged by RCCLDC <input type="checkbox"/> Yes. <input type="checkbox"/> No |

Emergency Contact 2:

| | | | |
|---|---|--|---|
| Full Name: | | Relationship to child: | |
| Address: | | Contact number: | |
| I authorise this person to be an authorised nominee to drop off and pick up this child using OWNA app: <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorise this person to be an authorised nominee to make medical decisions on behalf of this child: <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorise this person to be an authorised nominee for this child's incursions and excursions: <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorise this person to be an authorised nominee to authorise this child being transported by RCCLDC or on transportation arranged by RCCLDC <input type="checkbox"/> Yes. <input type="checkbox"/> 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 details) 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, Facebook, website, social media 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 authorised to authorise the education and care service to transport the child or arrange transportation of the child.

Yes

No

In the event of an Emergency Evacuation Drill conducted by the Riverwood Community Centre, I give written permission for my child to exit the secured childcare 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 authorisation for the centre to seek urgent medical, dental, ambulance (including transport by ambulance if required) or hospital treatment.

Yes

No

I give permission for an authorised person to authorise an educator to take my child outside the education and care service premises.

Yes

No

In the event of an accident, I give authorisation for the staff to provide first aid such as band aid on the child's injury.

Yes

No

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

Yes

No

In the event of a serious accident, I give 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

Education Program: Documentation of children's experiences including displays of photos and children's comments.

Yes

No

Staff/parent communication: Information summarizing the activities of the day, eat/sleep charts, nappy change charts, message books, pick up authorisation.

Yes

No



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 released after clearing all outstanding fees when your child is leaving the centre. If my child does not commence, this bond may be forfeited.
- On confirmation of enrolment, an administration fee of \$50.00 must be paid. This is not refundable.
- I must sign my child in at drop off, sign out at pick-up and mark non-attending for any absences on OWNA.
- Fees are payable for absences.
- Fees must be paid up to date, i.e. current week.
- 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 be 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 Centre 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 immunisation matters.
- My child may be asked not to attend the center if she/he contacts 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 the current Family Assistant Office income Assessment Notice for childcare subsidy purposes.
- I am aware that to have access to Child Care Subsidy we need to meet all the current childcare requirements.
- 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

Full Name:

Date:/...../.....

(Parent/Guardian)

Signature:



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 takes all reasonable steps to ensure that your personal information is protected against loss, unauthorised 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 protecting 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:

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Director of Children's Services:

Full 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

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, cross the fenced bridge and attend 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.

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.

Children will be transported to and from these areas via walking only with a return time of no later than 5pm.

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 locations.

I give permission to the educators of RCCLDC, and person listed emergency contact 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 Full Name: Date of Birth:/...../.....

Full Name of Parent / Guardian:

Signature: Date:

Nominated Supervisor:

Signature: Date: