



2012 Enrolment Form

Please tick which service(s) you are enrolling for:

- | | | | |
|-----------------------------------------|--------------------------|-------------------------------------------|--------------------------|
| Lyndhurst Children's Centre | <input type="checkbox"/> | Mountain View Children's Centre | <input type="checkbox"/> |
| Lake View Children's Centre | <input type="checkbox"/> | Alpine Family Day Care | <input type="checkbox"/> |
| Mt Beauty Kinder -4 YO Program | <input type="checkbox"/> | Mt Beauty Kinder - 3 YO Program | <input type="checkbox"/> |
| Bright and District Kinder-4 YO Program | <input type="checkbox"/> | Bright and District Kinder - 3 YO Program | <input type="checkbox"/> |

This form must be completed by a parent or guardian who has lawful authority in relation to the child. See page 3 for Lawful Authority details.

INFORMATION ABOUT YOUR CHILD

Date Enrolled: ___ / ___ / ___ Date of Birth: ___ / ___ / ___ Sex: M F

Family Name: _____ Given Names: _____

Child's Customer Reference Number:

Home Address: _____ Postcode _____

Languages Spoken in the home: _____

Has your child previously attended a 4 year old funded kindergarten? Yes No

Is your child of Aboriginal and/or Torres Strait Islander origin? (tick one box only)

- | | |
|------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Yes, Torres Strait Islander | <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> Yes, Aboriginal | <input type="checkbox"/> No, not Aboriginal and Torres Strait Islander |

INFORMATION ABOUT CHILD'S PARENTS OR GUARDIANS

Parent/Guardian	Parent/Guardian
Name:	Name:
CRN: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CRN: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date of Birth:	Date of Birth:
Country of Birth:	Country of Birth:
Address as per child or: Postal Address:	Address as per child or: Postal Address:
Place of Employment and Occupation:	Place of Employment and Occupation:
Course being undertaken: Duration:	Course being undertaken: Duration:
Home Telephone: Work Telephone: Mobile: Email:	Home Telephone: Work Telephone: Mobile: Email:
Does your child live with this Parent/Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your child live with this Parent/Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>
For families enrolling at Lyndhurst, Lake View, Mountain View and the 3 YO Mt Beauty Kindergarten Program:	
Other siblings in care: Yes <input type="checkbox"/> No <input type="checkbox"/> Names of siblings:	
Name(s) of the service the siblings are attending:	
Have you contacted Centrelink? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please use this CRN to claim the government fee subsidy <input type="checkbox"/>	Please use this CRN to claim the government fee subsidy <input type="checkbox"/>
This parent/guardian will be responsible for paying the account <input type="checkbox"/>	This parent/guardian will be responsible for paying the account <input type="checkbox"/>
This parent/guardian is registered with Centrelink for Child Care Benefit <input type="checkbox"/>	This parent/guardian is registered with Centrelink for Child Care Benefit <input type="checkbox"/>

CHILD CARE REBATE

The Child Care Rebate helps working families with the cost of child care. The Child Care Rebate covers 50 per cent of out-of-pocket child care expenses for approved child care up to the maximum legislated amount per year per child in approved care. You and your partner only have to participate in work related commitments at some time during a week or have an exemption. No minimum number of hours is required. Work related commitments include: paid work or self employment, setting up a business, training or studying, looking for work or voluntary work to improve your work skills.

Are you eligible for the Child Care Rebate? Yes No

COURT ORDERS RELATING TO YOUR CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Yes No

If yes, please supply the following:

1. Bring the original court order/s for staff to see and copy, then attach to this enrolment form;
2. If these orders:
 - a) change the powers of a parent/guardian to: authorise the taking of the child outside the service by a staff member of the service; consent to the medical treatment of the child; request or permit the administration of medication to the child; collect the child, AND/OR
 - b) give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers (attach separate sheet)

CHILD'S IMMUNISATION RECORD

Has your child been immunised? Yes No

If No, please see the Team Leader/ Manager/ Administration Officer.

If yes, please provide details by:

1. Attaching a copy of the Immunisation Record from the Child Health Record book OR
2. Attaching a copy of the Immunisation Record print out from local government OR
3. Completing the table on next page with **FULL DATES, no ticks.**

Disease Immunised Against	BIRTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	18 MONTHS	4 YEARS
Hepatitis B							
DTP							
(Hib) Type B				*			
IPV (Polio)							
Meningococcal C							
Pneumococcal							
Varicella							
MMR							
Rotavirus				**			

Schedule Key

* Four doses of Hib vaccine are due at 2, 4, 6 and 12 months of age when 'PRP-T Hib' containing vaccine is used

** Third dose of vaccine is dependent on vaccine brand used. Contact your State or Territory Health department for detail

DTP Diphtheria-tetanus-aceullular-pertussis vaccine

MMR Measles-mumps-rubella vaccine

Taken from the "National Immunisation Program Schedule (0-4 years) Effective from 1 July 2007

EMERGENCY CONTACTS - OTHER THAN PARENTS OR GUARDIANS

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child. These people must be at least 18 years of age.

IT IS IMPORTANT THAT THESE EMERGENCY CONTACTS LIVE LOCALLY.

Name:	Name:
Relationship to child:	Relationship to child:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Address:	Address:

DETAILS OF PEOPLE WHO CAN COLLECT YOUR CHILD - OTHER THAN PARENTS OR GUARDIANS

Your consent is required for other people to collect your child from the children's service on your behalf. Please list the details of those people who can collect your child in the table below.

Name:	Name:
Relationship to child:	Relationship to child:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Address:	Address:
Name:	Name:
Relationship to child:	Relationship to child:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Address:	Address:

Lawful Authority

Parents - All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The *Children's Services Regulations 2009* refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardian - A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

CHILD'S HEALTH INFORMATION

▶ Has your child had their 3 ½ year old assessment Yes No

If yes, please attach a copy of this assessment from the Child Health Record Book

▶ Does your child have any allergies or sensitivities? Yes No

If yes, please detail (please attach Anaphylaxis Action Plan if appropriate and alert the Team Leader)

▶ Is your child known to have a reaction to bees/wasps/other insects? Yes No

If yes, how severe and attach a copy of the management plan.

▶ Does your child have any medical conditions/needs relevant to your child's care? Yes No

If yes, please attach a copy of the management plan. E.g. Asthma, diabetes

▶ Does your child have any dietary restrictions/needs or likes/dislikes in relation to food? Yes No

If yes, please detail. Any dietary restrictions must be accompanied by either a letter from a qualified dietitian or allergy specialist. In the case of the child not being seen by a qualified dietitian or allergy specialist the parents will be asked to write and sign a letter stating they have required the centre to provide the child with the diet requested (as per the Nutrition Policy).

▶ Details of previous medical history

e.g. Previous illness, chronic conditions, operations, regular medications:

CHILD'S MEDICAL INFORMATION

Name of Doctor/Medical Service: _____

Address of Doctor/Medical Service: _____

Telephone of Doctor/Medical Service: _____

Ambulance Membership No: _____ Medicare No: - - -

NB. The Medicare Number must include the family number that is next to your child's name on your Medicare card

How did you hear about Alpine Children's Services?

Word of mouth Newspaper Recommendation

Yellow Pages White Pages Other

COMMUNICATION

What is your preferred method of receiving communication such as newsletters and accounts?

Via Email Via 'pocket' at service or family day carer

INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS SERVICE

To help provide accurate information to government departments please answer the following questions:

▶ Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes No

▶ If yes, please describe and list contact details of Therapists, Specialists or Services used: _____

▶ Does either parent have a disability?

Yes No

▶ Do you have any religious or cultural practices? _____

EATING

Are there any foods not to be eaten because of Cultural or Religious reasons?

Yes No

If yes, please list: _____

SLEEPING

Does your child sleep during the day?

Yes No

If yes, at what time? _____

Does your child have a security item? (e.g. Teddy or Dummy)

Yes No

If yes, please list _____

TOILETING

Does your child wear nappies?

Yes (always) Yes (sleeping) No

Does your child need help with toileting?

Yes Yes (needs reminding) No

CONSENT FOR PHOTOGRAPH, VIDEO, SUNSCREEN, NAPPY RASH CREAM, BAND-AIDS, STINGOSE, BRUISE CREAM AND ANTISEPTIC CREAM/LIQUID.

Do you consent in having your child photographed or videoed whilst in our care?

Yes No

NB. These photographs may be used for purposes such as newsletters (that are posted on the website of Alpine Children's Services), media releases and marketing programs.

Do you consent in having sunscreen applied to your child whilst in our care?

Yes No

If applicable, do you consent in having nappy rash cream applied to your child during nappy changes?

Yes No

Do you consent in having the following applied to your child in case of first aid being required:

Band-aids Yes No

Bruise Cream Yes No

Antiseptic Cream/Liquid Yes No

Stingose Yes No

Signature: _____ Date: ___ / ___ / ___

FOR YOUR INFORMATION

Alpine Children’s Services Incorporated is based on a Management Committee and as a Parent, you are able to chose to be part of the decision making process effecting the service by being involved in the Management Committee. Should you require more information in becoming a member of the Management Committee please contact the Manager.

.....
DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I, _____, (Print full name) a person with lawful authority of the child referred to in this enrolment form, declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information;

- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- Consent to the staff of the service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children’s service.

Signature: _____ Date: ___ / ___ / ___

.....
DECLARATION AND CONSENT TO FOLLOW POLICIES AND PROCEDURES

I, _____ Parent/Guardian) have read the Information Book provided and agree to abide by the policies and procedures described therein, or as updated through staff and parent input and advertised via the service’s Information Notice board and/or through the Parent Newsletter.

Signature: _____ Date: ___ / ___ / ___

.....
DECLARATION AND CONSENT TO PAY FEES

All fees should be paid by cheque, on-line transfer of funds, cash or through EziDebit (a direct debit system).

FEES FOR CHILD CARE, FAMILY DAY CARE AND MT BEAUTY THREE YEAR OLD KINDERGARTEN

Must be paid on a weekly or a fortnightly basis unless a prior arrangement has been made with the Manager or Administrative Officer

I understand that I will be charged a non-refundable \$10 enrolment processing fee (for new enrolments only)

Signature: _____ Date: ___ / ___ / ___

I understand that I must pay weekly or fortnightly payments, failure to do so will result in my child’s position being cancelled

Signature: _____ Date: ___ / ___ / ___

I understand that I must give two week’s notice when cancelling a booking, failure to do so will result in being charged

Signature: _____ Date: ___ / ___ / ___

FEES FOR BRIGHT THREE YEAR OLD KINDERGARTEN

Must be paid on a term basis unless a prior arrangement has been made with the Manager or Administrative Officer

I understand that I must pay term payments, failure to do so will result in my child’s position being cancelled

Signature: _____ Date: ___ / ___ / ___

FEES FOR THE FOUR YEAR OLD KINDERGARTEN PROGRAM

To receive the government fee subsidy for 4 year old kindergarten, a current Health Care Card, Pension Concession Card or Card/Visa 866/785 must be presented at interview day and when renewed. I acknowledge that the kindergarten program is partly funded by the Victorian Government with the balance of funds coming from fees paid by the parents.

I understand that I am only entitled to obtain the fee subsidy for Low Income families while I have a current Health Care Card/Pension Concession Card/ Card Visa 866/785. If my eligibility lapses, then full payment of fees must occur for the remainder of the year, or until a new card is presented to the services.

I/We agree to pay fees by the due date on the invoice.

Signature: _____ Date: ___ / ___ / ___

Alpine Children's Services Privacy Policy Collection Statement Purpose for which information is collected

We believe your privacy is important. We have put in place a Privacy Policy, which illustrates how we will collect, use, disclose, manage and transfer personal information including health information. This policy is available on request. Our service is, in some of its activities bound by privacy legislation. If we need to collect health information we are subject to the Health Records Act (Vic). If we have collected information as a service provider to the State Government, we are covered by the Information Privacy Act (Vic). Otherwise for all other transactions involving personal information, we are not covered by privacy legislation, and our Privacy Policy may not apply. If you are unsure about this please contact the Manager of Alpine Children's Services.

The reasons for which we generally collect personal information are:

Personal Information and Health Information collected in relation to:	Primary Purpose for which information will be used:
Children and Parents/Guardians	To enable us to provide for the education and care of the child attending the services and enable us to manage and administer the services as we are required.
Committee of Management members	For the management of the service by the Committee
Job applicants, employees, contractors, volunteers and students	To assess and (if necessary) to engage the employees, contractors, volunteers or students and as the case may be; To administer the individual's employment, contracts or placement of students and volunteers.

You should be aware the under relevant privacy legislation, other uses and disclosures of personal information are permitted, as set out in the legislation.

Disclosure of personal information, including health information.

We may disclose some personal information, including health information, held about an individual to :

- ▶ Government departments or agencies as part of our legal and funding obligations;
- ▶ Organisations providing services related to employee entitlements and employment; and
- ▶ Anyone to whom the individual authorises us to disclose information.

Laws that required us to collect specific information:

The Children's Services Regulations 1998, Children's Services Act 1996, Incorporations Act 1981 and employment related laws and agreements require us to collect specific information. Failure to provide the required information could affect:

- ▶ A child's enrolment at the services;
- ▶ An employee's employment;
- ▶ The committee's ability to function as an incorporated association.

Access to information

Individuals on whom we hold personal or health information are able to gain access to this information in accordance with applicable legislation.

The procedure for doing this is set out in our Privacy policy, which is available on request.

For information on the Privacy Policy please contact the Team Leader or Manager

Declaration

I, _____, have read the Alpine Children's Services collection statement and understand that the information that I have provided will be used for the purposes outlined.

Signature: _____ Date: ___ / ___ / ___

OFFICE USE FOR KINDERGARTEN ONLY

Following documents sighted or obtained (if applicable)

Birth Certificate

Immunisation Record

Health Care Card Number: _____ Date of Expiry: ___/___/___

Pensioner Concession Card Number: _____ Date of Expiry: ___/___/___

Court Orders about custodial arrangements

Sighted by: _____ Teacher/Director ___/___/___

DECLARATION AND CONSENT FOR ADDITIONAL INFORMATION AND SUPPORT

I, _____, (Parent/Guardian) understand that should additional information be required, other relevant agencies or services may be contacted.

I hereby authorise the Inclusion Support Facilitator to visit my child while attending the centre or family day care to support and resource Alpine Children's Services staff.

Signature: _____ Date: ___ / ___ / ___

I hereby authorise Alpine Children's Services to contact other professionals (e.g. Maternal and Child Health Nurse) to support the care and education of my child.

Signature: _____ Date: ___ / ___ / ___

DECLARATION AND CONSENT TO PAY LATE FEES

On commencement your child's hours of care are a contract agreed upon by you and Alpine Children's Services

Warning

A warning and a once-off fee of \$10 will apply for the first time a child is collected up to ten minutes late from his/her session. If a child is collected more than ten minutes late from his/her session regular late fees will apply.

Regular Late Fees

When a child is collected up to five minutes late from his/her session, a late fee of \$10 will apply. A further **\$10 per child** will be charged for each additional one (1) minute thereafter. This applies to all sessions (morning, afternoon, respite and full day). It should be further noted that late fees will be charged even when one child is collected on time but a sibling in another room is collected late from his/her session.

I understand that I must pay a late fee if I am late in collecting my child; failure to do so will result in my child's position being cancelled.

Signature: _____ Date: ___ / ___ / ___

HEAD LICE SCREENING

The management of head lice infection works best when all children are involved in a screening program. The centre is aware that this can be a sensitive issue and is committed to maintaining confidentiality and avoiding stigmatisation. The inspections of children will be conducted by staff members only. The person conducting the inspections will check through each child's hair to see if any lice or eggs are present. Staff may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. In cases where head lice are found, the staff member inspecting the child will discretely inform the parents/guardians/carers. Please note that health regulations requires that where a child has head lice, that child should not return to centre until appropriate treatment has commenced. Information regarding these treatment options will be discretely offered to parents upon detection of lice or eggs. Effective treatment is when a treatment is used and all the lice are dead, this can include:

. Conditioner and combing method

. Chemical treatment

HEAD LICE PREVENTION

- . Avoid direct head to head contact.
- . Avoid sharing hats, combs, brushes, ribbons, and ties.
- . Discourage children from playing with each other's hair.
- . Keep longer hair firmly plaited or at least tied back - slick down stray hair with gel/hairspray.
- . Brush hair and check for lice regularly.
- . Shaving the head is not necessary.

.....
I give permission for my child to participate in the Head Lice Program with Alpine Children's Services.

CHILD'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

SIGNATURE: _____

Date: ___/___/___

Your Child's Profile

Your knowledge, ideas and opinions about your child and their development are invaluable. If you could take the time to share your observations with us, you will be providing us with information we can use to support your child. Many thanks.

Child's name: _____

Date: ___/___/___

Child's cultural background:

Names/Ages of brothers and sisters:

Are there any areas in which you would like to see your child receive additional support?

Child's likes:

Child's dislikes:

Grandparent's names or other significant people in your child's life:

Pets and their names:

Activities your child enjoys:

Does anyone in your family have any interests/skills/attributes that could be shared with the children in our services?

What interests does your child have?

What interests and activities do you enjoy as a family?

What three words best describe your child?

1. _____ 2. _____ 3. _____