



Enrolment Form 2019

Received(Time)/...../..... (Date) (Initial)Room

Child Details

Child's Family Name:

Child's Given Names:

Date of Birth: Gender:

Residential Address:

Date of Enrolment: Medicare Number:

Department of Human Services CRN (Customer Reference Number):

Parent/Guardian Details

Mother's Family Name:

Mother's Given Names: Date of Birth:

Department of Human Services CRN (Customer Reference Number):

Residential Address:

Postal Address:

Phone Number: Mobile Telephone Number:

Preferred Email Address:

Work Place:

Work Place Address:

Position: Phone Number:

Father's Family Name:

Father's Given Names: Date of Birth:

Department of Human Services CRN (Customer Reference Number):
(if child not linked with mother)

Residential Address:

Postal Address:

Phone Number: _____ Mobile Telephone Number: _____

Preferred Email Address: _____

Work Place: _____

Work Place Address: _____

Position: _____ Phone Number: _____

Additional Information

Are there any custody court orders or parenting plans affecting your child?

(Please provide a copy)

Yes

No

Please state particulars: _____

Do the Parents /Guardians/child hold a Health Care Card under the Social Security Act?

(Please provide a copy of the Health Care Card)

Yes

No

Do parents/guardians or child identify as:

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Australian South Sea Islander

Cultural Background (please name) _____

Primary language of the family: _____

Has your child any special cultural, religious or dietary requirements?

Yes

No

If yes, please state: _____

Please provide details of any dietary restrictions: _____

Has your child any additional needs?

Yes

No

If yes, please state: -----

Has your child attended another Day Care Centre/ Kindergarten/ Family Day Care Scheme/Outside School Hours Care Program in the past?

Yes

No

How do you expect your child to react towards Day Care? -----

Special requirements for routine (eg. Sleep pattern, eating habits, toilet learning)

Health Information - please provide information on the following:

Health History (injuries, illnesses, allergies): -----

Food allergies (diary products, natural sugars, wheat etc): -----

Has your child been diagnosed as at risk of anaphylaxis?

Yes

No

Please provide a copy of Anaphylaxis Plan.

Asthma (required action) -----

Please provide a copy of Asthma Management Plan.

Diabetes (required action) -----

Eczema (required action) -----

Febrile Convulsions (required action) -----

Epilepsy (required action) -----

Bee Stings (required action) -----

Rashes (required action) -----

Other -----

Immunisation

Has your child been immunised for/with: (Please provide a copy of current Immunisation Statement)

National Immunisation Program Queensland Schedule

February 2018

CHILDHOOD SCHEDULE ^ Caution – be aware of brand name similarity. Give all vaccinations on time as scheduled.

Age	Antigen	Vaccine Brand	Route	Comments
Birth	Hepatitis B	H-B-Vax II® (paediatric) ^ OR Engerix®B (paediatric)	IM IM	Within 7 days of birth – ideally within the first 24 hours
6 weeks (42 days)	DTPa-hep B-IPV-Hib Pneumococcal Rotavirus	Infanrix hexa® ^ Prevenar 13® (13vPCV) Rotarix®	IM IM Oral	Observe Rotarix® administration age limits: Dose 1: 6-14 weeks of age Dose 2: 10-24 weeks of age
4 months	DTPa-hep B-IPV-Hib Pneumococcal Rotavirus	Infanrix hexa® ^ Prevenar 13® (13vPCV) Rotarix®	IM IM Oral	
6 months	DTPa-hep B-IPV-Hib Pneumococcal	Infanrix hexa® ^ Prevenar 13® (13vPCV)	IM IM	
12 months	MMR Hib-Meningococcal C	M-M-R II® OR Priorix® Menitorix®	S/C S/C or IM IM	Additional vaccines are recommended for children with medical risk factors and/or children born prematurely (see below)
Additional vaccines for Aboriginal and Torres Strait Islander children	Hepatitis A	Vaqta® Paediatric	IM	
18 months	MMRV DTPa	Priorix Tetra® ^ OR ProQuad® Infanrix® ^ OR Tripacel®	S/C or IM S/C IM	
Additional vaccines for Aboriginal and Torres Strait Islander children	Pneumococcal Hepatitis A	Prevenar 13® (13vPCV) Vaqta® Paediatric	IM IM	
4 years	DTPa-IPV	Infanrix IPV® ^ OR Quadracel®	IM	Additional vaccines are recommended for children with medical risk factors (see below)

Additional funded vaccines for medically at risk individuals

12 months	Hepatitis B: Children born at <32 weeks gestation and/or <2000g birth weight are recommended to be given a booster dose of hepatitis B vaccine at 12 months of age Pneumococcal (13vPCV): Children with medical risk factors including premature infants born at <28 weeks gestation are recommended to be given a 4th dose of 13vPCV at 12 months of age
4 years	Pneumococcal (23vPPV): Children with medical risk factors including premature infants born at <28 weeks gestation are recommended to be given a booster dose of 23vPPV vaccine at 4-5 years of age
Any age group	Pneumococcal (23vPPV): Adults with medical risk factors may require additional 23vPPV vaccine

For further information refer to the online version of the *Australian Immunisation Handbook* www.immunise.health.gov.au

Copy attached Yes No

Doctor's Name:

Address:

Phone Number:

Hospital Name:

Address:

Phone Number:

Do you give the Nominated Supervisor or Person in Charge permission to seek immediate medical treatment for your child from a registered medical practitioner, hospital or ambulance in the case of an emergency, illness or injury?

Yes No

Do you give the Nominated Supervisor or Person in Charge permission to seek transportation of your child by ambulance?

Yes No

Do you give permission for photographs and video footage taken of your child to be used internally for programming and display purposes?

Yes No

Do you give permission for photographs and video footage taken of your child to be used for Learning Journey's, Daily Updates or News purposes? Please keep in mind that some of these photos and videos will be shared with other families through our online system ChildCarers.

Yes No

Do you give permission for photographs to be used externally including on Council's website, social media channels or OutbackLRC app for promotion or publicity purposes?

Yes No

Do you give permission for your child's hair to be checked for head lice by Educators if an outbreak occurs?

Yes No

Creams

Do you give permission for Educators to apply Nappy Cream (supplied by parents) as required?

Yes No

Do you give permission for Educators to apply Teething Gel (supplied by parents) as required?

Yes No

Do you give permission for Educators to apply Insect Repellent (supplied by parents) as required?

Yes No

Sunscreen

Do you give permission for the Educators at the Longreach Child Care Centre to apply Sunscreen to your child, the Centre provides SPF30+ Sunscreen recommended by Sun Smart Centre of the Queensland Cancer Fund. I understand that it is my responsibility to apply sunscreen for morning outdoor play and Educators will apply sunscreen prior playing outside in the afternoon.

Yes No

OR

Due to allergies I have supplied _____ Sunscreen.

(Name of sunscreen)



Permission to Administer One Dose of Panadol

In the event we cannot contact you or your emergency contact prior written consent by the parent is required for one (1) dose of Panadol, to be administered to a child. Following the administration of one (1) only dose of Panadol, the Nominated Supervisor or Senior Educator will require the parent to sign a Medication Form.

I have read the above statement and agree that in the case of any emergency, the Nominated Supervisor or Person in Charge, take whatever steps he/she considers necessary to safeguard my child.

In the event of my child taking ill at the Centre, and I or my emergency contact are unable to be contacted, I hereby give consent for the Nominated Supervisor or Person in Charge to give my child one (1) initial dose of Panadol.

Parent/Guardian Name: _____ Signature: _____

Permission to Administer Blue Reliever (Salbutamol Pressurised Inhaler)

In the event of an undiagnosed child having their first asthmatic episode (when child collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or health problems), I agree to the implementation of the standard Asthma First Aid Plan which may include administration of the asthma blue reliever medication by an Educator or Staff member (with a current Emergency Asthma Management Certificate.). An ambulance will be contacted immediately and advice from Paramedics will be followed. Parents will be contacted as soon as practical. **Please note:** This treatment could be life saving for a child whose asthma has not been previously diagnosed and will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever medication is extremely safe, even if the child does not have asthma. Following the administration of Blue Reliever medication the Nominated Supervisor or Senior Educator will require the parent to sign a Medication Form.

Parent/Guardian Name: _____ Signature: _____

Authorisation to Collect Your Child/Emergency Contact Information

If parents cannot be contacted, whom do you wish the Centre to contact in case of emergencies? Emergency Contact are authorised to consent to medical treatment and transportation by an ambulance for your child. Persons over the age of 18 years authorised to collect child on behalf of parents.

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect

Emergency Contact



Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact

Booking

Please complete the following information regarding the booking you require for your child:

Start Date: _____ / _____ / _____

Child Care Centre Booking

DAY	PREFERRED BOOKING TYPE (hourly, daily, weekly)
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

Kindergarten Booking

Wednesday, Thursday and Friday each week of school terms from 8.45 am to 2.45 pm
(for children aged 3.5 years @ 31.12.18) (Please tick)

Before School Care: (Please Tick/Circle)

Monday Tuesday Wednesday Thursday Friday Casual

After School Care: (Please Tick/Circle)

Monday Tuesday Wednesday Thursday Friday Casual

School You Child Attends: _____ Year Level At School: _____



Permission to Transport Your Child By Bus To and/or From School

I hereby give permission for my child _____ to be transported by bus: *(please tick)*

to school from the Childcare Complex on the days of attendance at the Before School Care Program.

from school to the Childcare Complex on the days of attendance at the After School Care Program.

Vacation Care: *(Please Tick/Circle)*

Monday Tuesday Wednesday Thursday Friday Casual

January Easter June /July Sept/Oct December

Please note: Once a booking is secured full fees are charged for all absences.

Please ensure your child arrives and is collected within the booked times of care unless otherwise organised. (This will ensure the correct fees are charged and to ensure correct child/adult ratios are maintained at all times).


Parent/Visitor Code of Conduct

Aim: The intent of the Code is to clarify and give guidance on the standard of behaviour expected by family members of children attending services operated by Longreach Regional Council and to uphold the community's confidence in the integrity and professionalism of the services provided by Longreach Childcare Centre including Outside School Hours Care Programs and the Longreach and Districts Mobile Childcare Unit (MCU).

High emphasis is placed on the Council's obligation to comply with all laws and regulations and stakeholders are expected also to comply with these.

Using the Code of Conduct

The Code cannot address all the possible issues which may arise within the business of Longreach and Districts Childcare and Family Support Service. Where an individual has any doubts as to the



applicability of the Code, or the appropriate course of action to be taken, the matter should be discussed with the Nominated Supervisor, Manager or Director Community and Cultural Services.

Not complying with this Code may have serious consequences, including childcare services being cancelled. This decision will be made at the discretion of Longreach Regional Council.

All enrolling parents/guardians must read (or have read) the guiding principles outlined below and have the opportunity to ask clarification of the Code. Parents/guardians must then sign to signify their consent to abide by the Code of Conduct prior to a placement being confirmed.

As the parent or guardian of a child using Longreach Regional Council's Childcare Services I have read the following responsibilities:

When I am on the property of the Centre, including MCU venues, attending centre events and in all dealings with the Centre, including phone and email contact I will:

- Not be adversely affected by alcohol or other drugs.
- Not smoke tobacco or other substances.
- Act courteously at all times.
- Refrain from impolite, abusive, confrontational, offensive behaviour or language to staff or other families.
- Be respectful of the Centre's environment.
- Respect cultural and linguistically diverse staff, children and families who attend the Centre.
- Be aware of the Centre's policies, Management Directives and guidelines and seek clarification of how these policies are interpreted when necessary.
- Understand that sometimes Educators may need to discuss behavioural concerns and developmental issues etc and that Educator's have the best interest of your child in mind when they are discussing these.
- Raise all concerns, issues and problems in accordance with the Centre's documented Grievance Procedure.
- Ensure childcare fees are paid weekly in advance unless prior arrangements are made with Childcare Services Manager. Failure to do so could result in having your booking cancelled and further care will not be available until the account is paid in full, subject to vacancies.
- Ensure all enrolment and family information is up to date including; changes to family circumstances, telephone numbers, emergency contact details and immunisation records.
- Refrain from public criticism of children and adults at the Centre.
- Be responsible for any child you bring to the Centre if they are not attending for the day. This includes supervising them, ensuring they don't damage property. If non attending children disrupt the program, you will be asked to remove them.
- Maintain a professional relationship with Educators/staff members.
- Ensure that all family members and Emergency Contacts associated with my child's enrolment are made aware of this Code and ensure their compliance with the Code.



I have read and understand the Code of Conduct and agree to abide by the Code and other Centre Policies and Procedures.

Parent/Guardian name: _____ Parent/Guardian Signature: _____

Date: _____

Parent/Guardian name: _____ Parent/Guardian Signature: _____

Date: _____

Centre Representative Name: _____ Centre Representative Signature: _____

Date: _____

