



# LONGREACH & DISTRICTS MOBILE CHILDCARE UNIT

*(Proudly sponsored by Longreach Regional Council)*

## ENROLMENT FORM 2018

RECEIVED \_\_\_\_\_ (Time) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date) \_\_\_\_\_ (Initial)  
Health Records sighted \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ (Initial)

### **CHILD DETAILS**

Child's Family Name: .....

Child's Given Names: .....

Date of Birth: ..... Gender: .....

Residential Address: .....

Date of Enrolment: ..... Medicare Number: .....

### **PARENTS / GUARDIAN DETAILS**

**Mother's Family Name:** .....

Mother's Given Names: ..... Date of Birth: .....

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: .....

Residential Address: .....

Postal Address: .....

Phone Number: ..... Mobile Telephone Number: .....

Preferred Email Address: .....

Work Place: .....

Work Place Address: .....

Position: ..... Phone Number: .....



**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 .....

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

CHILDHOOD SCHEDULE <sup>^</sup> 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 <sup>®</sup> (paediatric) <sup>^</sup> OR Engerix <sup>®</sup> B (paediatric)	IM IM	Within 7 days of birth – ideally within the first 24 hours
6 weeks (42 days)	DTPa-hep B-IPV-Hib	Infanrix hexa <sup>®</sup> <sup>^</sup>	IM	<b>IMPORTANT ROTAVIRUS VACCINE INFORMATION</b> • Check Rotavirus vaccine transition schedule • Rotarix <sup>®</sup> is a 2 dose schedule  <b>Observe Rotarix<sup>®</sup> administration age limits:</b> <b>Dose 1:</b> 6-14 weeks of age <b>Dose 2:</b> 10-24 weeks of age
	Pneumococcal	Prevenar 13 <sup>®</sup> (13vPCV)	IM	
	Rotavirus	Rotarix <sup>®</sup>	Oral	
4 months	DTPa-hep B-IPV-Hib	Infanrix hexa <sup>®</sup> <sup>^</sup>	IM	
	Pneumococcal	Prevenar 13 <sup>®</sup> (13vPCV)	IM	
	Rotavirus	Rotarix <sup>®</sup>	Oral	
6 months	DTPa-hep B-IPV-Hib	Infanrix hexa <sup>®</sup> <sup>^</sup>	IM	
	Pneumococcal	Prevenar 13 <sup>®</sup> (13vPCV)	IM	
12 months	MMR	M-M-R II <sup>®</sup> OR Priorix <sup>®</sup>	S/C S/C or IM	Additional vaccines are recommended for children with medical risk factors and/or children born prematurely (see below)
	Hib-Meningococcal C	Menitorix <sup>®</sup>	IM	
Additional vaccines for Aboriginal and Torres Strait Islander children	Hepatitis A	Vaqta <sup>®</sup> Paediatric	IM	
18 months	MMRV	Priorix Tetra <sup>®</sup> <sup>^</sup> OR ProQuad <sup>®</sup>	S/C or IM S/C	
	DTPa	Infanrix <sup>®</sup> <sup>^</sup> OR Tripacel <sup>®</sup>	IM	
Additional vaccines for Aboriginal and Torres Strait Islander children	Pneumococcal	Prevenar 13 <sup>®</sup> (13vPCV)	IM	
	Hepatitis A	Vaqta <sup>®</sup> Paediatric	IM	
4 years	DTPa-IPV	Infanrix IPV <sup>®</sup> <sup>^</sup> OR Quadacel <sup>®</sup>	IM	Additional vaccines are recommended for children with medical risk factors (see below)
Additional funded vaccines for medically at risk individuals				
12 months	<b>Hepatitis B:</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			
	<b>Pneumococcal (13vPCV):</b> 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	<b>Pneumococcal (23vPPV):</b> 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	<b>Pneumococcal (23vPPV):</b> Adults with medical risk factors may require additional 23vPPV vaccine			
For further information refer to the online <i>Australian Immunisation Handbook 10th Edition</i> www.immunise.health.gov.au				

Doctor's Name: .....

Address: .....

Phone Number: .....

Hospital Name: .....

Address: .....

Phone Number: .....

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

Yes No

Do you give permission for your child to be photographed and photos to be used internally for programming and display purposes?

Yes No

Do you give permission for your child to be in photos which will be used for Learning Journey's or News purposes? Keep in mind that some of these photos will be sent to other families through our online system ChildCarers.

Yes No

Do you give permission for your child to be photographed and photos to be used externally including on Council's website 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

**SUNSCREEN**

Do you give permission for the Educators 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 Director or 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 Director or Person in Charge, take whatever steps he/she considers necessary to safeguard my child.

In the event of my child taking ill while attending the Mobile Childcare Unit, and I or my emergency contact are unable to be contacted, I hereby give consent for the Director or Educator 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 (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 Director or Educator will require the parent to sign a Medication Form.

Parent/Guardian Name: ..... Signature: .....

**AUTHORISATION TO COLLECT YOUR CHILD**

**(Persons over the age of 18 years authorised to collect child on behalf of parents)**

Name: ..... Phone Number: .....

Address: .....

Relationship to Child: .....

Name: ..... Phone Number: .....

Address: .....

Relationship to Child: .....

Name: ..... Phone Number: .....

Address: .....

Relationship to Child: .....

Name: ..... Phone Number: .....

Address: .....

Relationship to Child: .....

## EMERGENCY CONTACT INFORMATION

If parents cannot be contacted, whom do you wish the Mobile Childcare Unit to contact in case of emergencies? (Emergency Contact are authorised to consent to medical treatment and transportation by an ambulance for your child.)

Name: ..... Phone Number: .....

Address: .....

Relationship to Child: .....

Name: ..... Phone Number: .....

Address: .....

Relationship to Child: .....

Name: ..... Phone Number: .....

Address: .....

Relationship to Child: .....

## BOOKING

Town attending:            Muttaborra                    Aramac                    Ilfracombe                    Isisford

### 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, Longreach and Districts Mobile Childcare Unit (MCU), Longreach and Districts Family Day Care Scheme (FDC).

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: .....