



Longreach and Districts Mobile Childcare Unit Enrolment Form 2021

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

Child Details

Child's Family Name:

Child's Given Names:

Date of Birth: Gender:

Residential Address:

Date of Enrolment: Medicare Number:

Parent/Guardian Details

Parent One Family Name:

Parent One Given Names: Date of Birth:

Residential Address:

Postal Address:

Telephone Number: Mobile Telephone Number:

Preferred Email Address:

Work Place:

Work Place Address:

Position: Telephone Number:

Parent Two Family Name:

Parent Two Given Names: Date of Birth:

Residential Address:

Postal Address:

Telephone Number: Mobile Telephone Number:

Preferred Email Address:

Work Place:

Work Place Address: _____

Position: _____

Telephone Number: _____

Additional Information

Are there any custody court orders, parenting 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 Mobile Childcare Unit/Day Care Centre/ Kindergarten/ Family Day Care Scheme 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)

Age	Disease	All Children	Additional vaccines for:	
			Aboriginal and Torres Islander Children	Children born with medical risk factors
Birth	Hepatitis	✓		
	Tuberculosis		✓	
2 months (can be given from 6 weeks) and 4 months	DTPa-hepB-IPV-Hib	✓		
	Pneumococcal	✓		
	Rotavirus	✓		
	Meningococcal B		✓	
6 months	DTPa-hepB-IPV-Hib	✓		
	Meningococcal B		✓	
	Pneumococcal		✓	✓
12 months	Measles-mumps-rubella	✓		
	Meningococcal ACWY	✓		
	Pneumococcal	✓		
	Meningococcal B		✓	
	Hepatitis B			✓
18 months	Measles-mumps-rebella-vericella	✓		
	Haemophilus influenza	✓		
	DTPa	✓		
	Hepatitis A		✓	
4 years	DTPa-IPV	✓		
	Hepatitis A		✓	
	Pneumococcal		✓	✓

Copy attached Yes No

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 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 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 Mobile Childcare Unit to apply Sunscreen to your child, the Mobile Childcare Unit 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 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 at 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). An ambulance will be contacted immediately and advice from Paramedics will be followed. Parents will be contacted as soon as practical. I agree to the implementation of the standard Asthma First Aid Plan which may include administration of the asthma blue reliever medication by the Director or Educator (with a current Emergency Asthma Management Certificate.). **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 Mobile Childcare Unit to contact in case of emergencies? Medical Emergency Contact are authorised to consent to medical treatment and transportation by an ambulance for your child. A person whom is authorised to collect your child on your behalf is a person whom is at least 18 years of care.

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact Medical Emergency contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact Medical Emergency contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact Medical Emergency contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact Medical Emergency contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact Medical Emergency contact

Name: _____ Phone Number: _____

Address: _____

Relationship to Child: _____

Authorised to collect Emergency Contact Medical Emergency contact

Booking

Town attending:

Muttaborra (Monday) Aramac (Tuesday)

Ilfracombe (Wednesday) Isisford (Thursday)

Each week of school term 9.00 am - 4.00 pm (excluding public holidays)

Pease ensure you child arrives and is collected within the service times of care



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 service events and in all dealings with the Mobile Childcare Unit, 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 care environment.
- Respect cultural and linguistically diverse staff, children and families who attend the Mobile Childcare Unit.
- Be aware of the Mobile Childcare Units 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 Mobile Childcare Units 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 Mobile Childcare Unit.
- Be responsible for any child you bring to the care environment 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 Mobile Childcare Unit Policies and Procedures.

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

Date: _____

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

Date: _____

MCU Representative Name: _____ MCU Representative Signature: _____

Date: _____