



Peninsula & District Family Day Care Scheme



2 Ross Street
(P.O. Box 512)
WOY WOY NSW 2256

Phone: (02) 4341 9681 Fax: (02) 4342 9682
Email: familydaycare@pccinc.com.au
Web: www.pccinc.com.au

PENINSULA & DISTRICT FAMILY DAY CARE ENROLMENT FORM

PARENT / GUARDIAN DETAILS

Name: _____
 Any other name/s known by (i.e. maiden name): _____
 Address: _____
 Phone: _____ (H) _____ (W)
 Mobile Phone: _____ CRN: _____
 Occupation: _____ Date Of Birth _____
 Employer: _____
 Is your employment / study: Full time () Part time () Casual ()
 Country of birth: _____ Primary Language: _____
 Ethnic Group: _____ Email: _____

PARTNER'S DETAILS

Name: _____
 Any other name/s known by (i.e. maiden name): _____
 Address: _____
 Phone: _____ (H) _____ (W)
 Mobile Phone: _____ CRN: _____
 Occupation: _____ Date Of Birth _____
 Employer: _____
 Is your employment / study: Full time () Part time () Casual ()
 Country of birth: _____ Primary Language: _____
 Ethnic Group: _____ Email: _____
 Do you have transport? _____
 How would you like to be contacted? Phone Email Post
 Are there any other children under 12 years of age in the family? Yes () No ()
 Do any of these children attend another childcare service? If yes, please give names and ages of children as well as the name of the service _____
 Are there any court orders that affect custody of your child? _____
 If so, have you provided the Scheme with a certified copy _____
 Have you used this service before? _____
 If not, where did you hear about Family Day Care ? _____

MEDICAL INFORMATION

Doctors Name: _____ Phone No: _____
 Doctors Address: _____
 Dentist's Name: _____ Phone No: _____
 Dentist's Address: _____
 Have you provided proof of immunisation? Yes () No ()



Peninsula & District Family Day Care Scheme



2 Ross Street
(P.O. Box 512)
WOY WOY NSW 2256

Phone: (02) 4341 9681 **Fax:** (02) 4342 9682
Email: familydaycare@pccinc.com.au
Web: www.pccinc.com.au

Medicare Number: _____
Number on Medicare Card for Child 1: ____ Child 2: ____ Child 3: ____ Child 4: ____

Name of Health Fund: _____ Health Fund Number: _____

Authorised Person to Collect and Emergency Contact The following persons may be contacted in case of an emergency, when parents are not available. Unauthorised persons will not be permitted to collect your child/ren without permission. In accordance with the Children & Young persons Care & Protection Act.

Name: _____ Relationship to child: _____

Address: _____

Telephone numbers: _____ (H) _____ (W)

Mobile number: _____

Name: _____ Relationship to child: _____

Address: _____

Telephone numbers: _____ (H) _____ (W)

Mobile number: _____

Name: _____ Relationship to child: _____

Address: _____

Telephone numbers: _____ (H) _____ (W)

Mobile number: _____

I hereby consent to the Carer or Co-ordination unit staff to arrange for my child to be attended to by the nearest available Doctor / Dentist / Ambulance or receive hospital treatment, as deemed necessary by the said carer / staff. I will accept full liability for all the expenses that may be incurred.

Signed _____ **Date** _____



Peninsula & District Family Day Care Scheme



2 Ross Street
(P.O. Box 512)
WOY WOY NSW 2256

Phone: (02) 4341 9681 Fax: (02) 4342 9682
Email: familydaycare@pccinc.com.au
Web: www.pccinc.com.au

PENINSULA & DISTRICT FAMILY DAY CARE CHILD INFORMATION ENROLMENT FORM

Office use only: Carer: _____ Date on computer _____ Immunisation: Yes / No
Priority of placement: 1 2 3

Child's Surname: _____ Given Name: _____
Other Names Known by: _____
Home Address: _____ Phone No: _____
Date of Birth: _____ Place of birth: _____ Male () Female ()
Have you provided identification for the child? If yes what? _____
Child's Nationality: _____ Ethnic Origins: _____
Does the child speak a second language? If Yes, what language _____
Name of School or Pre-school attending _____
Absences used to date at another service _____ CRN: _____

Booking: Is your booking: Permanent () Occasional () Rostered () Before & After School ()

Date care will start: _____

Booking	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Arrival	_____	_____	_____	_____	_____	_____	_____
Departure	_____	_____	_____	_____	_____	_____	_____

ABOUT MY CHILD:

Sleep routines (times): _____
Any fears (dogs, noises): _____
Food dislikes: _____
Favourite toy / music / show: _____
Comforter / takes to bed: _____
Special words for toilet, drink etc. _____
Names of family members / siblings / Pets: _____
Any special religious / cultural considerations to be observed: _____
Allergies: Yes / No: _____
Have you provided a management plan? _____
Special Diet: Yes / No (please attach details) _____
Does the child have a disability: Yes / No _____



Peninsula & District Family Day Care Scheme



2 Ross Street
(P.O. Box 512)
WOY WOY NSW 2256

Phone: (02) 4341 9681 Fax: (02) 4342 9682
Email: familydaycare@pccinc.com.au
Web: www.pccinc.com.au

Does your child have any or are they being assessed for any medical / behavioural conditions? Please give details:

History of health:

I AGREE TO THE CARER:

- Administering general medication:
 - Nappy cream, Lotion (specify) Yes / No
 - Teething Gel (specify) Yes / No
 - Antiseptic Lotion (specify) Yes / No
- Administering preventative measures:
 - Sunscreen (specify) Yes / No
 - Insect repellent (specify) Yes / No
- Contacting the child's Doctor / Dentist if necessary Yes / No
- Call an ambulance if necessary Yes / No

SPECIAL INSTRUCTIONS:

Signed Parent / Guardian _____ Date _____



Peninsula & District Family Day Care Scheme



2 Ross Street
(P.O. Box 512)
WOY WOY NSW 2256

Phone: (02) 4341 9681 **Fax:** (02) 4342 9682
Email: familydaycare@pccinc.com.au
Web: www.pccinc.com.au

Peninsula & District Family Day Care Scheme **Parents / Guardian's Enrolment Agreement**

2 Ross Street Woy Woy NSW 2256 Phone: 43 419 681 FAX: 43 419 862 email: peninsula@ccfdc.com.au

I am/ we are prepared to follow the Scheme guidelines and policies and agree to:

1. Pay the parent levy to the carer, as per the fee guide, and authorise it to be deducted from CCB.
2. Agree to pay the weekly childcare fee as per the carer and parent agreement.
3. I acknowledge having received the Parent Handbook upon enrolment. I am aware it is my responsibility to read the information.
4. In the event that my child is injured in care, I give permission for the carer to seek medical / dental attention / call an ambulance in an emergency; the cost will be borne by me.
5. I agree to notify the Family Day Care Co-ordination Unit office and the carer in writing of any change in the hours of care required, also any changes in phone numbers, addresses, custody arrangements, emergency contacts and updates of immunisation.
6. I am aware that I am responsible for information / correspondence required by the Family Assistance Office in order to receive Child Care Benefits.
7. I am aware that I must give written notice to the carer of cancellation of care. If I am unable to give the written notice to the carer I will then give the written notice to the Co-ordination Unit. The amount of notice given will be in line with the carer and parent agreement. CCB cannot be applied to absences for last days in care unless a Doctors Certificate is supplied.
8. I am aware that sickness, holidays and non-attendance days are payable to ensure my child's place in the Carers service as per the fee guide provided by the Scheme or Carer. That fees for public holidays are payable as per the fee guide provided by the Scheme or Carer
9. In the event of my child contracting an infectious disease, I agree to exclude my child from care. I understand that my child will be accepted back into care upon provision of a 'clearance certificate' of the child from a medical practitioner, stating that he/she is fit to come back into care.
10. I give / do not give permission for my child to be photographed for the purpose of publicity and / or promotions for the Scheme.
11. I give / do not give permission for my child to receive individual, unobtrusive observation by students in the Scheme. These may be noted; however I am aware that I can access these when I wish to. These records will be kept confidential at all times.
12. The scheme reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the carer / scheme/ child / family. This would involve the Licensee, Authorised supervisor, and Board of Management / Sub Committee reps.



Peninsula & District Family Day Care Scheme



2 Ross Street
(P.O. Box 512)
WOY WOY NSW 2256

Phone: (02) 4341 9681 **Fax:** (02) 4342 9682
Email: familydaycare@pccinc.com.au
Web: www.pccinc.com.au

- 13. I am aware that from time to time my Carer will take my child/en on excursions. This may be on foot or by motor transport. In **all** cases my Carer and I will fill in the excursion forms as per the current Children's Services Regulations 2004.
- 14. I have read and understood this contract, and received relevant information about the service offered by this Scheme. I agree to abide by the conditions of use of the Family Day Care Scheme and this contract.
- 15. I give permission for any sensitive information on this form to be transferred within the Scheme to any relevant staff member or carer who is involved in the care of my child.
- 16. I give / do not give permission for my child to receive paracetamol for a fever in the event of an emergency.

Parent Name: _____

Signature of Parent / Guardian _____ Date _____

EMERGENCY CONTACT AGREEMENT

Family Name: _____

Parent One:
Name: _____ Signature: _____ Date: _____

Parent Two:
Name: _____ Signature: _____ Date: _____

I the undersigned agree to be the family emergency contact. I understand that I maybe required to collect the child/ren at short notice in an emergency situation or illness when the parent can not be contacted.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____