



Peninsula & District Family Day Care



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

Phone: (02) 4341 9681 **Fax:** (02) 4341 9862
Email: familydaycare@paccs.com.au
Web: www.pccinc.com.au

Thank you for enquiring with Peninsula & District Family Day Care for your child care needs.

Please find enclosed an enrolment pack; in this pack you will find a pre enrolment checklist, parent and child enrolment forms, about your family form, enrolment agreement and an emergency contact form.

Please complete all forms and tick off the checklist for all requirements prior to attending your enrolment interview, please bring the checklist, all forms and required documentation with you to your interview.

If the forms are not completed or documentation is not presented at your enrolment interview, care for your child may be delayed until the co-ordination unit has all relevant information to finalise your enrolment.

Sincerely

Peninsula and District Family Day Care Co-ordination unit



Peninsula & District Family Day Care



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

Phone: (02) 4341 9681 Fax: (02) 4341 9862
Email: familydaycare@paccs.com.au
Web: www.pccinc.com.au

Please check off each item prior to enrolment

Pre Enrolment Checklist –

- Complete double sided Parent Enrolment Form including -
 - Medicare details
 - Customer Reference Numbers for parent
(You can call the Family assistance office on 136 150 to obtain these)
 - Emergency contact names, address & phone numbers
(You must provide at least 2 contacts prior to commencing care. They must be over 16yrs)
 - Work/ training address & phone numbers.
 - Doctors name and number
- Complete double sided Child Enrolment Form
 - Customer Reference Numbers for child/ren
(You can call the Family assistance office on 136 150 to obtain these)
 - Child details including health and allergy information.
- Read and circle appropriate choices on the Enrolment Agreement form
- Have emergency contacts sign the emergency contact form.
- Complete the About Your Family form
- Provide Child/ren Birth Certificate.
- Immunisation Records (blue book or equivalent)
- Enrolment fee - \$35.00 1st child \$10 for subsequent children
(NON-refundable) **Must be Cash or Cheque**

Office use only

Parent form <input type="checkbox"/>	Child form <input type="checkbox"/>	Parent agreement <input type="checkbox"/>	Medicare <input type="checkbox"/>
Birth cert <input type="checkbox"/>	Immunisation <input type="checkbox"/>	CRN <input type="checkbox"/>	DOB <input type="checkbox"/>
Enrolment fee <input type="checkbox"/>	Contacts <input type="checkbox"/>	Work/training <input type="checkbox"/>	Health/allergy <input type="checkbox"/>

Give New Family information to CDO _____ Carer _____

Child's Name _____ Enrolment Date _____

Staff Member conducting enrolment _____ **Hat Given Yes () No ()**



Peninsula & District Family Day Care



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

Phone: (02) 4341 9681 Fax: (02) 4341 9862
Email: familydaycare@paccs.com.au
Web: www.pccinc.com.au

Parent/Guardian Enrolment Information Form

Parent / Guardian Details

Name: _____ Date of Birth _____

Any other name/s known by (i.e. maiden name): _____

Address: _____

_____ CRN: _____

Phone: _____ (H) _____ (W)

Mobile Phone: _____ Email: _____

Country of birth: _____ Primary Language: _____

Aboriginal Yes () No () / Torres Strait islander Yes () No () / Ethnic Group: _____

Occupation: _____ Employer: _____

Is your employment / study: Full time () Part time () Casual ()

Partner's Details

Name: _____ Date of Birth _____

Any other name/s known by (i.e. maiden name): _____

Address: _____

_____ CRN: _____

Phone: _____ (H) _____ (W)

Mobile Phone: _____ Email: _____

Country of birth: _____ Primary Language: _____

Aboriginal Yes () No () / Torres Strait islander Yes () No () / Ethnic Group: _____

Occupation: _____ Employer: _____

Is your employment / study: Full time () Part time () Casual ()

Information:

1. Do you have transport? _____

2. How would you like to be contacted? Phone () Email () Post ()

3. Have you used this service before? Yes () No ()

If so, when were you last enrolled? _____

If not, where did you hear about Family Day Care? _____

4. 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 _____

5. Are there any court orders that affect custody of your child? Yes () No ()

Details: _____

Have you provided the Scheme with a certified copy? _____

Emergency Contacts

1. Name: _____ Relationship to child: _____

Address: _____

Telephone numbers: _____ (H) _____ (W)

Mobile number: _____

2. Name: _____ Relationship to child: _____

Address: _____

Telephone numbers: _____ (H) _____ (W)

Mobile number: _____

3. Name: _____ Relationship to child: _____

Address: _____

Telephone numbers: _____ (H) _____ (W)

Mobile number: _____

Authorised Person to Collect and Emergency Contacts must be 16yrs or above. 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 person's Care & Protection Act.

Medical Information

Doctors Name: _____ Phone No: _____

Doctors Address: _____

Dentist's Name: _____ Phone No: _____

Dentist's Address: _____

Medicare Number: _____

Number on Medicare Card - Child 1: _____ Child 2: _____ Child 3: _____

Name of Health Fund: _____ Health Fund 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



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

Phone: (02) 4341 9681 Fax: (02) 4341 9862
Email: familydaycare@paccs.com.au
Web: www.pccinc.com.au

Child Enrolment Information Form

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

1. Child's Surname: _____ Given Name: _____
Date of Birth: _____ Male () Female () CRN: _____
Aboriginal Yes () No () / Torres Srait islander Yes () No () / Ethnic Group: _____
2. Child's Surname: _____ Given Name: _____
Date of Birth: _____ Male () Female () CRN: _____
Aboriginal Yes () No () / Torres Srait islander Yes () No () / Ethnic Group: _____
3. Child's Surname: _____ Given Name: _____
Date of Birth: _____ Male () Female () CRN: _____
Aboriginal Yes () No () / Torres Srait islander Yes () No () / Ethnic Group: _____

Are there any other names your child/ren may be known by: _____

Does your child/ren speak a second language? If Yes, what language _____

Does your child/ren attend another Service or School? 1. _____ 2. _____ 3. _____

Absences used to date at another service 1. _____ 2. _____ 3. _____

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/ren:

1. Sleep routines (times): 1. _____ 2. _____
3. _____
2. Any fears (dogs, noises) 1. _____ 2. _____
3. _____
3. Food dislikes: 1. _____ 2. _____
3. _____

4. Favourite toy / music / show: 1. _____ 2. _____
3. _____

5. Comforter / takes to bed: 1. _____ 2. _____
3. _____

6. Special words for toilet, drink, tired etc. 1. _____
2. _____ 3. _____

7. Names of family members/siblings/Pets: _____

8. Any special religious / cultural requirements _____

9. Allergies or health conditions Yes () No ()

10. If yes, please give details 1. _____ 2. _____
3. _____

Have you provided a management plan for these? _____

11. Does your child/ren have a special diet: Yes () No () (please attach details)

12. Does your child/ren have additional needs or disability? Yes () No () (please attach details)

13. If yes please give details 1. _____ Date diagnosed _____
2. _____ Date diagnosed _____
3. _____ Date diagnosed _____

Are you currently accessing any additional needs services in the community? Yes () No ()

If so, please provide details of services _____

14. Does your child/ren have or are they being assessed for any medical / behavioural conditions?

15. Please give details: 1. _____ 2. _____
3. _____

16. History of health: 1. _____ 2. _____
3. _____

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 ()

Any special instructions/ details you would like to add? _____

Signed Parent / Guardian _____ Date _____



Peninsula & District Family Day Care



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

Phone: (02) 4341 9681 Fax: (02) 4341 9862
Email: familydaycare@paccs.com.au
Web: www.pccinc.com.au

Parents / Guardian's Enrolment Agreement

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. 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.
4. 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.
5. I am aware that I am responsible for information / correspondence required by the Family Assistance Office in order to receive Child Care Benefits.
6. I am aware that I must give written notice to the carer of cancellation of care. If I ordination Unit. am unable to give the written notice to the carer I will then give the written notice to the Co- 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.
7. 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
8. 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.
9. 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.
10. I am aware that from time to time my Carer will take my child/ren 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.
11. I acknowledge having received the Parent Handbook upon enrolment. I am aware it is my responsibility to read the information.

Please circle the appropriate choices -

12. I give / do not give permission for my child to be photographed for the purpose of publicity and / or promotions for the Scheme.
13. 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.
14. I give / do not give permission for my child to receive paracetamol for a fever in the event of an emergency.
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 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

Parent Name: _____

Signature of Parent / Guardian _____ Date _____

About Your Family

How many people live at your house? Who are they?

What occasions do you celebrate in your family? i.e. birthdays, Christmas, cultural celebrations?

What nationality are you and your family?

Can you share resources, stories and/or time with your carer about your family/nationality?

What is your main language? If other than English can you supply basic words to carer in your home language eg hello and goodbye?



Peninsula & District Family Day Care



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

Phone: (02) 4341 9681 **Fax:** (02) 4341 9862
Email: familydaycare@paccs.com.au
Web: www.pccinc.com.au

Emergency Contact Agreement

Family Name: _____

Parent One:

Name: _____ Signature: _____ Date: _____

Parent Two:

Name: _____ Signature: _____ Date: _____

Emergency contacts must be over the age of 16yrs.

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: _____