



Melton City Council Occasional Care Program 2021 Enrolment Form

All areas of the Enrolment Form must be completed

Care Arrangement

There are four types of care arrangements under the Child Care Subsidy Legislation taking effect from July 2018. An enrolment notice is required for each child attending the service, for any kind of arrangement. The enrolment notice will reflect the type of arrangement that is in place between the provider and the family/individual or organisation. Please tick the arrangement that relates to your circumstance in relation to Child Care Subsidy (CCS).

Complying Written Arrangement – expecting to receive CCS or Additional CCS

Relevant Arrangement – do not intend to claim CCS

Arrangement with Organisation – an organisation/agency is responsible for payment of fees

Additional CCS (child wellbeing) Provider Eligible Arrangement – child at risk and no eligible individual identified

Who is responsible for payment of account? Mother Father Other/Agency _____

Child Details

Full Name

Child CRN

Date of Birth

Gender (circle)

Male

Female

Country of Birth

Child Lives With

Both Parents

Mother

Father

Other _____

Is your family from a non-English speaking background?

Yes

No

Language Spoken at Home

Cultural Background

Is your child of Aboriginal or Torres Strait Islander descent?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Venue

Please select the venues you wish to attend

Botanica Springs (249 Clarkes Road, Brookfield)

Burnside (23 Lexington Drive, Burnside)

Springside (Springside Children and Community Centre, 24-50 Becca Way, Caroline Springs)

Parent/Guardian 1 - responsible for payment and linked to child if claiming Child Care Subsidy (CCS)

Full Name

Relationship to Child

Parent CRN

Date of Birth

Address

Home Phone

Mobile Phone

Work Phone

Occupation

Email

Parent/Guardian 2

Full Name

Relationship to Child

Date of Birth

Mobile Phone

Address

Home Phone

Work Phone

Email

Occupation

Court/Parenting Orders & Parenting Plans

Do you have current Court/Parenting Orders in place? Yes No If yes, provide a copy with this form

Do you have a Parenting Plan in place? Yes No If yes, provide a copy with this form

Emergency Contacts over 18 years may be asked to give permission for excursions, collect your child after an incident, accident, injury, trauma or illness, approve administration of medication or approve medical treatment for your child.

Emergency Contacts between 16 and 18 years will only have authority to collect your child from the service.

Emergency Contact 1

Full Name _____ Relationship to Child _____
Address _____ Over 16 years Over 18 years
Home / Work Phone _____ Mobile Phone _____

Emergency Contact 2

Full Name _____ Relationship to Child _____
Address _____ Over 16 years Over 18 years
Home / Work Phone _____ Mobile Phone _____

I, _____ (print name)

- authorise **Emergency Contacts over 16 years** to act as Emergency Contacts, as well as collect my child from the service if the Occasional Care Program cannot get in contact with me.

Parent/Guardian Signature _____ Date _____

General Permissions

I consent to my child's hair being checked if signs of head lice are displayed while in the program. Yes No

I agree to apply sunscreen prior to my child attending the program and consent to sunscreen being re-applied as required between Mid-August and April. Yes No

I give permission for staff to photograph my child. Photos displayed in program only. Yes No

I give permission for staff to photograph my child. Photos used for promotional purposes. Yes No

I understand that by giving permission, other children, families, Council staff or the public may view these photos.

Parent/Guardian Signature _____ Date _____

Additional Information

Food

Can your child feed themselves? Yes No

If you are enrolling a baby, is your baby Breastfed Bottle-fed

If breastfed, what support arrangements need to be made?

Child's Experience

What are your child's favourite toys/play experiences/interests?

Details

What are your child's fears/dislikes?

Details

Cultural requirements/ special request

Please speak to staff if you have any cultural requests re: celebrations whilst your Child is in Occasional Care

Parent Involvement

Do you have any skills, interests, hobbies and/or ideas which you would like to contribute to the service?

Details

Medical Information

Doctor's Name

Phone

Doctor's Address

Medicare Number

Ambulance Member Number

***Please Note- In the event of an emergency staff may need to seek medical treatment from a registered medical practitioner, hospital or ambulance service and or transportation of your child by the ambulance service**

All associated costs will be payable by the parent/guardian. Please sign below confirming that you are aware and approve of this process

No Jab, No Play

From 1 January 2016 your child must be up to date with their immunisations in order to enrol in Occasional Care. Please note that your enrolment will not be confirmed until a copy of your child's immunisation status is provided.

This MUST be a statement from the Australian Childhood Immunisation Register.

For more information go to www.betterhealth.vic.gov.au/no-jab-no-play

My child is up to date with their immunisations?

Yes No

Proof of Immunisation Status - I have attached a copy of my child's immunisation history statement Yes No

Does your child have Asthma? (if yes please provide an Asthma Action Plan)

Yes No

Has your doctor prescribed an inhaler device for your child's Asthma management?

Yes No

Details

If you have answered YES, please provide an Action Plan that is fully completed, including Doctor's sign off, and return with your completed Enrolment Form. The completed Action Plan needs to be returned before we can accept your child into care.

Has your child been diagnosed at risk of Anaphylaxis? (if yes please provide an Anaphylaxis Action Plan)

Yes No

Has your doctor prescribed an adrenaline auto injecting device for your child's allergy management?

Yes No

Details:

If you have answered YES, please provide an Action Plan that is fully completed, including Doctor's sign off, and return with your completed Enrolment Form. The completed Action Plan needs to be returned before we can accept your child into care.

Does your child have any specific medical conditions/Diabetes/Epilepsy etc.?

Yes No

(if yes please provide a Specific Medical Condition Needs Action Plan)

Details:

If you have answered YES, please provide an Action Plan that is fully completed, including Doctor's sign off, and return with your completed Enrolment Form. The completed Action Plan needs to be returned before we can accept your child into care.

Does your child take any medication?

Yes No

Details:

Does your child have any additional needs that staff should be aware of? (e.g. Autism, ADHD, Speech Delay etc.)

Yes No

Details:

Further details can be provided by completing the Additional Support Information form at the end of Enrolment Form

Does your child have any food/dietary requirements?

Yes No

Details:

Further Information

I agree to receive newsletters, flyers and other material of relevance to my child's inclusion in the Service. Yes No

Do you live, work or study within the City of Melton? Yes No

Are there any customs, traditions, festivals or celebrations observed?

Are there any restrictions regarding food or dress during special events?

Lawful Authority

Parents

All parents have power and responsibilities in relation to their children which can only be changed by a court order. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the *Family Law Act*, may alter the authority of a parent in relation to their child or may give this authority to another person.

Guardians

A guardian of a child also has Lawful Authority. A legal guardian is given Lawful Authority by a court order. The definition of guardian also covers situations where a child does not live with their parents and there are no court orders. In these cases the guardian is the person the child lives with who has day-to-day care and authority of the child.

Agreement

I, _____ (print full name)

- agree to:
 - pay for care on the morning of your booking prior to accessing the program
 - inform the Occasional Care Staff in writing of any change to information relating to my child in care.
- understand that bookings are processed in accordance with the following priority of access criteria (Priority 1 – families who live or work with the City of Melton. In areas of high demand, bookings will be limited to one session per week)
- abide by all relevant policies and procedures. Where I am unable to view the policies and procedures on the Melton City Council website I understand it is my responsibility to contact the service to make alternate arrangements to view the documents.
- acknowledge that:
 - Occasional Care staff will take my child outside of the premises for the purpose of participating in emergency evacuation procedures. Parents/guardians are advised in advance when a practice evacuation will be taking place. The children will be taken to the designated evacuation point nearby.
This will be done in accordance with the Regulations which includes the requirement for:
 - a notice on the door of the service which advises the whereabouts of the children and expected time of return
- declare that I am a person with Lawful Authority of the child referred to in this form and that the information in this form is true
- consent to Council collecting, using and disclosing the personal and health information I have provided in accordance with the Collection and Disclosure statement (on page 4). I undertake to immediately inform Occasional Care Staff in the event of any change to this information.

Parent / Guardian Signature _____ Date _____

Collection & Disclosure of Information

Melton City Council, responsible for running the Melton City Council Occasional Care Program (the Program), is collecting the personal and health information on this form for the purpose of:

- Enrolling your child in the Program.
- Preparing and planning for your child's inclusion in the Program.
- Advising relevant staff of your child's needs.
- Complying with its regulatory obligations.

All records are stored in a confidential manner. Information will only be passed on to the parents/guardians named in this form who have the Lawful Authority in relation to the child listed on this form.

The information may be disclosed to the staff caring for your child during their time at the Service, and may also be disclosed (subject to any court orders) to any other parent/guardian you have identified in this form. Council may also be

obliged under law to provide information to other Government Departments. The information will not be disclosed to any other party except with your consent, or in accordance with relevant laws.

Please note that we need to seek your consent to collect the information requested on the enrolment form and consider it necessary and important to collect all this information to ensure appropriate care is provided to your child. If you have any queries or concerns about providing this information please contact the Program on 9747 7200 to discuss further.

If you fail to provide this information, your child's enrolment may not be processed. You are able to update your information at anytime by contacting the Program on 9747 7200.

Should you wish to access your personal information (including health information) please contact the Program on 9747 7200.

Disposal of Information: The Program will dispose of personal information in a safe and secure way when it is no longer required to fulfil the purpose for which it was collected or as required by law.

Child Care Subsidy (CCS)

Families will need to complete a streamlined online Child Care Subsidy assessment by providing their 2019-20 family income estimate, their activity details and confirming their child's enrolment. These details can be provided through their Centrelink online account via **my.gov.au** or through Express Plus Centrelink mobile App.

Centrelink will send families an assessment of their CCS eligibility and entitlement after they complete their CCS assessment or CCS claim online. CCS will be paid directly to Melton City Council Occasional Care on behalf of these families from March 2020.

Families can claim CCS by providing you and your child's Customer Reference Number (**CRN**) to the Occasional Care Program during enrolment. This may reduce your fees and make your upfront fees more affordable.

CCS also applies to 42 allowable absences per child, per year, across all services you use. After allowable absences have been exceeded, CCS will only be applied to absences if a medical certificates/documentation is provided for additional days of absence.

For further information please contact the Department of Human Services (**DHS**) between 8am and 8pm on 136 150 to obtain you and your child's CRN and to link your child to the Occasional Care Program. Please advise DHS that you wish to claim CCS (if you meet the work/study requirements set by the DHS).

If you do not link your child with the Melton City Council Occasional Care Program through DHS, or confirm your child's enrolment through your my.gov account, or if you do not claim CCS, you will be charged full fees.



Melton City Council Occasional Care Program

2021 Allergy/Epilepsy/Other Medical Conditions Management Plan

You may need to consult your doctor when completing this form.

All information should be updated each time the child's Allergy Management Plan is changed.

Child and Parent/Guardian Details

Child Name	Date of Birth
Parent / Guardian Name	

Emergency Contact Details

Full Name	
Home Phone	Mobile Phone
Work Phone	
Doctor's Name	Doctor's Phone

Trigger Factors (if known) for Allergy / Epilepsy / Other Medical Condition	Common Signs & Symptoms
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Has your doctor prescribed an adrenaline auto injection device (EpiPen) for your child's allergy management? Yes No

Has your child been diagnosed at risk of Anaphylaxis? Yes No

If you have answered YES, a staff member will contact you to discuss this further and an Action Plan for Anaphylaxis will be sent for you to complete with your Doctor. This plan must be fully completed and returned to the Occasional Care Program before we can accept your child into our care.

Note: Your child's plan will be displayed in accordance with the Anaphylaxis Policy.

Emergency Treatment Management Plan

1	
2	
3	
4	

Note – All medication to be administered in program must be recorded and authorised on a daily basis

Declaration

I, _____ (print name)

Hereby authorise Occasional Care Staff to follow this management plan for my child in the case of allergic reaction.

Parent / Guardian Signature _____ Date _____