



# Melton City Council Vacation Care Program 2019/20 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).	
<b>Complying Written Arrangement</b> – expecting to receive CCS or Additional CCS <input type="checkbox"/>	
<b>Relevant Arrangement</b> – do not intend to claim CCS <input type="checkbox"/>	
<b>Arrangement with Organisation</b> – an organisation/agency is responsible for payment of fees <input type="checkbox"/>	
<b>Additional CCS (child wellbeing) Provider Eligible Arrangement</b> – child at risk and no eligible individual identified <input type="checkbox"/>	

Child Details	
Full Name	
Child CRN	Date of Birth
Year Level	School
Gender (circle)      Male              Female	Country of Birth
Child Lives With      Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Is your family from a non-English speaking background?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Language Spoken at Home	Cultural Background
Is your child of Aboriginal or Torres Strait Islander descent?	No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>
Is your child starting school in 2018/19? Please attach your child's Transition Statement	Yes, attached <input type="checkbox"/> N/A <input type="checkbox"/>

Who is responsible for payment of account?      Mother <input type="checkbox"/> Father <input type="checkbox"/> Other/Agency _____
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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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide a copy with this form
Do you have a Parenting Plan in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	Over 18 years <input type="checkbox"/>
Home / Work Phone	Mobile Phone	

**Emergency Contact 2**

Full Name	Relationship to Child	
Address	Over 16 years <input type="checkbox"/>	Over 18 years <input type="checkbox"/>
Home / Work Phone	Mobile Phone	

I, [redacted] (print name)

- authorise **Emergency Contacts over 18 years** to act as Emergency Contacts, collect my child from the service, give permission for excursions and make medical decisions including permission to administer medication if the Vacation Care Program cannot get in contact with me
- authorise **Emergency Contacts between 16 and 18 years** to collect my child from the service if the Vacation Care Program cannot get in contact with me.

Parent/Guardian Signature [redacted] Date [redacted]

**Everyday Excursion Permission**

**Locations** - **Bridge Road Children’s & Community Centre:** 260-266 Bridge Road, Strathtulloh VIC 3338  
 - **Bridge Road Recreation Reserve:** 132 Bridge Road, Strathtulloh VIC 3338  
 - **Bridge Road Regional Play Space:** 266 Bridge Road, Strathtulloh VIC 3338

**Date** Ongoing excursion throughout the year, daily use of the surrounding area

**Time** Between one to two hours at differing times during the centre's operational hours of 6:30am – 18:30pm

**Transport** Children will walk under supervision of Vacation Care staff

**Activities** Children will participate in a variety of physical activities, exploring the indoor and outdoor spaces and participate in practice and actual emergency procedures within these public spaces.

**What To Wear** Weather appropriate clothing and a sun protective hat (no singlets, no open toed shoes)

I hereby agree and consent to [redacted] (child's name) participating in the above excursions. This release, discharge and indemnity applies to the full extent allowed by law for the consequences of its negligence, of its staff, servants, or agents and includes any independent contractor, sub-contractor, licensee, volunteer or any other officer whatsoever from time to time employed, licensed or directed by the Melton City Council.

I, [redacted] (print name) the parent/guardian of [redacted] (child's name)

being the undersigned, acknowledges that the City of Melton officers, servants or agents will take due care and attention during the course of the excursion. However in the event of an incident occurring, I hereby and forever release, discharge, indemnify and hold the Melton City Council and its servants and agents harmless for any accidents, harm, loss, death, damage, injuries, claims, and suits which may be suffered and/or sustained as the result of the said excursion as defined within this form.

Parent/Guardian Signature [redacted] Date [redacted]

The expected number of children that will attend the excursion is 45. We expect to take 3 staff members to provide a child ratio of 15 to 1.

**General Permissions**

Do you give permission for your child to watch PG rated movies? Yes  No

Do you give permission for your child to have their photograph taken by Vacation Care staff throughout the program to be used in individual journals and for display at the centre? Yes  No

Do you give permission for your child to have their photograph taken or participate in audio/visual recordings to be used for promotional purposes, newspaper, Council website or other Council materials? Yes  No

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

Parent/Guardian Signature [redacted] Date [redacted]

Medical Information								
Doctor's Name		Phone						
Doctor's Address								
Medicare Number		Ambulance Member Number						
<p><b>No Jab, No Pay</b> Your child must be up to date with their immunisations in order to receive CCS payments. For more information go to the Department of Human Services website (<a href="http://www.humanservices.gov.au">www.humanservices.gov.au</a>).</p>								
My child is up to date with their immunisations?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Documentation provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does your child have Asthma? (if yes please provide an Asthma Action Plan)					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has your doctor prescribed an inhaler device for your child's Asthma management?					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Details:								
<p><b>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.</b></p>								
Has your child been diagnosed at risk of Anaphylaxis? (if yes please provide an Anaphylaxis Action Plan)					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has your doctor prescribed an adrenaline auto injecting device for your child's allergy management?					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Details:								
<p><b>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.</b></p>								
Does your child have any specific medical conditions/Diabetes/Epilepsy etc.? (if yes please provide a Specific Medical Condition Needs Action Plan)					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Details:								
<p><b>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.</b></p>								
Does your child take any medication?					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Details:								
Does your child have any additional needs that staff should be aware of? (e.g. Autism, ADHD, Speech Delay etc.)							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:								
<p><b>Further details can be provided by completing the Additional Support Information form at the end of Enrolment Form</b></p>								
Does your child have any food/dietary requirements?					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Details:								



## Collection & Disclosure of Information

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

- enrolling your child in the Service
- preparing and planning for your child's inclusion in the Service
- advising relevant staff of your child's needs
- complying with its obligations under the *Education & Care Services National Law Act 2010* and the *Education & Care Services National Regulations 2011*.

All records are stored in a confidential manner and 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 Service on 9747 7200 to discuss further.

If you fail to provide this information, your child's enrolment will not be processed. Updates to your details can be made at any time by contacting the Service on 9747 7200.

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

**Disposal of Information:** The Service 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 2018-19 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](http://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 Vacation Care on behalf of these families from 2 July 2018.

Families can claim CCS by providing you and your child's Customer Reference Number (**CRN**) to the Vacation 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 Vacation 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 Vacation 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.

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# Melton City Council Vacation Care Program 2019/20 Additional Support Information

**You only need to complete this form if your child requires additional support.**

Child's Full Name	Date of Birth
Parent/Guardian Full Name	
Home Phone	Mobile Phone
Work Phone	Relationship to Child

**Additional Support Information**

Has your child previously attended the Melton City Council Vacation Care Program? Yes  No

What school does your child attend? \_\_\_\_\_

Contact person at school \_\_\_\_\_ Phone \_\_\_\_\_

If required, do you authorise the Melton City Council Vacation Care Program staff to contact the school to discuss your child's needs and strategies the school implements? Yes  No

Please describe your child's additional needs, including medical requirements.

Epilepsy  Diabetes  ADHD / ADD  Hearing Impairment

Anaphylaxis  Allergies  Other  (please specify) \_\_\_\_\_

If you indicate your child has an additional medical need you will be required to provide a completed Action Plan signed by a doctor. A staff member may contact you to discuss this further. Blank Action Plans can be sent by staff upon request.

Do you have professionals or agencies supporting your child? Yes  No   
If yes, please list their details.

Does your child communicate verbally or use other communication methods? (please describe)

Does your child need additional support socially? (e.g. interacting with others, participating in activities, managing emotions)

Does your child require extra support and help with daily routines and tasks? (e.g. eating, toileting etc.)

Is there any special equipment your child needs to assist in their participation in the program? (please describe)

Will you be able to provide the equipment? Yes  No

Please include any other information that would be helpful in the general care and medical needs of your child. (e.g. behaviour strategies, specific interests, fears etc.)

Please refer to the Agreement (page 4) and Collection & Disclosure of Information Statement (page 5) of this Enrolment Form.