

Child's Name: \_\_\_\_\_

Service: \_\_\_\_\_



**Stepping Stones**  
Children's Services  
*"We're sharing the care"*

**Tasmanian Services  
Outside School Hours Care  
Enrolment Form**

**Phone: 1300 665 699**

**Fax: (03) 6425 3599**

**Email: [admin@sharingthecare.com.au](mailto:admin@sharingthecare.com.au)**

Updated

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## **Family Law/Legal Matters/Custody arrangements**

If parents are separated/divorced, are there any orders in place under the Family Law Act or other legislation specifying who has custody, duties, responsibilities or authorities to the child:

**No** (go to the next section)

**Yes** (please read and complete the following)

Name of the custodial parent/Guardian: \_\_\_\_\_

What are the living arrangements of the child? \_\_\_\_\_

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Please attach to this enrolment form (or supply as soon as possible) copies of the current binding Court Order, Parenting Plan, agreement or similar. This is required so we can independently understand the child's situation and who has responsibilities/authorities in relation to where the child is living, who the child spends time with and how the child communicates with the family and other people who are relevant.

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## **Emergency Authorised Contact Persons (Other than the registered parents/guardians)**

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions where the child has an accident, injury or illness and the parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorised on your behalf to give permission for the following:

- Authorise the administration of medication
- Authorise the authorisation of an educator to take the child outside the service (excursion)
- Collect and care for the child in an event of emergency

Personal identification will be required from these people in order to collect your child on your behalf.

<b>Name</b>	<b>Address (in full )</b>	<b>Phone</b>

## **Persons Authorised to collect your child**

The following people are authorised to pick up your child on your behalf. Personal identification will be required from these people in order to collect your child. This list can be added to or changed throughout your child's enrolment. Any one not detailed below will not be permitted to collect your child without prior permission.

<b>Name</b>	<b>Address (in full)</b>	<b>Phone</b>

## **Health/Medical Information**

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Family Doctor's Name: \_\_\_\_\_

Family Doctor's Address: \_\_\_\_\_

Family Doctor's Telephone: \_\_\_\_\_ Child's Medicare Number: \_\_\_\_\_

Preferred Hospital in Emergency: \_\_\_\_\_

## **Medical Conditions**

Does your child have an ongoing medical condition? **No/Yes- please provide further details**

\_\_\_\_\_  
\_\_\_\_\_

Does this medical condition require ongoing medication? **No/Yes- please provide further details**

\_\_\_\_\_  
\_\_\_\_\_

Does this medical condition allow for self-medication? **No/yes-please provide further details**

\_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed or at risk of anaphylaxis? **No/Yes -must attach completed medical management/action plan signed by child's medical practioner prior to commencing care.**

Does your child have an auto injection (epipen) device? \_\_\_\_\_

Has your child been diagnosed with asthma? **No/Yes -must attach completed medical management/action plan signed by child's medical practioner prior to commencing care.**

**If you answer yes to any of the questions above you must provide a medical management/action plan doctor, signed by your child's Doctor. Failure to provide a current completed medical management/action plan will result in the enrolment being refused until one is supplied. A risk minimisation plan (included with enrolment form) must be completed in conjunction with the Director/PIC of the child's service as per Reg 162 prior to care commencing. Please see Medical Conditions Policy for further reference.**

## **General Health**

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any):

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Other Allergies (please detail and specify the signs/symptoms to be aware of, if any):

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Does your child have a history of illnesses or injuries? **No** (go to next question) **Yes (provide details)**

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Is your child currently on any prescribed medications?

**No** (go to the next question)      **Yes (please provide details)**

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Does your child have any additional requirements or disabilities?

**No** (go to the next question)      **Yes (please provide details of management below)**

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Does your child have any Dietary Requirements?

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## **Immunisation information**

To be eligible for Child Care Subsidy, your children must meet the Federal Governments immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

- Fully immunised or up-to-date according to the Australian Standard Vaccination Schedule; or
- On a catch-up vaccination schedule; or
- You have an approved exemption for your child (see below).

Your child is exempt from the immunisation requirements in the following circumstances:

- For religious beliefs (which must be supported if requested)
- Immunising your child with a particular vaccine is medically contraindicated; or
- The child has a natural immunity to a disease or a vaccine is temporarily unavailable

Is your child currently up to date with immunisations? **Yes**    **No**

**Please ensure a copy of your child's immunisations are attached to this form. The Service will review these details on a regular basis to ensure our records are up to date. Please ensure that you keep these records updated as your child's immunisations are carried out.**

## CCS Information

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In order to be eligible for fee relief from the Federal Government via Child Care Subsidy you must contact Centrelink to register and to be allocated CRN numbers.

**Please confirm with them that they have the correct name and date of birth for both the parent & child who are/will be registered for CCS purposes. Please note: in some instances families are ineligible to receive CCS however we still require CRN numbers to link our computer systems with the Centrelink.**

### Person Registered for CCS with Centrelink (details must be EXACTLY as per Centrelink's Records)

Parent / Guardian's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

### Child Registered for CCS with Centrelink (details must be EXACTLY as per Centrelink's Records)

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Has your child attended another child care centre this financial year?      **Yes**      **No**

Is your child attending multiple child care centres?      **Yes**      **No**

How many eligible CCS hours would you like to claim from our service? \_\_\_\_\_

Please advise which priority access guidelines your child meets. (Please Circle)

- Priority 1 – a child at risk of serious abuse or neglect
- Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the A New Tax System (Family Assistance) Act 1999
- Priority 3 – any other child.

Is your need for care work related?      **Yes**      **No**

### Verification of Details held by Centrelink

I confirm that:

- I understand that I am responsible for all fees charged by the centre in relation to this enrolment. Current fees are on display at your service and are also available by contacting Head Office.
- I understand that if any details are incorrect then full child care fees are payable by me until the details are corrected with Centrelink.
- I understand that fees charged by the service may vary from time to time and all changes will be notified via email or the service notice board.
- I understand that this enrolment will be entered as a flexible arrangement allowing me the option of Permanent & Casual care.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Information about your Child

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The following information pages will be shared with your child's educators. Confidential copies will be kept with your child's developmental profile in their room as well as on the main file for office use.

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What type of activities does your child particularly enjoy? \_\_\_\_\_

\_\_\_\_\_

What type of activities does your child need encouragement to participate in?

\_\_\_\_\_

Are there any foods your child particularly likes? \_\_\_\_\_

Does your child have any fears? (e.g. noise, animals): \_\_\_\_\_

Does your child get upset when left with other people? \_\_\_\_\_

Languages spoken by the child: \_\_\_\_\_

Languages spoken at Home: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Are there any words that we may need to know that have special meaning to your child (translate where necessary):

\_\_\_\_\_

Has your child been in care environment previously?      **No**      **Yes (please provide details)**

\_\_\_\_\_

What do you love about your child that you would like to share with us?

\_\_\_\_\_

How can we assist your child this year? What would you most want for your child at our centre?  
Are there any particular areas of concern that you feel we need to know about?

\_\_\_\_\_

What information do you consider important for you to know each day and what is the best means of communicating this with you?

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Are there any special considerations for the child (ie Religious, cultural, dietary requirements or additional needs) that we need to know to enable us to understand your child better?

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Are there any skills that you or family members have that you would like to contribute to the Centre's program?

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### **Information about Your Family**

To help us with caring for your child, it would be great to get to know you too! Please feel free to answer the following questions about your family. Remember that grandparents can be talented people too and are more than welcome to be a part of the Stepping Stones Family.

Do you play a musical instrument?

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Do you speak a language other than English? If so, what is the language and are you confident in acting as an interpreter in that language?

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Do you have any free time in which you could come to the Centre and interact with the children or join us on excursions?

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## **Agreement & Consent to Terms**

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### **1. Permission to Care For My Child**

I give permission for Stepping Stones Children's Services to care for my child.

### **2. Emergency or Accidents**

In the event of an emergency, illness or accident when the service is unable to contact the Parent/Guardian or the Authorised Contact/s:

- I/We give the staff at the Service consent to provide or seek Medical or Hospital attention if required,
- I/we give consent to call an ambulance and if required permission for my child to be transported to hospital in the ambulance.
- I/We agree to pay any expenses incurred for Medical treatment and Ambulance Transport.
- I/we give permission for my child to be transported by private car by a licensed driver in the event of an emergency.

### **3. Administering of Paracetamol**

I/We agree for service staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 38°C. I/We understand that the staff will make contact with either the Parents/Guardians or the Emergency authorised contacts to request permission to administer Paracetamol and it will only be administered without permission if contact with either Parent / Guardian or emergency authorised contact is not possible and with the permission of a senior staff member. Staff will contact me/us to discuss further actions to take in the event that the temperature does not subside within an appropriate time frame.

For any other medication that may need to be administered, separate consent forms will need to be completed by Parent/Guardian/authorised contact.

### **4. Permission for Publication**

I/We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilised outside of the Centre, further permission will be sought.

### **5. Permission for Observation**

I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's educators. If questioning or testing is to be carried out I / we will be asked for further permission.

### **6. Local Excursions**

I give permission for my child to be included in excursions organised by the service including routine excursions to the following venues: local School, park, library, short walks etc. Note: Excursions that are not routine will require a further authorisation.

### **7. Payment of Fees**

I / We agree to maintain our fees as per the centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Ezi Debit or as agreed with the Centre. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's option. Where an Ezi Debit (direct debit) arrangement has been entered into, I/we authorise the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account.

## **8. Permission for Evacuations**

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their educators and service staff to a safety zone for evacuation purposes. (Please refer to the Service's Evacuation Plans and Procedures for information.)

## **9. Sunscreen Application**

I / We agree for the service Staff to apply sunscreen regularly to our child for outdoor play purposes. I / We understand that the service may use a variety of sunscreen brands from time to time, and this information will be advised to us on Parent Communication Boards at the service. If my child requires special sunscreen I/we agree to supply this product to the service.

## **10. Food provided from outside the service**

I give permission for my child to eat birthday cake or other food not supplied by the service providing an awareness of the ingredients are made known to the service staff, and can be identified if required.

## **11. Face Painting**

I give permission for my child to participate in activities that may include Crazy hair, Glitter nails, Make Up and Face Painting.

## **12. Child Care Subsidy (Lump Sum Claims)**

I / We understand that it is our responsibility to notify the service of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Subsidy as reduced fees on a weekly basis.

## **13. Parent Handbook**

I / We acknowledge that we have received and read the Centre's Parent Handbook. I / We understand any changes to this Handbook will be displayed on the Parent Communication Boards at the service.

## **14. Service Policies**

I / We acknowledge that the service's Policies and Procedures are available at the Service at all times to view. I / We understand that any changes to these policies and procedures will be carried out where appropriate in consultation with us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Boards at the Service.

## **15. Unacceptable Behaviour**

In the unlikely event of my child breaching the Unacceptable Behavior Policy, I acknowledge that if all attempts to resolve this behavior fail, I may be asked to withdraw my child from all care at Stepping Stones.

## **16. Cancellation of Care**

I / we understand that two weeks written notice is required to cancel or change permanent bookings. I / we understand that in the event of my child being absent from the service for whatever reason including illness I am still required to pay full fees unless a minimum two weeks written notice is given.

### **Please note:**

**For all permanent cancellations a minimum of 2 weeks' notice must be given or full fees will apply, the child/children must physically be in attendance throughout the notice period to remain eligible for normal CCS fee relief. Failure to attend during the notice period will result in full fees being applied from the last day the child/children physically attended at the service as per Government Regulations.**

**17. Fees for Public Holidays**

I / We understand that Public Holidays are charged at the normal daily fee rate and that complimentary make-up days will not be available nor will holiday fees.

**18. Late Fees**

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Subsidy can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your child has not been collected after closing time (minimum late fee: \$20.00).

**19. Priority of Access**

I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government; and Third Priority – all other children.

**20. Infectious Diseases / Clearance Certificates**

I / We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.

**21. Non - Immunisation**

I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the Service until the infectious period of the disease or condition has passed. (Please refer to our Service Policies for further information).

**22. Presence of Visitors and Volunteers**

I / We understand that occasionally the Service may have visitors and/or volunteers assisting in the Service. I / We consent to our child being in the presence of visitors and/or volunteers under the Service Staff supervision.

**23. Confidentiality of Enrolment Records**

I/We understand that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children' Services.

**By signing this form I/we declare and confirm:**

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 23 above, and any other policies and procedures advised by the Service either directly or by making them available for perusal at the Service.

**Signature of Primary Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Secondary Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Staff and Office use only:**

<b>Enrolment correctly filled in:</b>	<b>YES/NO</b>
<b>CCS page completed and signed:</b>	<b>YES/NO</b>
<b>EziDebit correctly filled in and signed:</b>	<b>YES/NO</b>
<b>Immunisation sighted and current:</b>	<b>YES/NO</b>
<b>Has the child's Health record been sighted:</b>	<b>YES/NO</b>
<b>If required a completed Medical Management/ Action Plan for any ongoing medical condition:</b>	<b>YES/NO</b>

**Staff Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_