



Year Round Care Enrolment Form



This form is to be completed and given to centre educators **BEFORE** your child/ren can attend YRC.

The information provided by you will be treated as strictly confidential and will not be used for any other purpose.

Parents are required to provide Customer Reference Numbers (CRN) for yourself and your child/ren.

PART 1 – CHILD/REN'S DETAILS

CHILD 1

Family Name _____ Given Name(s) _____

Address _____

Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F

Child's School _____

Nationality _____ Language/s Spoken _____

Aboriginal or Torres Strait Islander Religion _____

Medicare Number _____ Card Reference Number _____

CHILD 2

Family Name _____ Given Name(s) _____

Address _____

Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F

Child's School _____

Nationality _____ Language/s Spoken _____

Aboriginal or Torres Strait Islander Religion _____

Medicare Number _____ Card Reference Number _____

CHILD 3

Family Name _____ Given Name(s) _____
Address _____

Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F
Child's School _____
Nationality _____ Language/s Spoken _____
 Aboriginal or Torres Strait Islander Religion _____
Medicare Number _____ Card Reference Number _____

CHILD 4

Family Name _____ Given Name(s) _____
Address _____

Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F
Child's School _____
Nationality _____ Language/s Spoken _____
 Aboriginal or Torres Strait Islander Religion _____
Medicare Number _____ Card Reference Number _____

CHILD 5

Family Name _____ Given Name(s) _____
Address _____

Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F
Child's School _____
Nationality _____ Language/s Spoken _____
 Aboriginal or Torres Strait Islander Religion _____
Medicare Number _____ Card Reference Number _____

PART 2 – PARENT / GUARDIAN DETAILS

PARENT / GUARDIAN 1

PARENT / GUARDIAN 2

Full Name _____

Full Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Mobile _____

Mobile _____

Email _____

D.O.B ____ / ____ / ____

Family CRN _____

Are there any family situations that we should be aware of? Yes No

If Yes, please provide details _____

PART 3 – COLLECTION / EMERGENCY CONTACT (Other than the parents/guardians)

Persons collecting children from the centre MUST be 16 years of age or over. Any person not on this form will be refused collection unless prior arrangements are made with educators. If custody orders apply, a copy must be kept on your child/ren's file. The Medical Consent nominee is authorised to consent to medical treatment of, or to authorise administration of medication to the child/ren.

EMERGENCY CONTACT 1

Name _____

Relationship to Child _____

Address _____

Phone _____

- Emergency
 Authorised Collection
 Medical Consent

Authorised Contact Type

EMERGENCY CONTACT 2

Name _____

Relationship to Child _____

Address _____

Phone _____

- Emergency
 Authorised Collection
 Medical Consent

Authorised Contact Type

* These people may be asked to show identification

PART 4 – FAMILY DOCTOR

Name of Surgery _____ Phone _____
Treating Doctor _____
Address _____

PART 5 – RELEVANT MEDICAL HISTORY

Has the child/ren been diagnosed or at risk of anaphylaxis? Yes No

If yes, please provide details (include name of child/ren) _____

Action Plan, Risk Minimisation and Communication Plan need to be completed prior to enrolment.

Please tick all that apply and provide further information in the space provided below. A Risk Minimisation Form may also need to be completed. Please see an educator for further information.

- | | |
|--|--|
| <input type="checkbox"/> Allergies eg. Bees, food, grass etc | <input type="checkbox"/> Disability / Special Needs |
| <input type="checkbox"/> Behavioural Needs | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma – Action Plan required | <input type="checkbox"/> Other - specific healthcare need including a medical condition (Please provide details) |
- _____

PART 6 – IMMUNISATION

Please provide an up-to-date copy of your child/ren's immunisation record.

PART 7 – SERVICE ACCESS

Please specify the reason for child care

- Work related care Child/ren with special needs Non-work related care

PART 8 – SPECIAL CONSIDERATIONS

Does the child/ren have any cultural or religious requirements? Yes No

If yes, please provide details (include name of child/ren)

PART 8 – SPECIAL CONSIDERATIONS CONTINUED

Does the child/ren have any dietary requirements/restrictions? Yes No

If yes, please provide details (include name of child/ren)

Does the child/ren have any additional needs which may require special assistance?

Eg. Early intervention, speech therapy, paediatric services, family support, etc.

Yes No

If yes, please provide details (include name of child/ren)

Are there any court proceedings or parenting plans relating to powers of duty and responsibilities?

Yes No

If yes, please provide details

PART 9 – SERVICE REQUIREMENTS

Commencement date / /

Requirements After School Care Before School Care Vacation Care

(Confirmation required each term)

* Bookings taken
Week 8 each term

Please circle the days you require:

Monday

Tuesday

Wednesday

Thursday

Friday

PART 10 – GENERAL INFORMATION

Please provide any further information you would like us to know about your family and/or child/ren. eg. Child needs to do homework before play

Any other information _____

Do you have any special skills that you could bring to our service? eg. Coaching, sewing, handyman etc.

PART 11 – DECLARATION

All parents wishing to enrol their child/ren at Year Round Care must read and understand the **Dealing with Medical Conditions Policy**.

I declare I have read and understood the **Dealing with Medical Conditions Policy**.

Signed _____ Date ____ / ____ / ____

PART 12 – CONSENT

Commencement date / /

I hereby give my permission for the educators at Year Round Care to seek **medical attention** for the above child/ren in the event of an accident / emergency. I understand if an Ambulance is required, it will be at my cost not the centres. I give permission for my child to be transported by Ambulance if necessary. This may include medical treatment for the child by registered medical practitioner, hospital or Ambulance.

Signed _____ Date / /

I hereby give my permission for the educators at Year Round Care to **administer Paracetamol, apply Stingose and Band-aids** for the above child/ren. A courtesy call will be made prior to administering Panadol.

Signed _____ Date / /

I give permission for my child/ren to be involved in any photography or video taken for publicity purposes at Year round Care.

Signed _____ Date / /

I have read and agree to adhere to the Year Round Care Fee Schedule and agree to pay my fees on a regular basis. I agree to keep my fees below \$200 per child.

Signed _____ Date / /

I have read and understand the **Exclusion Policy** and agree to keep my child excluded from the centre if presenting any of the illnesses stated in the exclusion policy.

Signed _____ Date / /

I understand that there is a **Policy Manual** kept in the sign-in area of each centre for parents and educators to refer to, and I agree to adhere to these policies or risk losing my child/ren's place in the centre.

Signed _____ Date / /

I give permission for the service to **observe** my child for programming purposes, to ensure the program reflects their individual needs and interests. All information gathered is confidential.

Signed _____ Date / /

I give permission for Educators to collect my child from the school bus when arriving to After School Care and if using Before School Care to be put on the School bus, or walked to and from St Joseph's School.

Signed _____ Date / /

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