



Child Enrolment Form

Welcome to Scotland Island & Offshore Children's
Service

Please fill out this form with all information relevant to
your child and return it to us.
We look forward to meeting you.

SIOCS
Scotland Island Kindy
Early Childhood Education and Care
OOSH
Out Of School Hours Care

73 Robertson Rd, Scotland Island NSW 2105
P: 02 9979 7856 E: director@siocs.com.au
W: www.scotlandisland.org.au



Child Information (to be filled in by parent or guardian)

Full Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Any other or former name(s) of the child:	D.O.B:
Home address:	
Home Telephone Number:	Place of Birth:
ATSI Descent – Please tick one of the boxes <input type="checkbox"/> Aboriginal not TS Islander <input type="checkbox"/> TS Islander not Aboriginal <input type="checkbox"/> Aboriginal and TS Islander <input type="checkbox"/> Not Aboriginal or TS Islander	1 st Language:
	2 nd Language:

Parent / Guardian Information

Parent / Guardian One	Parent / Guardian Two
Name:	Name:
Any other name(s):	Any other name(s):
Mobile Number:	Mobile Number:
Email Address:	Email Address:
Date of Birth:	Date of Birth:
Gender: Male <input type="checkbox"/> / Female <input type="checkbox"/>	Gender: Male <input type="checkbox"/> / Female <input type="checkbox"/>
Home Phone Number:	Home Phone Number:
Cultural background:	Cultural background:
Work Telephone Number:	Work Telephone Number:
Occupation:	Occupation:
Place of Employment:	Place of Employment:



Special Consideration: Please tick any relevant boxes

Child at Risk Communication Needs Other needs
 Disabled Parent Mobility Needs
 Learning Needs Interpersonal Needs

Is there any person that is prohibited from contacting / assessing your child? Yes No
 If Yes, please provide appropriate evidence of the custody order or AVO and a photo of the Prohibited Person/s

Emergency Carer / Guardian Contact Information
 By giving the details of two emergency contact people, you are permitting the service to contact these persons in case of an emergency where parents / guardians cannot be contacted

NOTE: Emergency contact people must be someone **OTHER** than parents or guardians

Emergency Contact One	Emergency Contact Two
Name:	Name:
Any other name(s):	Any other name(s):
Relationship:	Relationship:
Mobile Number:	Mobile Number:
Date of Birth:	Date of Birth:
Home Number:	Home Number:
Home Address:	Home Address:
Work Number:	Work Number:
<input type="checkbox"/> General pick up permitted	<input type="checkbox"/> General pick up permitted
<input type="checkbox"/> Emergency pick up only	<input type="checkbox"/> Emergency pick up only
Any other information:	Any other information:



Authorised Persons to consent to medical treatment & administration of medicines

Only persons listed here are permitted to sign off on consent for employees to administer medicines to your child and/or to seek necessary medical treatment (from a registered medical practitioner, hospital or ambulance service and for your child to be transported in an ambulance) while at the service

Name:	Name:
Relationship:	Relationship:
Name:	Name:
Relationship:	Relationship:

Authorised Persons to permit a child on an excursion/incursion

Only persons listed here are permitted to sign off on consent for your child to attend any service excursions/incursions

Name:	Name:
Relationship:	Relationship:
Name:	Name:
Relationship:	Relationship:



Fee Subsidies – Child Care Benefit (CCB) and Child Care Rebate (CCR)

CCB & CCR are managed by the Family Assistance Office (FAO). In order to receive either subsidy you will be required to register your details with the FAO or centrelink. Our service is registered as a provider of 'Approved Care' under the Child Care Management System (CCMS). Under the CCMS the Federal Government provides us with each family's approval details directly, which is why each family must be registered with the FAO.

Please complete the following information accurately to ensure that your (Customer Reference Number) CRN is linked to our service and to enable you to receive CCB and/or CCR.

Person Registered for CCB with the Family Assistance Office/Centrelink

Full Name: _____
Date of Birth: _____ Customer Reference Number: _____

Child Registered for CCB with the Family Assistance Office/Centrelink

Full Name: _____
Date of Birth: _____ Customer Reference Number: _____

Has this child attended another Child Care Service this financial year? Yes No

Is the child attending multiple Child Care Services? Yes No

Other Children in Care/Multiple Child CCB Percentage

If you have other children who are registered for CCB at another service i.e. before and after school care, please complete the following information to ensure that you have the Multiple CCB percentage applied to your account. As this information may change, we will ask you for updates throughout the year to ensure the correct CCB percentage is applied.

Details of other children in care

1. Full Name: _____ DOB _____ CRN _____
2. Full Name: _____ DOB _____ CRN _____
3. Full name: _____ DOB _____ CRN _____

Payment of Fees

Please state who will be liable and responsible for the payment of fees

Full name: _____ Signature _____

Full name: _____ Signature _____



Health Information

It is important to keep the following information **current** at all times. This information can be invaluable in an emergency situation.

Child's Doctor:

Phone Number:

Address:

Child's Dentist:

Phone Number:

Address:

Child's Paediatrician or other specialist (please specify):

Phone Number:

Address:

Medicare Number (Emergency use only):

Name of Private Health Fund and Type of Cover:

Membership Number (if applicable):

Is your child receiving regular medical attention? Please provide details of what/when/why?

Does this medication have any side effects which staff should be aware of?

Past relevant illnesses, operations or injuries:

Medical Conditions

Please complete the following details to ensure the service can cater effectively to your child's dietary and allergy / asthma needs. Thank you!

Does your child suffer from any of the following; if yes, please provide details;

Convulsions

Breath holding

Ear infections

Allergies (please specify in detail the signs, symptoms to be aware of, if any?)

Other

Asthma	
Has your child ever suffered from asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, you will need to complete a detailed asthma information sheet with your child's doctor for your child. Please obtain this form from the Approved Provider/Nominated Supervisor and return it as soon as possible to be placed in your child's file.	
If your child does not suffer from asthma, do you give the service first aid officers permission to administer an asthma inhaler in the case of an emergency should your child suffer an asthma attack?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Anaphylaxis	
Has your child ever suffered from, or is at risk of anaphylactic shock? If Yes, you will need to complete a detailed anaphylaxis plan with your child's doctor for your child. Please obtain this form from the Approved Provider/Nominated Supervisor and return it as soon as possible to be placed in your child's file.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an prescribed epipen ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you give permission for an SIOCS employee to administer the prescribed epipen to your child should they be experiencing an anaphylactic reaction while at the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child has not previously experienced an anaphylactic reaction, yet has an anaphylactic reaction whilst at SIOCS, do you give permission for the first aid officer at the service to administer first aid and / or an epipen (Service prescribed) to your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Information	
Has your child had any of the following tests? Please give detail regarding when the tests were performed and any significant outcomes.	
Dental:	Eyes:
Hearing:	Does your child have grommets?
Orthopaedic:	Speech:
Additional needs of your child (e.g. management / equipment):	



OFFICE USE ONLY

Child with a Health Record

Name of Approved Provider, Nominated Supervisor or employee who sighted /copied the Health Record: _____

Signature: _____ Date: _____

Childhood Diseases

Please indicate whether your child has had any of the following;

Measles Mumps Chicken Pox German Measles

Other (please state) _____

Birth Certificate

Please attach a certified copy of your child's birth certificate and supply the original birth certificate for viewing when you return this form.

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Employee who sighted / copied birth certificate: _____

Signature: _____ Date: _____

Immunisation

You will need to provide a copy of your child's immunisation history and it will need to be in an approved format – 'Immunisation History Statement' from the Australian Immunisation Register. It will be kept on file and updated as required. If your child is not immunised and an outbreak occurs in the service or local area, your child may not be able to attend the service until the outbreak has passed.

Age	Disease Immunisation Against
Birth	Hepatitis B
2 Months	Diphtheria-Tetanus-Whooping Cough Hepatitis B Haemophilus Influenzae Type b (Hib) Polio Pneumococcal disease Rotavirus
4 Months	Diphtheria-Tetanus-Whooping Cough Hepatitis B Haemophilus Influenzae Type b (Hib) Polio Pneumococcal disease Rotavirus
6 Months	Diphtheria-Tetanus-Whooping Cough Hepatitis B Haemophilus Influenzae Type b (Hib) (may be given depending on vaccine type) Polio Pneumococcal disease
12 Months	Haemophilus Influenzae Type b (Hib) Measles – Mumps – Rubella Meningococcal C disease
18 Months	Measles, mumps, rubella, varcella (chickenpox) (MMRV)
4 Years	Diphtheria-Tetanus-Whooping Cough Measles – Mumps – Rubella Polio

Please indicate if your child has or has not been fully immunised:

- My child has **not been** immunised
- My child **has** been immunised

Please note, in order to receive Child Care Benefit (CCB) concession to your fees, we would like to advise that the Family Assistance Office requires your child to be fully immunised and up-to-date. Alternatively, you are able to provide a statutory declaration to the Family Assistance Office notifying them of your choice not to immunise your child and this may then allow you to access CCB.

OFFICE USE ONLY

Employee who sighted / copied immunisation record: _____

Signature: _____ Date: _____

Agreements

Our service requires parental / guardian consent for certain procedures, routines and events relating to individual children. Please read the following statements with care indicating your preference of permission.

Emergency Medical Attention:

I/we the undersigned, being parents/guardians of the before mentioned child, do hereby authorise SIOCS to obtain any ambulance or hospital assistance as is deemed necessary for the welfare of my/our child. If every reasonable effort to contact me/us has failed, and the doctor considers immediate medication, anaesthetic or minor surgery necessary, the doctor has my/our permission to administer same. When I/we are unable to attend or be contacted, we authorise SIOCS to obtain any non-life threatening medical or dental assistance, as is deemed necessary for the welfare of my/our child.

Yes
No

Paracetamol (Panadol):

I/we give permission for the SIOCS team to administer Panadol to my/our child in the event of my/our child having a temperature exceeding 38°C and I will be notified if Panadol is administered.

Yes
No

Asthma / Anaphylaxis / Allergy Plan Display:

I/we give permission for the SIOCS team to display my child's asthma / Anaphylaxis plan and/or allergy plans in a relevant location throughout the service for the purpose of easy execution.

Yes
No

Sunscreen:

I/we give permission for the SIOCS team to apply SPF 30+ sunscreen to my/our child prior to going outdoors. If your child has an allergy to sunscreen you will be required to bring in your own sunscreen suitable for their sensitive skin.

Yes
No

Service Policies and Procedures:

I/we agree to abide by the service policies and procedures for families using the service.

Yes
No

Photography Permission (For use within the service):

I/we consent to my/our child's participation in any film or photograph which may be taken while he/she is at the service and on excursions as long as it is anonymous. I/we give permission for our child's photograph to be included in daily records and long-term displays at the service.

Yes
No

Photography Permission (For emailing purposes):

I/we give permission for our child's photograph to be included in daily diaries/programs/newsletters that may be emailed to parents of enrolled children.

Yes
No

Photography Permission (For marketing purposes):

I/we consent to my/our child's participation in any film or photograph which may be used for marketing or publishing purposes by the service. I/We understand that our child's name may be published, however in such case further permission must be granted by me/us.

Yes
No



Observation and Developmental Documentation: I/we consent to my/our child being the subject of observations for development records and training purposes. I/We hereby give permission for our child to be observed by students and trainees, engaging in professional practicum placements at the service.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Outings: I/we consent to our child partaking in any regular outing organised by the service within a 1km radius of the service premises i.e. local park; where the route will not cross any major road crossings. Further permission will be sought if an excursion requires any form of transportation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent / Guardian One: Signature: _____ Date: _____	Parent / Guardian Two: Signature: _____ Date: _____	



Privacy Statement

The protection of privacy and maintaining confidentiality are fundamental in providing a high quality childcare service.

The purpose of collecting sensitive information is to assist us to provide your child with an individual developmentally appropriate program that is educational, stimulating, nurturing and safe.

SIOCS requires certain information be collected, in accordance with administration of Child Care Benefit, regulations or legislation that directly relates to the operation of an early childhood education and care service.

SIOCS discloses personal and sensitive information only to the service's employees for the specific purpose of administration of the service and the care and education of your child unless otherwise required by law.

As of October 30, 2009 the Children Legislation Amendment Act 2009 increased the information sharing provisions of the Children and Young Persons (Care and Protection) Act 1998. This was to allow a freer exchange of information between government agencies and non government organisations relating to a child or young person's safety, welfare or wellbeing. Should information need to be shared, SIOCS will seek parent consent where possible. However if consent is not obtained, SIOCS will exercise the provisions of the Act should they feel the child's safety, welfare or wellbeing is of concern. SIOCS will not use or disclose personal information for any purpose that is not associated with the safety, welfare or well-being of the child or young person.

SIOCS will also obtain parent/guardian permission where possible before disclosing a child's personal and sensitive information to a professional attending our service for the specific purpose of providing a service for your child. This includes early intervention teachers, speech therapists, occupational therapists, doctors and counsellors.

Personal information collected about children is regularly disclosed to their own parents or guardians. On occasions, information such as children's personal achievements, child portfolios and photos are displayed within the boundaries of our services building or as specified in the enrolment form. Group photos are included in child portfolios, which are given to families to take home. The identities of children, other than your own are NOT made known.

Personal information supplied by the family is kept in a secure place and accessed only by employees, unless otherwise specified. Parents/Guardians have the right to access personal information collected about them or their child. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the service's duty of care to the child or where children have provided information in confidence.

SIOCS will include your child's name, age and specific information in the child's file. They will also include your emergency contact details in a class list and in SIOCS service database. Access to these is limited to SIOCS employees.

If you provide SIOCS with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the Service and why. You will also need to inform them that they can access that information if they wish to do so.

SIOCS takes all reasonable precautions to ensure personal information that we collect, use and disclose is accurate, complete and up to-date. Please ensure you inform the service of any changes to the information supplied.

In order to protect the privacy of personal and sensitive information of families, children, employees and the service, SIOCS maintains the right to prohibit any interactions and correspondence via electronic media (such as Facebook, Myspace, Hotmail, Twitter or similar) between employees and families.

Employees and currently enrolled families are prohibited in having any electronic correspondence on any social networking site. The only variation in this regard is when a family already has a social networking site relationship with an employee *prior* to the family enrolling their child/ren in the service.

I agree to the collection and use of the information supplied by me on behalf of my child _____ as described in this document.

Signature Parent / Guardian One:

Date: _____

Signature Parent / Guardian Two:

Date: _____



Provision of Contact / Personal Information

"All people names on this form have been notified by me as required by the Privacy Act 1998 which came into force in December 2001". "The people named" refers to doctor, dentist, emergency contacts etc.

Signature Parent / Guardian One:

Date: _____

Signature Parent / Guardian Two:

Date: _____



Family Information Form

In filling out this form, you are enabling our educators and other employees to effectively plan appropriate learning experiences and routines for your child at our service. Thank You!

Child's Full Name: _____

Other names / Nicknames: _____ D.O.B ____ / ____ / ____

Parent /Guardian 1: _____ Parent /Guardian 2: _____

Language/s spoken at home: _____

If a language other than English is spoken at home;

Does your child speak English? Yes No Does your child understand English? Yes No

How would you like to share your family culture with our service?

Are there any experiences that may contravene your family's values or beliefs?

Are there any cultural practices or understandings that you would like your child to observe at our service?

Please identify the family members or close acquaintances who live with or nearby your family;

Mother	Father	Older Siblings	Younger Siblings
Grandparents	Aunts	Uncles	Cousins

Others; _____

Many families have unique family rules, values and parenting styles; is there anything specific that you would like us to know?



General Information

What things does your child enjoy doing at home? _____

Does your child have any known fears? _____

Has your child ever been away from you for any length of time? If so, how did they cope? _____

Does your child get upset in unfamiliar situations? _____

How do you view your child's relationships with other children?

Shy Onlooker Average Leader Frustrated Other: _____

How do you find your child's behaviour in the home environment? _____

Is your family currently working with any other professionals regarding your child's behaviour or development? _____

If so, are you happy for us to work in partnership with yourself and other professionals to support your child? _____

What do you hope your child will gain from being at SIOCS? _____

What information do you consider to be important to know each day? _____

Would you like to participate in our curriculum? _____

Are there any skills or knowledge that you feel your could contribute to our service? _____



Feeding (Infants Only)

Is your child currently drinking; Breast Milk Formula Cows Milk

If your child is bottle fed, what are their feeding times;

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Does your child prefer their milk feed; Warm Cold

Does your child have reflux or any other feeding concerns? Yes No

Eating

Does your child have any dietary restrictions or allergies? Yes No

If yes, do we have a current Health Management Plan for your child? Yes No

What is your child's current eating preference? **(Infants)** Puree Lumpy Puree Solids

Does your child feed themselves? Yes No needs some assistance

Does your child drink from a cup? Yes No needs some assistance

What is your child's current appetite like? Small Medium Large

Does your child eat breakfast before they arrive to the service? Yes No

Do you have any concerns in regards to your child's eating? _____

Toileting

Is your child currently; In nappies Toilet training Toilet trained

If your child is toilet training, please include details of your toileting routine at home: _____

Is your child prone to nappy rash? **(Infants)** Yes No

If yes, please provide a named nappy rash cream – this cream must only be an over the counter cream unless you provide a medical certificate for anything stronger.



Sleep & Rest

Does your child sleep during the day? Yes No Sometimes

If more than one sleep per day, please indicate the routine times for your child;

1. _____ 2. _____ 3. _____ 4. _____

How long does your child generally sleep for? _____

How does your child go to sleep? Self sooth Rocked / patted _____

Does your child have a comforter? Dummy Toy Wrap Other: _____

Does your child have any tiredness indicators? _____



Administration Section

Enrolment Checklist	
<i>Child's Name:</i> _____	<i>Proposed Start Date:</i> _____
<i>Group / Age:</i>	<i>Dates of Attendance:</i>
<input type="checkbox"/> 18 months – 2 years <input type="checkbox"/> 2 – 3 years <input type="checkbox"/> 3 – 6 years <input type="checkbox"/> Primary Aged (OSHC)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Enrolment Documentation	Date Received	Received by
<input type="checkbox"/> Completed Enrolment Form	___/___/___	AP / NS / RP
<input type="checkbox"/> Immunisation Record	___/___/___	AP / NS / RP
<input type="checkbox"/> Birth Certificate	___/___/___	AP / NS / RP
<input type="checkbox"/> Emergency Contacts	___/___/___	AP / NS / RP
<input type="checkbox"/> Child Health Care Plan (If appropriate)	___/___/___	AP / NS / RP
<input type="checkbox"/> Any allergies noted and added to centre list	___/___/___	AP / NS / RP
<input type="checkbox"/> Bond received \$ _____	___/___/___	AP / NS / RP
<input type="checkbox"/> Direct Debit Form	___/___/___	AP / NS / RP
<input type="checkbox"/> Sundries	___/___/___	AP / NS / RP
<input type="checkbox"/> Child Routine	___/___/___	AP / NS / RP
<input type="checkbox"/> Family Handbook provided to family	___/___/___	AP / NS / RP
<input type="checkbox"/> Orientation / Induction tour conducted	___/___/___	AP / NS / RP
<input type="checkbox"/> Introduction to child's educators	___/___/___	AP / NS / RP

PROHIBITED PERSON NOTED FOR THIS ENROLMENT

Name of Prohibited Person: _____
 Relationship to the Child / or Family: _____

- | | |
|--|--|
| Court order / AVO in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copy of Court order / AVO obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relevant employees have been advised of orders? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Photos supplied for identification of prohibited person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Information

Enrolment Checklist Completed by:

Full Name : _____
Current Role: _____ **Date:** _____