



Mothers Love Family Day Care - Enrolment Form

This form must be completed by a parent or guardian who has lawful authority in relation to the child

Child's Surname: _____ First Name: _____

Date of Birth: [] [] / [] [] / [] [] [] [] Child's CRN: [] [] [] [] [] [] [] [] [] [] [] []

Medicare No: [] [] [] [] [] [] [] [] [] [] [] []

Is the child linked to the: Mother Father or Guardian (Please tick - For Centrelink Purposes)

Linked Parent Name: _____ Parent CRN: [] [] [] [] [] [] [] [] [] [] [] []

Date of Birth: [] [] / [] [] / [] [] [] []

Preferred Contact Numbers: _____ Commencement Date: [] [] / [] [] / [] [] [] []

Type of Enrolment: (Tick One)

- Routine Session only (Casual not included)
- Routine sessions with casual permitted
- Casual enrolment – no routine session are included

ROUTINE SESSIONS						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm
pm	pm	pm	pm	pm	pm	pm
ROUTINE SESSIONS DURING SCHOOL HOLIDAYS ONLY – IF APPLICABLE						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm
pm	pm	pm	pm	pm	pm	pm

Parent Initials: _____

FOR OFFICE USE ONLY Documents Sighted by: _____ Educator's Name: _____ Eligible Hours: _____ Percentage: _____

Excursion Authority and Risk Management plan required: YES (form must be attached) / NO (reason) _____

Statement of fees Attached: YES (please circle) Parents Confirmation email Sent: Yes (please circle)

Name: _____ Signature: _____ Date: _____

INFORMATION ABOUT THE CHILD (General)
Home Address

Street No: _____ Street Name: _____ Suburb: _____ Postcode: _____

 Does this child attend school? Yes No.

If Yes, School Name: _____

School Address: _____

 Sex : Male Female

 Does the child have any Sibling/s? Yes No.

If Yes how many _____

 Is the child of aboriginal and/or Torres Strait Islander descent? Yes No

What languages are spoken in the home? _____

Cultural Background: _____

Place of Birth: _____

 Does the child have any **allergies or sensitivity** No. Yes – if yes complete the following:

The following allergy management procedures are to be followed (or a copy of the management plan is attached).

 Has the child been diagnosed at risk of **anaphylaxis**? No
 Yes – if yes please supply/attach a copy of the anaphylaxis medical management plan for the child.

 Does the child have any **medical conditions or needs**? No.
 Yes – if yes please supply/attach a copy of the medical management plan for the child.

Ambulance Subscription Number _____

Special Consideration for the child (Cultural, religious or dietary requirements & additional needs) _____

 Does the child have any **dietary restrictions**?
 (e.g. halal food, vegetarian, no pork, no dairy etc)
 No
 Yes – if yes the following restrictions apply:

 Does your child attend any other forms of care?
 No.
 Yes – Please advise how many days per week _____
 Name of centre/kindergarten _____
 Hours: M_____ T_____ W_____ Th_____ F_____

 Is there anything else that Mothers Love Family Day Care should know about your child (e.g. excessive fears, favourite activities, sleep patterns, changes in routines etc.)?

 Are there important days/celebrations/festivals that you would like to be acknowledged or celebrated whilst your child is attending Family Day Care?

Child Medical and Health Information

Name of Doctor or Medical Service:

Address of Doctor or Medical Service:

Telephone number:

CHILD IMMUNISATION RECORD

Is your child up to date with the recommended immunisation schedule for the child's age?

Please provide:

- Copy of most recent **ACIR Immunisation History Statement** which shows that the child is up to date with their scheduled immunisations. Parents can request a copy of their child's statement at any time from ACIR.

The statements are available through

- MyGov Account
- Medicare online accounts or Express Plus Medicare mobile app,
- Local Medicare office or
- By calling 1800 653 809.

Family Day Care Use only: This child's immunisation details/records have been sighted on ___/___/20__

by _____ Position _____ Signature _____

INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS

1. Are you or your partner working as a FDC Educator? Yes No

Parent Signature: _____ Date: _____

(If the answer is no, please proceed to Parents Personal Information)

2. Will you or your partner be providing any session of care for an approved FDC service on the same day on which your child attends another FDC? Yes No

Parent Signature: _____ Date: _____

(If the answer is no, please proceed to Parents Personal Information)

If the answer to both 1 and 2 is YES, then you might not be eligible to receive the childcare payments unless one or more the following specified circumstances is applicable. Please note you have to provide us with relevant Information/documentation

The specified circumstances are:

The child has been diagnosed with a particular disability or medical condition, or the FDC service is receiving payment of Inclusion Support Subsidy because the child is undergoing continuous assessment of disability	<input type="checkbox"/>
The child lives in an area designated as 'remote Australia' or 'very remote Australia'	<input type="checkbox"/>
The child requires FDC because the eligible individual (or their partner) who is an FDC educator is required on the same day to work for a minimum of two hours (but not for an approved FDC service	<input type="checkbox"/>
The child requires FDC because the eligible individual (or their partner) who is an FDC educator is required on the same day to undertake education or training towards a recognised qualification (at Certificate III or above).	<input type="checkbox"/>

Please make sure to keep us informed if special circumstances changes in the future. By Law this must occur within seven days of care date

Parent Signature: _____ Date: _____



Parents Personal Information

Mother / Guardian	Father / Guardian
Full Name: _____	Full Name: _____
Address: Street No: _____ Street: _____ Suburb: _____ Postcode: _____	Address: Street No: _____ Street: _____ Suburb: _____ Postcode: _____
Date of Birth: __/__/_____ Occupation: _____ Cultural Background: _____	Date of Birth: __/__/_____ Occupation: _____ Cultural Background: _____
Telephone: Home: _____ Work: _____ Mobile: _____	Telephone: Home: _____ Work: _____ Mobile: _____
Does the child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: _____	Email: _____
Place of Birth: _____	Place of Birth: _____

COURT ORDERS RELATING TO YOUR CHILD

<p>Are there any court orders, parenting orders or parenting plans relating to the powers and responsibilities of the parents in relation to your child or access to your child?</p>	<p><input type="checkbox"/> No – go to the next section.</p> <p><input type="checkbox"/> Yes – please follow the following direction. You must bring the original order/s and attach a copy to this enrolment form if these orders: change the power of a parent/guardian to have contact with the child;</p> <ul style="list-style-type: none"> • authorise the taking of the child outside the service by a staff member of the service; • consent to the medical treatment of the child; • request or permit the administration of medication to the child; • collect the child.
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If these orders give these powers to any other person, please describe these changes and provide the contact details of any person given these powers.



People authorised to collect your child other than parents listed on the previous page

This list may be added to or changed throughout the year. Please note:

1. Your child will not be allowed to leave with any person not on this list.
2. The people on this list may be required to produce photo identification such as a driver's licence.
3. People on this list must be aged 16 years and older, and must live in surrounding areas for immediate pick up if required

Authorised Contact 1 Full Name _____	Authorised Contact 2 Full Name _____
Address: Street No: _____ Street: _____ Suburb: _____ Postcode: _____	Address: Street No: _____ Street: _____ Suburb: _____ Postcode: _____
Telephone: Home: _____ Work: _____ Mobile: _____	Telephone: Home: _____ Work: _____ Mobile: _____
Relationship to child _____	Relationship to child _____

Emergency Contacts – must be other than parents or guardians

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted or are unable to collect your child due to other commitments. To deal with these situations, the service must be able to notify one of the following people who are authorised and available to collect and care for your child.

An emergency contact is an acknowledged person who, with the parents/guardian's authorisation, is allowed to give permission for the following:

- Authorise the taking of your child outside the service by a staff member of the service;
- Consent to the medical treatment of your child;
- Request or permit the administration of medication to your child;
- Collect your child if necessary

Emergency Contact 1 Full Name _____	Emergency Contact 2 Full Name _____
Address: Street No: _____ Street: _____ Suburb: _____ Postcode: _____	Address: Street No: _____ Street: _____ Suburb: _____ Postcode: _____
Telephone: Home: _____ Work: _____ Mobile: _____	Telephone: Home: _____ Work: _____ Mobile: _____
Relationship to child _____	Relationship to child _____

IN CASE OF EMERGENCY

Mothers Love Family Day Care advises all families to consider ambulance cover in the case of a medical emergency for your child/children whilst in care. Mothers Love Family Day Care will refer to the Royal Children's Hospital in case of emergency.

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I _____ (print full name) a person with the lawful authority to make decisions with respect to the child named in this Enrolment form:

- declare that the information contained in this Enrolment form is true and correct and undertake immediately to inform Mothers Love Family Day Care in the event of any change to this information.
- agree to collect or make arrangements for the collection of the child referred to in this form if he/she becomes unwell at the Service.
- Consent to Mothers Love FDC or whoever is appropriate, administering in the case of an emergency such medical treatment by a registered medical practitioner, hospital or ambulance services as is reasonably necessary, transportation of the child by an ambulance services and that I will reimburse Mothers Love FDC any necessary expenses incurred by it or the Educator.

Signature: _____

Date: _____

PRIVACY NOTIFICATION STATEMENT

Mothers Love FDC respects your privacy and, in order to provide you with the highest standards of service Mothers Love Family Day Care is required to collect personal information from you about your children before and during the course of your child's enrolment with Mothers Love FDC. Mothers Love FDC is committed to respecting your privacy and it abides by the national Privacy Principles contained in the Privacy Act. Privacy of your personal information is important to us and Mothers Love FDC conducts its business with respect and integrity. You can amend and/or correct information on request by contacting you Mothers Love FDC Educator.

Fees and Charges
Please Tick

I understand I must contact Centrelink to ensure I am registered for Child Care Subsidy (CCS) and that the **Child Care Subsidy or Additional Child Care Subsidy can be paid?**

 Yes

I understand I must pay my part of the fee to be entitled to Child Care Subsidy (CCS).

 Yes

I understand that once I have booked my child/children with an educator, the hours and days become my routine sessions. An administration fees of \$10 and 2 weeks' notice will be required if I want the routine sessions to be changed in the future. The CCS is not paid on this fees.

 Yes

I understand that normal fees are charged for Public Holidays & when my child is absent through illness, infectious disease or holiday/s for my routine sessions.

 Yes

I understand that if I am late to pick up my child outside of contract hours, I will incur an extra fee for every 15 minutes interval.

 Yes

I understand that two (2) week's written notice must be given when cancelling care

 Yes



Declaration	Please Tick
I authorise my child's photograph or video image to be taken by Mothers Love Family Day Care during special occasions. I also approve of the display of such photographs and name within the Educator's home and in the Mothers Love Family Day Care Newsletter and records.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/we acknowledge that we have read and understood the Parent Handbook. I/we understand any changes to this Handbook will be made available at the service office and on the website at www.mlchildcare.com.au	<input type="checkbox"/> Yes
I acknowledge that Mothers Love Family Day Care policies are available through the Mothers Love Family Day Care service office and at educator's residence at all times to view. I understand that any changes to these policies will be made available. I agree to abide by the Mothers Love FDC service requirements and service policies as set out in the Mothers Love Policies and Procedures as amended from time to time.	<input type="checkbox"/> Yes
I understand that my child will be excluded from Mothers Love Family Day Care if they contract a contagious disease or condition. I understand that my child will not be accepted back into care until a 'clearance certificate' is issued from a Medical Practitioner.	<input type="checkbox"/> Yes
I consent to the Mothers Love Family Day Care Educator applying 30+ sunscreen to my child's skin. I also agree to supply a proper fitting sun hat for my child's protection and agree to dress my child in appropriate clothing to prevent sun damage to their skin.	<input type="checkbox"/> Yes
I consent to Mothers Love Family Day Care Educators bathing my child should the need arise. This may be due to a toileting accident, illness, medical reason or care in hours that require a bath time.	<input type="checkbox"/> Yes
I consent to Mothers Love Family Day Care Educators checking my child for head lice should the need arise. This may be due to the child or other children in care showing symptoms of having head lice and be excluded from the environment until the treatment has been applied.	<input type="checkbox"/> Yes
I understand to notify educator when leaving or collecting my child. If my child is to be collected by someone other than parents or an "authorised" person, prior notification must be given and they must produce a driver's licence. An unauthorised person will not be permitted to collect the child under any circumstances.	<input type="checkbox"/> Yes
I give my consent to administer prescribed Medication when needed. I understand that unless all information required on medication form is not completed or signed, medication will not be given to my child. I understand my educator will contact me immediately if medication such as Panadol is required.	<input type="checkbox"/> Yes
I declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information.	<input type="checkbox"/> Yes

I declare that the information provided on this enrolment form is current.

I understand that all information regarding my child is confidential and will only be used for the care, education and assistance of my child. I understand that I am able to access a copy of information pertaining to my child at any time. I agree to pay my Childcare fees as per **Attachment A**

Parent/Guardian Name: _____ **Signature:** _____ **Date:** __/__/____

PAYMENT AND FEES

Please speak directly with your Mother's Love Family Day Care Educator to arrange how fees are to be paid in accordance with the fee guidelines.

It is a requirement that you register to claim the Child Care Subsidy (CCS) with the Family Assistance Law. You must advise the Centrelink that your child is attending a Registered Service and advise them that you wish to claim the Child Care Subsidy (CCS). Each family will be given a Customer Reference Number (CRN) and each child will receive a CRN. These numbers are to be listed by you, on the front page of this form.

The total Child care fees include educators' hourly rate plus \$12.50 fixed fees per child per week for children who attends two or more days care and \$6.50 for children who attends one day in a week care.

LAWFUL AUTHORITY

Parents: All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The Children's Service Regulations 2009 refer to these powers and responsibilities as 'lawful authority'. 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 take away the authority of a parent to do something or may give it 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' under the Children's Services Act 2009 also covers situations where a child does not live with his or her 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 control of the child.

Submission of Enrolment Form

1. Please ensure all sections are completed with accurate information. Incomplete forms will not be accepted.
2. Up to date Immunisation records (page3) are required to be submitted with your enrolment form/s.
3. Statement Of fees (Attachment A) is required to be signed and submitted with the completed enrolment form.
4. Enrolment forms can be submitted directly to Mothers Love Family Service Office or at Educators residence or via email at admin@mlchildcare.com.au

Mothers Love Family Day Care Services

www.mlchildcare.com.au

1300 (KIDS CARE) 1300 543 722



Attachment A

Statement OF Fees

(Please contact the office or your educator to obtain the copy of your Statement of fees)