

# FAMILY & CHILDREN'S SERVICES ENROLMENT FORM



CORANGAMITE  
SHIRE

## Welcome to Corangamite Shire, Family & Children's Services!

Please complete all of the following pages to enroll your family and child/children in the services of your choice.

This year we are also trialling a single [enrolment form](#) for all services to make it simpler for families to complete. Please feel welcome to provide any feedback so we can improve our services.

We are also working to communicate with families via text and email as much as possible following feedback. If electronic messages don't suit and you still need to receive information via the post, please tick here  otherwise we will email and text and call.

We look forward to working with you and your children.

### Register online

You can complete an enrolment online at [www.corangamite.vic.gov.au](http://www.corangamite.vic.gov.au)

A paper based enrolment is not required if applying online.

### Please return paper-based enrolments to:

Family & Children's Services Team  
PO Box 84, Camperdown, VIC, 3260

If returning via post, please ensure that you receive confirmation of registration within three weeks.

### Corangamite Shire Council administers:

- Family Day Care
- Mobile Child Care [Ecklin, Glenormiston, Port Campbell & The Sisters]
- Long Day Care [Skipton and Western Plains [Lismore & Derrinallum]]
- Kindergartens [Simpson, Timboon, Cobden, Terang, Western Plains [Lismore & Derrinallum] and Skipton]
- After Kindergarten and School Care [Timboon & Terang]

### CONFIDENTIALITY OF ENROLMENT RECORDS

The personal/health information collected by the Corangamite Shire Family & Children's Services under the State and Federal Legislation is for enrolment and administration purposes only. This information may be disclosed to Council's Family and Children's Services and where required by legislation.

If all information is not completed, your Enrolment may not be processed. If you need help enrolling please get in touch and we can assist.

You may apply to the Corangamite Shire Council for access to and/or for amendment of the information.

Requests for access and or correction should be made to the Manager, Community Services, Corangamite Shire Council. The Corangamite Shire Council's policies and procedures comply with the *Privacy and Data Protection Act 2014*.

## CONTACT US

181 Manifold Street  
PO Box 84  
Camperdown Vic 3260

T: 5593 7100

E: [shire@corangamite.vic.gov.au](mailto:shire@corangamite.vic.gov.au)

## Share your feedback about your experience with our service

We welcome your feedback whether it's a compliment, suggestion or a complaint. Please give us a call, email: [children.services@corangamite.vic.gov.au](mailto:children.services@corangamite.vic.gov.au), or make a time to visit our team at the Civic Centre.

You can also complete an online form which will be forwarded to an appropriate Council officer for action:

[www.corangamite.vic.gov.au/contact](http://www.corangamite.vic.gov.au/contact)

# FORM 1: FAMILY ENROLMENT FORM

## FAMILY & CHILDREN'S SERVICES



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### PARENT/LEGAL GUARDIAN DETAILS

#### Parent/Legal Guardian 1

Given Name:

Family Name/Surname:

Date of birth:

Relationship to child:

Residential address:

Postal address:

Same as above

Suburb:

Telephone Mobile:

Work:

Home:

Language/s spoken at home:

Cultural background:

Interpreter required: Yes

No

Country of birth:

Email address:

Centrelink Customer Reference Number:

Occupation:

Workplace:

Employment status:

#### Parent/Legal Guardian 2

Given Name:

Family Name/Surname:

Date of birth:

Relationship to child:

Residential address:

Postal address:

Same as above

Suburb:

Telephone Mobile:

Work:

Home:

Language/s spoken at home:

Cultural background:

Interpreter required: Yes

No

Country of birth:

Email address:

Occupation:

Workplace:

Employment status:

# FORM 1: FAMILY ENROLMENT FORM

## FAMILY & CHILDREN'S SERVICES



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### Step Parent/Legal Guardian

Given Name:

Family Name/Surname:

Date of birth:

Relationship to child:

Residential address:

Postal address:

Same as above

Suburb:

Telephone Mobile:

Work:

Home:

Language/s spoken at home:

Interpreter required: Yes

No

Country of birth:

Email address:

Centrelink Customer Reference Number:

Occupation:

Workplace:

Employment status:

### FAMILY STATUS OR CONCESSIONS

Please tick relevant card and/or exemption (provide copy of card/document for shaded section only).

Health Care Card  Refugee and Special Humanitarian Visa Holders 200-202

Pensioner Concession Card  Temporary Humanitarian Concern Visa 786

Emergency Rescue Visa (subclass 203) or Protection Visa 866

Bridging Visas A to E  Department of Veterans Affairs Gold or White Card

Women at Risk Visa (subclass 204)

### CHILD CARE ONLY

#### Reason for seeking care

Work  Seeking work  Study  Professional referral service  Respite

#### Child Care Subsidy

Have you applied for the Child Care Subsidy through Centrelink?  Yes  No

A customer reference number (CRN) is to be obtained for one parent and each enrolled child before commencing. Contact the Family Assistance Office (FAO) on 136150 to register your family. Refer to Family Information Booklet for details regarding Commonwealth Fee Assistance options.

# FORM 1: FAMILY ENROLMENT FORM

## FAMILY & CHILDREN'S SERVICES



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### EMERGENCY CONTACTS

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child in the event of an emergency. You can also elect to consent to these nominees to authorise activities for your child.

#### Emergency Contact 1:

Name:

Address:

Telephone Mobile:

Work:

Home:

Email:

Relationship to child:

This person is authorised in relation to this child to:

Collect the child from service    Yes  No

Consent to medical treatment in the event that a parent cannot be contacted     Yes  No

Authorise administration of medication     Yes  No

Authorise children to be removed from the premises eg. for an excursion     Yes  No

#### Emergency Contact 2:

Name:

Address:

Telephone Mobile:

Work:

Home:

Email:

Relationship to child:

This person is authorised in relation to this child to:

Collect the child from service    Yes  No

Consent to medical treatment in the event that a parent cannot be contacted     Yes  No

Authorise administration of medication     Yes  No

Authorise children to be removed from the premises eg. for an excursion     Yes  No

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## FAMILY & CHILDREN'S SERVICES



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### ADDITIONAL PEOPLE AUTHORISED TO COLLECT YOUR CHILD

Your consent is required for other people to collect the child/ren from the children's service on your behalf. Please list below the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name:

Address:

Telephone Mobile:

Work:

Home:

Email:

Relationship to child:

Name:

Address:

Telephone Mobile:

Work:

Home:

Email:

Relationship to child:

Name:

Address:

Telephone Mobile:

Work:

Home:

Email:

Relationship to child:

Name:

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Relationship to child:

# FORM 1: FAMILY ENROLMENT FORM

## FAMILY & CHILDREN'S SERVICES



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### COURT ORDERS, PARENTING ORDERS OR CUSTODIAL ORDERS RELATING TO THE CHILD

Are there any court orders, parenting orders and/or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No  Yes

Are there any court orders relating to the child's residence or the child's contact with a parent or other person?

No  Yes

Please attach a copy of your court orders, parenting orders and/or parenting plans highlighting the sections relevant to your child and their attendance at the children's service.

Please note: if there are no court orders in place both parents have equal rights.

If these orders:

[a] change the powers of a parent/guardian to:

- 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;
- collection the child from the service or family day care, AND/OR

[b] give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:


### HEALTH AND WELLBEING INFORMATION

Name of Doctor/medical service:

Telephone:

Address of Doctor/medical service:


### DECLARATION TO CONSENT TO EMERGENCY MEDICAL TREATMENT

I, \_\_\_\_\_ [Print full name]

A person with lawful authority of the child referred to in this enrolment form:

Declare that the information in this enrolment form is true and correct and undertake to immediately inform the family & children's service 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 enrolment form if s/he becomes unwell at the service; Consent to the staff of the service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service at own cost.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign or upload photo of signature