

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 trialing 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

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

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, 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

FORM 1: FAMILY ENROLMENT FORM

FAMILY & CHILDREN'S SERVICES



CORANGAMITE
SHIRE

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



CORANGAMITE
SHIRE

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



CORANGAMITE
SHIRE

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

FORM 1: FAMILY ENROLMENT FORM

FAMILY & CHILDREN'S SERVICES



CORANGAMITE
SHIRE

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:		
Address:		
Telephone Mobile:	Work:	Home:
Email:		
Relationship to child:		

Name:		
Address:		
Telephone Mobile:	Work:	Home:
Email:		
Relationship to child:		

FORM 1: FAMILY ENROLMENT FORM

FAMILY & CHILDREN'S SERVICES



CORANGAMITE
SHIRE

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: _____

FORM 2: CHILD ENROLMENT FORM

FAMILY & CHILDREN'S SERVICES



CORANGAMITE
SHIRE

CHILD DETAILS

Given Name/s [as stated on birth certificate]:

Family Name/Surname:

Usually called:

Date of birth: Male Female Other

Country of birth: Cultural background:

Residential address:

Language/s spoken at home:

Child Centrelink Customer Reference Number: Medicare Number:

Is your child of Aboriginal or Torres Strait Islander origin? Yes No

Does your child have refugee or asylum seeker status? Yes No

Multiple birth: twin triplet

Has your child been funded for an Early Start Kindergarten Program? Yes No
[Must be Aboriginal and/or Torres Strait Islander or known to Child Protection]

Is your child currently in an Out of Home Care arrangement including kinship care?

Or are they known to Child Protection? Yes No

Out of home care is a term used to describe the placement of children away from parents, due to concern that they are at risk of significant harm. Kinship care means in the care of relatives or close friends. If yes, please provide details:

EDUCATION PROGRAMS

Does your child attend any of the following:

Primary School Kindergarten After Kinder Care Child Care

CHILD HEALTH INFORMATION

Is your child fully immunised? Yes No

Under the legislation 'No Jab, No Play' your child needs to be fully immunised for their age. A current Immunisation History Statement from the Australian Immunisation Register [AIR] needs to be provided to the service on enrolment. Statement available from www.my.gov.au or phoning 1800 653 809.

I consent to Corangamite Shire Council accessing statements/updates for my child's immunisation records electronically Yes No **OR** I have attached and will provide updates

FORM 2: CHILD ENROLMENT FORM

FAMILY & CHILDREN'S SERVICES



CORANGAMITE
SHIRE

CHILD HEALTH INFORMATION

Does your child have any of the following:

- Special or additional needs Allergy or sensitivity Dietary restrictions Diagnosed anaphylaxis
 Developmental delay Medical condition e.g. asthma, diabetes etc

Please provide additional information and medical management plan to be followed with respect to a specific healthcare need, medical condition, allergy or dietary restriction.

In the case of anaphylaxis or asthma you will be provided with a copy of the management policy. You will be required to provide the service with an individual medical management plan for your child signed by a medical practitioner before they can commence. Medication must accompany the child at all times.

Allergy and anaphylaxis action plan:

<https://allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Asthma action plan:

<https://www.nationalasthma.org.au/health-professionals/asthma-action-plans>

- Educator has sighted a Child Health Record

Are you accessing or on the waiting list for any specialist services?

- Yes No If yes, please provide details:

Is there any further information you would like the service to know?

- Yes No If yes, please provide details:

Does your child have any cultural restrictions or preferences, particular likes or dislikes?

- Yes No If yes, please provide details:

FORM 2: CHILD ENROLMENT FORM

FAMILY & CHILDREN'S SERVICES



CORANGAMITE
SHIRE

PERMISSIONS

I give permission for:

- Photographs/videos of my child to be taken and used within the service Yes No
- Photographs/videos and first name of my child to be included in other children's documentation Yes No
- Photographs/videos of my child to be taken and used in the promotional and information display outside of the services Yes No
- Photographs/video footage use for student training purposes (images may leave the centre for the purpose of training and assessment) Yes No
- Sunscreen that is supplied by the service to be applied to my child, as per SunSmart Policy Yes No
- Band-aids and sticking plasters applied as necessary Yes No
- Insect repellent applied Yes No
- My email address to be used in communication Yes No
- Text messages to be used in communication Yes No
- Corangamite Shire Council Family & Children's Services to share information to support my child Yes No
- My child to participate in regular emergency evacuation procedures walking with Council staff to the nominated evacuation points displayed on the Emergency Management Plan during scheduled session times Yes No

CHECKLIST

- Copy of birth certificate (attached if applicable to kindergarten enrolments)
- Copy of proof of eligible concession/exemption attached if applicable to kindergarten enrolments
- Copy of immunisation status
- Copy of medical management plan attached as required
- Copy of supporting documents e.g. court order
- Child Care subsidy applied for through Centrelink for Child Care
- Customer Reference Number

I declare that all information provided by me is true and correct and agree to pay in-line with the Family & Children's Services Policy.

Name of parent/legal guardian: _____

Signature: _____

PLEASE SELECT WHICH SERVICE/S YOU ARE APPLYING FOR:

Mobile Child Care:

- Ecklin Glenormiston Port Campbell The Sisters

Long Day Care: Skipton Western Plains (Lismore and Derrinallum)

Kindergarten: 3yr old 4yr old

- Cobden Simpson Skipton Terang Timboon Western Plains (Lismore and Derrinallum)

Family Day Care: Educator/Town: _____

After Kindergarten and School Care: Timboon Terang