



Omega Family Day Care Child Enrollment Form

This form must be completed by a parent or guardian who has lawful authority for the child. If you require assistance completing this form, please contact Omega Family Day Care Office on 8774 4804.

Part 1 Child's Information

Given Name:

Language Spoken at home:

Family Name:

Cultural Background:

Date of Birth:

Is the child of Aboriginal and/or Torres Strait Islander origin?

☐ Yes ☐ No

Gender (please tick):

☐ Male ☐ Female

Has the family or child had a refugee experience?

☐ Yes ☐ No

CRN Number:

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

If yes, please provide details:

Country of Birth:

Reason for Care?

☐ Work/Studying ☐ Looking for work

☐ Respite:

Part 2 Parent/Guardian information

Parent/Guardian 1

(This is the person who will be claiming CCS)

Full Name:

Date of Birth:

Guardian Type:

☐ Mother ☐ Father ☐ Grandparent

CRN:

Country of Birth:

Cultural Background:

Language Spoken at home:

Home Address:

Email Address:

Phone Number

Does the child live with the parent/Guardian?

☐ Yes ☐ No

Hours of Work/Study:

☐ Full Time ☐ Casual ☐ Part time

Work Address/Place:

Occupation:

Parent/Guardian 2

Full Name:

Date of Birth:

Guardian Type:

☐ Mother ☐ Father ☐ Grandparent

CRN:

Country of Birth:

Cultural Background:

Language Spoken at home:

Home Address:

Email Address:

Phone Numbers:

Does the child live with the parent/Guardian?

☐ Yes ☐ No

Hours of Work/Study:

☐ Full Time ☐ Casual ☐ Part time

Work Address/Place:

Occupation:

Part 3 Authorised Nominees

There may be times when the child has an (accident/injury/trauma/illness) and the parents or guardians cannot be contacted. To deal with these situations the Educator should notify one of the following people who are authorised to :

- Collect and care for the child (must be over 18)
- Request or permit the administration of medication to the child/ren
- Verbally authorise the administration of medication in an emergency
- Consent to medical treatment of the child/ren from a registered medical practitioner, hospital or ambulance service and

MUST NOT BE MOTHER OR FATHER

Contact 1

Full Name:

Home Address:

Phone Number:

Relationship to the child:

Contact 2

Full Name:

Home Address:

Phone Number:

Relationship to the child:

Part 4 Medical Condition and Developmental Needs

Children with medical conditions must, by law, have a medical action/management plan, risk minimisation and communication plans.

Omega Family Day Care is committed to provide an environment that values and respects the needs of all children to fully participate. The programs are planned to accommodate the individual needs of all children.

Name of Child's Doctor:

Doctor's Phone Number:

Doctor's Address:

Medicare No:

Child's specific medical conditions:

Has your child ever had asthma?

☐ Yes ☐ No

Has your child been diagnosed at risk of anaphylaxis?

☐ Yes ☐ No

Has your child ever had an Epileptic Seizure?

☐ Yes ☐ No

Has your child been diagnosed with Diabetes?

☐ Yes ☐ No

If the answer is YES to any of the above, the parent is **required** to provide an **Action Plan** (available from a medical practitioner) specific to the child's diagnosed condition that has been completed by the medical practitioner.

Has your child been diagnosed with an allergy?

☐ Yes ☐ No

If YES, please request an **Allergy Management Plan** from your medical practitioner, to be completed with the by your medical practitioner.

Does your child have any dietary restrictions?

☐ No ☐ yes please list below:

Does your child have any additional health care needs, medical conditions or diagnosis that are relevant to the education and care of the child?

☐ No ☐ Yes

If **yes**, please provide us with information of the medical condition below:

Do you have any concerns regarding your child's development?

☐ No ☐ Yes

If **yes**, please give details to assist us to meet his/her needs:

Is the child linked to other professional services?

(E.g. Paediatrician, Early Intervention Services and Therapists, Preschool Field Officers, Inclusion Support Facilitator)

☐ No ☐ Yes

If **yes**, please provide details

Do you authorize the coordination unit staff to liaise with the specialist service involved with your child?

☐ No ☐ Yes

Part 5 Special Cultural/Religious considerations

Are special cultural or religious considerations required for the child?

☐ No

☐ Yes, please provide details to help educators provide a program which ensures full inclusion of your child.

Part 6 Consent and Authorization

☐ I give permission for the educator to apply sunscreen and non- medicated creams such as moisturizer, nappy creams etc if and when required.

☐ I consent to the transportation of my child in a securely fitted approved child restraint.

☐ I approve of my child participating in outings and activities arranged by OMEGA Family Day Care and/or educator.

☐ I give permission for my child to be photographed, videotaped or tape-recorded whilst being cared for by the Educator registered with Omega Family Day Care. I understand that this will be used for proof of quality practices in the service.

☐ I Consent to the OMEGA Family Day Care educator or approved provider/nominated supervisor to seek medical treatment for the child from a medical practitioner, hospital or ambulance service. I agree to pay all costs of any of these services. I understand that as soon as possible the educator or FDC stall member will contact me.

Signature of Parent/Guardian:

Date:

Part 7 Immunisation Information

By Law, the service is required to obtain evidence of immunization. **Acceptable** documentation includes one of the following:

- Immunisation History Statement: issued by the Australian Childhood Immunisation Register
- Immunisation Status Certificate: issued by the child's immunisation provider

You can request child's immunisation History Statement at any time by contacting Medicare:

- Phone 1800 653 809
- Email acir@medicareaustralia.gov.au
- Visit www.medicareaustralia.gov.au/online
- Visit a Medicare service centre

A copy of the child's Immunisation History Statement is attached?

☐ No ☐ Yes ☐ N/A (child is over 5 years old)

Part 8 Legal Orders

Are there any court orders, parenting orders or parenting plans of any person in relation to the child or access to the child?

☐ Yes, Bring the Original court order/s for the staff to see AND a copy to attach to this enrollment form

☐ No, go to the next part

Part 9 Attendance at another Children's Service

Is your child using another long day care, outside school hours care, family day care or Kindergarten service?

☐ No, go to next part

☐ Yes, please provide details:

Service name:

Days/times of attendance:

	Mon	Tue	Wed	Thurs	Fri
am					
pm					

Part 10 Complying Written Arrangement for Family

Name of Person claiming CCS	
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Booked Care required - to be completed by parent

Commencement date request: / /

Name of the Child's School:

Actual Hours of Care Required

School Term Booking Hours:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM (start)							
AM (finish)							
PM (start)							
PM (finish)							

School Holiday Booking Hours:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM (start)							
AM (finish)							
PM (start)							
PM (finish)							

Is casual booking permitted? Yes ☐ No ☐

Care Type(Please tick)

Booked or Routine Session	Casual Care Session	Booked/Routine & Casual Mixed Session
(please tick) <input type="checkbox"/>	(please tick) <input type="checkbox"/>	(please tick) <input type="checkbox"/>

Days of Routine Sessions

Monday		Tuesday		Wednesday		Thursday		Friday	
start time	end time	start time	end time	start time	end time	start time	end time	start time	end time

Days of Casual Sessions

Upon further advice (please tick) ☐

Monday		Tuesday		Wednesday		Thursday		Friday	
start time	end time	start time	end time	start time	end time	start time	end time	start time	end time

Educator Fee Schedule

Standard Hourly Fee (8am to 6pm, Mon-Fri)	\$_____ per hour
Non-Standard Hourly Fee	
• Any time outside 10 hour block (Mon-Fri)	\$_____ per hour
• All day on a weekend/public holiday	
Casual Fee Schedule:	\$_____ per hour
Public Holiday Schedule:	\$_____ per hour
Total Hours Booked:	Total Fee Charged:

TERMS AND CONDITIONS OF CHILD PLACEMENT

This document is an agreement between Omega Family Day Care of; 10 Birch Avenue Dandenong North and _____ (Parent/Guardian name).

Omega Family Day Care agrees to;

- Establish an open and equitable relationship with the parent/guardian based on mutual respect and trust;
- Encourage open communication between the parties;
- Advise the parent/guardian of any issue which in the reasonable opinion of the service the parent/guardian should be advised of;

I, _____ (print full name)
the person having authority for the child referred to in this Enrollment Form

- Declare that the information in this enrollment form is true and correct and undertake to immediately inform Omega Family Day Care in the event of any change to this information.
- Agree to pay my fees in accordance with the Omega Family Day Care Fee Policy and the signed Fee Schedule. I understand that any outstanding fees may result in my child placement being suspended or terminated.
- Understand that fees charged are owed to Omega Family Day Care and all bad debts will be forwarded to the Debt Collection Agency for retrieval.
- Agree to pay my educator in accordance with service fee policy.
- Agree to my fortnightly statement being emailed to me and to notify the staff of a change of email.
- Will give Omega Family Day Care and my educator at least 14 days' notice of ceasing care. I understand that if I do not give 14 days' notice I will be required to pay 14 days' full fee without any child care subsidy. My child must attend the last day of care (even in the notice period) for Child Care Subsidy to be paid. Child Care Subsidy will not be paid if the last day is an absence.
- Agree to accurately sign my child "in and out" of care daily on the Timesheet Attendance Record.
- Agree to collect or arrange for the collection of my child if he/she becomes unwell while in care.
- Request or permit the administration of medication to the child, written or verbal in an emergency.
- Understand I am able to access the Omega Family Day Care Policies and copies will be made available on request.
- Agree to my child participating in four emergency evacuation practices per year, where they may need to leave the service under the direction and supervisor of the educator.

Parent and Educator's Acknowledgement of Complying Written Arrangement

Printed Parent/Guardian Name:	Printed Educator Name:
Parent/Guardian Signature:	Educator Signature:
Date:	Date:



Omega Family Day Care

Relationship of Educator & Child/ren in Care Declaration

Under Child Care Subsidy Minister's Rules 2017; it is now mandatory under Division 5—Conditions for continued approval to observe section 47 of the said ruling as stated below

47: Provision of care by an FDC educator to relatives

For section 195E of the Family Assistance Administration Act, it is a condition for continued approval in relation to an FDC service that the provider ensures that less than 50% of the children to whom any FDC educator is providing care within any CCS fortnight at the service are related to the FDC educator as:

- (a) a niece or nephew ☐ or
- (b) a cousin ☐ or
- (c) a grandchild (including a great-grandchild) ☐

Omega family daycare educators and parents are to now sign an undertaking of relationship disclosure that underpins the relationship of an educator working with Omega FDC scheme & the children they are looking after.

Child Names

Surname: _____ First Name: _____ Middle Name: _____

Educator Declaration

Is this child related to the educator YES ☐ NO ☐

Level of Relationship

- (a) a niece or nephew; or
- (b) a cousin; or
- (c) a grandchild (including a great-grandchild)

Parent Declaration

Is this child related to the educator YES ☐ NO ☐

Level of Relationship

- (a) a niece or nephew; or
- (b) a cousin; or
- (c) a grandchild (including a great-grandchild)

Educator Declaration: (Full Name) I _____

stated that the above relationship is true to the best of my knowledge Signature: _____

Date: _____

Parent Declaration / Guardian: (Full Name) I _____

Stated that the above relationship is true to the best of my knowledge Signature: _____

Date: _____

EXECUTED by the parties as an Agreement:

Omega Family Day Care Scheme authorised person

Signed by Authorised Person: Date:/...../.....

Name of the Authorised Person: