

# CONFIDENTIAL ENROLMENT FORM

This form must be completed by a parent or guardian who has parental responsibility in relation to the child. A brief explanation of 'parental responsibility' is contained at the end of this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulations 160 to 162. Questions marked with an asterisk \* are not required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

CHILD'S NAME

## EDUCATION & CARE SERVICE DETAILS

Name of Service

Quality Kids Childcare & Kindergarten

Enrolment Date

/ /

Child's Group

\*Commencement Date

/ /

Service Review Date/s

/ /

## DEFINITIONS

### Authorised Nominee/s

Authorised Nominee means a person who has been granted permission by a parent or family member\* to collect the child from the Education and Care Service or the family day care educator (Education and Care Services Nation Law - Section 170(5)).

### Family Member/s

'Family Member' as defined in the Education and Care Services National Law 2010; Section 5 'family member' in relation to a child, means -

- (a) a parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise; or
- (b) a relative of the child according to Aboriginal or Torres Strait Islander tradition; or
- (c) a person with whom the child resides in a family-like relationship; or
- (d) a person who is recognised in the child's community as having a familial role in respect of the child.

### Parental Responsibility

The term 'parental responsibility' is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children".

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". 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.

## confidentiality of enrolment records

The approved provider of the Education and Care Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

Approved Providers are reminded of their requirement to comply with the Privacy Act/s relevant to their State / Territory Jurisdiction in the collection, use and disclosure, storage and disposal of information.

## checklist

Please return this form to your Education and Care Service along with copies of:

☐

Birth Certificate

☐

Immunisation History Statement from the Australian Childhood Immunisation Register (AIR)

☐

Legal Order (where applicable)

☐

Medical Management Plan (Anaphylaxis, Asthma or other, where applicable)

## CHILD INFORMATION

Family Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Given Names \_\_\_\_\_ Gender ☐ Male ☐ Female ☐ Not Disclosed

\*Preferred Name \_\_\_\_\_

## CHILD'S ADDRESS

No. & Street \_\_\_\_\_ \*Child CRN \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

\*Phone Number \_\_\_\_\_

Customer Reference Number (CRN) from the  
Family Assistance Office ([www.familyassist.gov.au](http://www.familyassist.gov.au)  
or 136150).

\*Is the child of Aboriginal and/or Torres Strait islander origin?  
(please tick)

☐ No, not Aboriginal or Torres Strait Islander ☐ Yes, Aboriginal

☐ Yes, Aboriginal and Torres Strait Islander ☐ Yes, Torres Strait Islander

\*Country of Birth \_\_\_\_\_ \*Religion \_\_\_\_\_

Language spoken at child's home \_\_\_\_\_

Cultural background of the child and, if applicable, the child's parents

Any special considerations for the child  
(e.g. any cultural, religious or dietary requirements or additional needs)

_____	_____
_____	_____
_____	_____
_____	_____

\*Any other person(s) living in the child's home (eg grandparents, step-parents)

Name	Known to the child as	Relationship to the child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Age and Gender of Child's Brothers and Sisters (if applicable)

Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CHILD'S HEALTH INFORMATION

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Registered Medical Practitioner/Medical Service Name \_\_\_\_\_

Registered Medical Practitioner/Medical Service Address \_\_\_\_\_

Registered Medical Practitioner/Service Phone Number \_\_\_\_\_

\*Maternal & Child Health (MCH) Centre \_\_\_\_\_ \*MCH Contact Name \_\_\_\_\_

\*Dentist Name \_\_\_\_\_ \*Dentist Phone Number \_\_\_\_\_

Medicare No \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Ambulance Subscription No \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Healthcare Card No \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Pension No \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Is the child currently attending or has previously attended:

<input type="checkbox"/> Counsellor/Psychologist	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Specialist	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Dietitian
<input type="checkbox"/> Other _____		

If yes, please provide details: \_\_\_\_\_

## CHILD'S IMMUNISATION STATUS

Has the child been immunised? (Reg. 162 (f)) ☐ Yes ☐ No

If **YES**, provide the details by attaching a copy of the Immunisation History Statement from the Australian Childhood Immunisation Register (AIR).

For every child enrolled after 28 February 2018, a copy of an Immunisation History Statement from the Australian Childhood Immunisation Register (AIR) must be provided and is the only form of evidence that can be used to show your child's vaccinations are up to date for their age.

It must show that the child:

- is up to date with vaccinations for their age OR
- is on a recognised vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated.

You can get an updated statement from the Australian Immunisation Register:

- online – through MyGov once an account has been created
- Medicare Express Plus App – once a MyGov account has been created
- over the counter – at a Medicare Service Centre
- by phone – call the Australian Immunisation Register on 1800 653 809
- by asking your GP/immunisation nurse if they can print the statement (note, not all immunisation providers can do this).

☐ Immunisation History Statement from the Australian Childhood Immunisation Register (AIR) attached

### period of exclusion

In some cases when there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from the Education and Care Service as per the period of exclusion of contacts recommended by the National Health and Medical Research Council.

The exclusion periods table can be found at <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>



## CHILD'S MEDICAL INFORMATION

### ANAPHYLAXIS (Reg. 162 (c) (ii) & (d))

- Has your child been diagnosed as at risk of anaphylaxis? ☐ Yes ☐ No
- Does your child have a auto injection adrenaline device? ☐ Yes ☐ No
- If your child has an auto injection adrenaline device, have you supplied the device to the service with a valid expiry date? ☐ Yes ☐ No
- Has the anaphylaxis medical management plan completed by a medical practitioner been provided to the service? ☐ Yes ☐ No
- Has a risk management plan been completed by the service in consultation with you? ☐ Yes ☐ No
- Does your child have dietary requirements related to their Anaphylaxis? ☐ Yes ☐ No
- If yes, please provide a list of allergens. \_\_\_\_\_
- Does your child have any environmental requirements related to their Anaphylaxis? ☐ Yes ☐ No
- If yes, please provide a list of allergens. \_\_\_\_\_

In the case of anaphylaxis you will be provided with a copy of the service's anaphylaxis management policy. For more information: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

If your child has a specific healthcare need, allergy or relevant medical condition, you will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.

### SPECIFIC HEALTHCARE NEEDS (Reg. 162 (c) (i) & (d))

- Does the child have any specific healthcare needs including any medical conditions/long term medications that are relevant to the care & education of the child? (e.g. asthma, epilepsy, diabetes, behavioural, medically diagnosed intolerances etc.) ☐ Yes ☐ No
- If yes please provide details of any specific healthcare need/s or medical condition and any management plan/s or risk minimisation plan/s to be followed with respect to the specific healthcare need/s or medical condition/s. Attach a copy of any plan/s or additional pages if necessary.

If necessary, has medication been supplied to the service? ☐ Yes ☐ No

### ALLERGIES (Reg. 162 (c) (iii))

- Does your child have any allergies? ☐ Yes ☐ No
- If yes please provide details of any allergies and any medical management plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.

If necessary, has medication been supplied to the service? ☐ Yes ☐ No

### DIETARY RESTRICTIONS (Reg. 162 (e))

- Does the child have any dietary restrictions including intolerances not formally diagnosed from a medical practitioner? ☐ Yes ☐ No
- If yes, please provide details of any dietary restriction including the reason for the restriction (religious, food intolerance, social preference - ie vegan):

Please list an previous serious injuries or illnesses related to your child that may affect their time at the Centre

If the service is aware that the child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Medical conditions policy been provided to the parent or guardian of the child? (Reg 91) ☐ Yes ☐ No ☐ N/A

Has a risk minimisation communication plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child. (Reg. 90 (1)(c)(iv)) ☐ Yes ☐ No ☐ N/A

## \*FUNDING INFORMATION FOR THIS EDUCATION & CARE SERVICE

From time to time the Regulatory Authorities seek information on the characteristics of the children and their families who use an Education and Care Service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indicating Yes or No:

- \*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? ☐ Yes ☐ No
- \*Does either parent have a disability? ☐ Yes ☐ No
- \*Is the family a single parent family? ☐ Yes ☐ No

## CHILD CARE SUBSIDY (CCS) ENROLMENT AGREEMENT

Must be completed for **EVERY** enrolment wishing to apply for the Federal Government's Child Care Subsidy (CCS). All fields in this section are mandatory.

Name of Service	_____	Child CRN	_____
Days of Attendance	Monday   Tuesday   Wednesday   Thursday   Friday	Registering Parent Name	_____
Approved Hours of Attendance	_____	Registering Parent CRN	_____
Commencement Date	_____	Registering Parent DOB	_____
Does your child attend another Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have siblings attending another child care service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which Service and how many days do they attend that Service?	_____	If yes, which Service	_____
		Name of siblings	_____

As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be eligible to receive Government funding if available. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement. Please read these items and confirm by signing and dating.

- I confirm that my details in this enrolment form as well as the details of the child I am enrolling are correct
- I confirm I have agreed to days of care with this service/s and understand the start and end times of the care provided
- I confirm that care may be provided on a casual or flexible basis where available at my service/s at my request
- I confirm I understand the fees associated with the care of my child which may vary from time to time and are available to me on the website or at reception
- I understand that it is my responsibility to notify the service/s in writing within 7 days if my child care arrangements change
- I understand that I need to be registered with Centrelink in order to claim the CCS

☐ Please tick here to indicate that you have read and confirmed the CCS Enrolment Agreement with the service/s

Name of Registering Parent \_\_\_\_\_

Signature of Registering Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

The 'Primary' family is "the family or parent the student mostly live with". Speak with your service/centre for additional family forms if required.

## PARENT / GUARDIAN 1 (PRIMARY CARER)

Name \_\_\_\_\_

Address - as per child or: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mobile \_\_\_\_\_ \*DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Email \_\_\_\_\_

\*Relationship to Child: \_\_\_\_\_

Does the child live with this parent/guardian? ☐ Yes ☐ No

\*Parent 1 CRN \_\_\_\_\_

## PARENT / GUARDIAN 2 (LEAVE BLANK IF NOT APPLICABLE)

Name \_\_\_\_\_

Address - as per child or: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mobile \_\_\_\_\_ \*DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Email \_\_\_\_\_

\*Relationship to Child: \_\_\_\_\_

Does the child live with this parent/guardian? ☐ Yes ☐ No

\*Parent 2 CRN (if applicable) \_\_\_\_\_

## BELOW APPLIES TO 4 YEAR OLD FUNDED KINDERGARTENS ONLY.

Please tick the appropriate parental occupation group from the list at the back of this form (Parental Occupation Group Codes).

If the person has not been in paid work for the last 12 months, tick 'N'. If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.

The below questions regarding Education & Occupation are requirements from the Victoria Department of Education and Training to assist with the Early Childhood Reform Plan's "School Readiness" funding, being implemented across the state progressively from 2019.

## \*EDUCATION

What is the highest year of primary or secondary school the parent/guardian has completed? (please tick one)

For persons who have never attended school, mark 'Year 9 or equivalent or below'.

- |   |   |
|---|---|
| <input type="checkbox"/> Year 9 or equivalent or below  | <input type="checkbox"/> Year 11 or equivalent or below |
| <input type="checkbox"/> Year 10 or equivalent or below | <input type="checkbox"/> Year 12 or equivalent or below |

What is the level of the highest qualification the parent/guardian has completed (please tick one)

- |  |   |
|--|---|
| <input type="checkbox"/> No non-school qualification Certificate I to IV (including trade certificate) | <input type="checkbox"/> Advanced Diploma / Diploma |
| <input type="checkbox"/> Bachelor Degree or above  |   |

## \*OCCUPATION

What is the occupation of the parent/guardian? \_\_\_\_\_

What is the occupation group of the parent/guardian?

- ☐ A ☐ B ☐ C ☐ D ☐ N

## \*EDUCATION

What is the highest year of primary or secondary school the parent/guardian has completed? (please tick one)

For persons who have never attended school, mark 'Year 9 or equivalent or below'.

- |   |   |
|---|---|
| <input type="checkbox"/> Year 9 or equivalent or below  | <input type="checkbox"/> Year 11 or equivalent or below |
| <input type="checkbox"/> Year 10 or equivalent or below | <input type="checkbox"/> Year 12 or equivalent or below |

What is the level of the highest qualification the parent/guardian has completed (please tick one)

- |  |   |
|--|---|
| <input type="checkbox"/> No non-school qualification Certificate I to IV (including trade certificate) | <input type="checkbox"/> Advanced Diploma / Diploma |
| <input type="checkbox"/> Bachelor Degree or above  |   |

## \*OCCUPATION

What is the occupation of the parent/guardian? \_\_\_\_\_

What is the occupation group of the parent/guardian?

- ☐ A ☐ B ☐ C ☐ D ☐ N

IF YOU HAVE QUESTIONS WHEN FILLING OUT THIS FORM, PLEASE CONTACT YOUR EDUCATION AND CARE SERVICE

# COURT ORDERS IN RELATION TO THE CHILD

Are there any:

- court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- other court orders relating to the child's residence or the child's contact with a parent or other person?

☐ No - move onto the Next Section

☐ Yes - please complete the following:

If you answered Yes to the above,

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form;
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:

3. ☐ I agree that should the order/s change in the future, I will provide to the service the latest copy of the order/s at the time of the change.

## ADDITIONAL INFORMATION

\*Please provide any other relevant information about the child eg. abilities, interests, likes, dislikes, family traditions, home routines, parenting strategies etc.

\*Is the child currently attending or previously attended:

☐ Preschool/Kindergarten ☐ Playgroup ☐ Long Day Care ☐ Family Day Care ☐ Early Intervention Service ☐ Other

If yes - please provide details

\*If applicable, which school have you or do you plan to enrol the child?

\*Are you willing to have the child photographed to appear in videos, newspapers & other publications?

☐ Yes ☐ No

\*To be used in learning & development documentation - displayed at the service, on Open Days, AGMs or public events?

☐ Yes ☐ No

\*Do you allow sunscreen to be applied to the child while in the care of the Education and Care Service?

☐ Yes ☐ No

\*Do you give permission to conduct head lice checks?

☐ Yes ☐ No

\*Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the educators to be aware of:

☐ Australia Day ☐ Birthdays ☐ Christmas  
☐ Diwali ☐ Easter ☐ Eid Al-Adha  
☐ Mother's Day ☐ Father's Day ☐ New Year  
☐ Hanukkah ☐ Moon Festival ☐ NAIDOC Week  
☐ Name Days ☐ Orthodox Easter ☐ Ramadan  
☐ Tet ☐ Winter/Summer Solstice

Please List others & attach any specific information related to the above:

\*Do you have any Pets

Name \_\_\_\_\_ Type \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_

\*Please provide details of any local community services you access with the child? eg Library, Toy Library, Swimming Pool, local park etc.

\*Do you have any specific skills or a trade that could be of use to the Education and Care Service?



## AUTHORISED EMERGENCY CONTACTS

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child, in event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisations.

<p>Name _____</p> <p>Address _____</p> <p>Phone _____ Mobile _____</p> <p>Email _____</p> <p>Relationship to Child: _____</p> <p><input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))</p> <p><input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))</p> <p><input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))</p> <p><input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))</p> <p><input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg. 160 (3)(b)(iv)&amp;(v))</p>	<p>Name _____</p> <p>Address _____</p> <p>Phone _____ Mobile _____</p> <p>Email _____</p> <p>Relationship to Child: _____</p> <p><input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))</p> <p><input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))</p> <p><input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))</p> <p><input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))</p> <p><input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg. 160 (3)(b)(iv)&amp;(v))</p>
<p>Name _____</p> <p>Address _____</p> <p>Phone _____ Mobile _____</p> <p>Email _____</p> <p>Relationship to Child: _____</p> <p><input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))</p> <p><input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))</p> <p><input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))</p> <p><input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))</p> <p><input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg. 160 (3)(b)(iv)&amp;(v))</p>	<p>Name _____</p> <p>Address _____</p> <p>Phone _____ Mobile _____</p> <p>Email _____</p> <p>Relationship to Child: _____</p> <p><input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))</p> <p><input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))</p> <p><input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))</p> <p><input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))</p> <p><input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg. 160 (3)(b)(iv)&amp;(v))</p>

## AUTHORISATION & DECLARATION

I, \_\_\_\_\_ (print full name)

a person with parental responsibility of the child referred to in this enrolment form (Reg.161):

- authorise the Approved Provider, Nominated Supervisor, or an educator or in the case of Family Day Care, the family day care educator, to seek
  - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
  - transportation of the child by an ambulance service; and
  - if relevant, an authorisation given under regulation 102 for the Education and Care Service to take the child on regular outings.
- agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
- agree to collect or make arrangements for the collection of the child if he or she becomes unwell;
- understand that in an emergency situation or where evacuation is necessary that the child may need to leave the Education and Care Service under the direction and supervision of the approved provider, nominated supervisor or educator;
- have read & understood the Education and Care Service's policies including the 'Payment of Fees';
- declare that the information in this enrolment form is true and correct and undertake to immediately inform the Education and Care Service in the event of any change to this information;

☐ give permission to contact Maternal Child Health if needed.

Signature of person with parental responsibility of the child \_\_\_\_\_

Date \_\_\_\_\_

# PARENTAL OCCUPATION INDEX

## MANAGERS

Chief Executives, General Managers & Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers & Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations & Sales Managers, Business Administration Managers, Construction Managers, Education, Health & Welfare Services Managers	A
Hospitality, Retail & Service Managers	Accommodation & Hospitality Managers, Retail Managers	B

## PROFESSIONALS : GENERALLY WITH A BACHELORS DEGREE OR ABOVE

Arts & Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resources & Marketing Professionals	Accountants, Auditors & Company Secretaries, Financial Brokers & Dealers, and Investment Advisers, Human Resource & Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering & Science Professionals	Architects, Designers, Planners & Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic & Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business & Systems Analysts, and Programmers, Database & Systems Administrators, and ICT Security Specialists	A
Legal, Social & Welfare Professionals	Barristers, Judicial and other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A

## TECHNICIANS & TRADES WORKERS

Engineering, ICT & Science Technicians	Agricultural, Medical & Science Technicians, Building & Engineering Technicians, ICT & Telecommunications Technicians	B
Automotive & Engineering Trades Workers	Automotive Electricians & Mechanics, Mechanical Engineering Trades Workers, Panel Beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, Carpenters, Joiners, Floor Finishers & Painting Trade Workers	C
Electrotechnology & Telecommunications Trades Workers	Electricians, Electronics & Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
	Bakers & Pastry Cooks, Butchers & Smallgoods Makers, Cooks	C
Skilled Animal & Horticultural Workers	Animals Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians & Trade Workers	Hairdressers, Textiles, Clothing & Footwear Trades Workers	C

## COMMUNITY & PERSONAL SERVICE WORKERS

Health & Welfare Support Workers	Ambulance Officers & Paramedics, Dental Hygienists, Technicians & Therapists, Health Workers, Massage Therapists	B
Carers & Aides	Child Carers, Education Aides, Personal Carers & Assistants	D
Hospitality Workers	Bar Attendants & Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
	Defence Force Members- Other Ranks, Fire & Emergency Workers	C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors & Officials, Sportspersons	C
	Fitness Instructors, Outdoor Adventure Guides	D

## CLERICAL & ADMINISTRATIVE WORKERS

Office Managers & Program Administrators	Contract, Program & Project Administrators, Office & Practice Managers	B
Personal Assistants & Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks & Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial & Insurance Clerks, Bank Workers	D
Clerical & Office Support Workers	Couriers & Postal Deliverers, Filing & Registry Clerks, Survey Interviewers	D
	Conveyancers & Legal Executives	B
Other Clerical & Administrative Workers	Court & Legal Clerks, Insurance Investigators, Loss Adjusters & Risk Surveyors	C
	Purchasing & Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors & Regulatory Officers	D

## SALES WORKERS & MACHINERY OPERATORS, DRIVERS & LABOURERS

Sales Agents	Auctioneers, and Stock & Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons & Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operators	D
Machinery Operators, Drivers & Labourers	Machines & Stationery Plant Operators, Road & Rail Drivers, Storepersons, Cleaners & Laundry Workers, Factory Process Workers	D

Please see the register available at <http://www.education.vic.gov.au/school/teachers/management/finance/Pages/occupationcoderegister.aspx>





## QUALITY KIDS PHOTO CONSENT FORM

Dear Parent/Guardian,

As we document your child's learning on a daily basis, we require at times doing this by taking photographs of your child to display in your child's room, learning journal, our or on the KIDSXAP communication server. We also at times could put articles up on our Facebook page.

Please complete the bottom for this form and return with all documents required.

Thank you

Quality Kids Team

I Parent/Guardian \_\_\_\_\_ agree to my child \_\_\_\_\_ having their photo taken and displayed in the following circumstances.

- Learning Journal YES / No
- Group photos (other children's learning journals) YES / NO
- Room Displays YES / NO
- Kidsxap YES / NO
- Facebook Page YES / NO
- Email YES / NO
- Local Newspaper Articles YES / NO

Signed \_\_\_\_\_ Date \_\_\_\_\_



## QUALITY KIDS CHILDCARE & KINDERGARTEN OPEN EXCURSION FORM

Dear Parents/Guardians,

All educator's at Quality Kids enjoy taking spontaneous and regular outings into our local community to enhance your children's learning.

By signing this form you give permission for the educator's in your child's room to take your child on walking excursion's outside of the Quality Kids Centre.

I (parent/guardian)\_\_\_\_\_ authorize the educator in charge of the excursion to consent, where it is impracticable to communicate with me, for (child)\_\_\_\_\_ receiving medical treatment as may be deemed possible.

I (parent/guardian)\_\_\_\_\_ consent to (child)\_\_\_\_\_ being transported by ambulance if deemed necessary, and will meet all costs incurred for ambulance and/or medical treatment.

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Ambulance Number \_\_\_\_\_



Welcome to our Quality Kids Family,

**In case of an emergency our Evacuation point is Wallan Community Centre, Bentinick St, Wallan.**

The Quality Kids staff will endeavour to contact you first, but if the need arises and you cannot be contacted, and we have to evacuate the centre, we need your permission to take your child in the staff's personal vehicle to transport them to the Evacuation Point.

An email will be sent out to all families via kidsxap if you are required to collect your child/ren from the centre as soon as is possible if we are to Evacuate. If your child is still at the centre when the last staff member is leaving, your child/ren will accompany them to the Evacuation Point.

I ..... **DO / DON'T** (circle) hereby consent to my Child/ren

.....  
being transported to Quality Kids Evacuation point, in the personal vehicles of staff, should the centre be directed to evacuate by emergency services.

Signed ..... Date .....

Main Contact number.....

Please add your plan below if you **do not** consent to your child travelling in our staff's personal vehicles.....  
.....

In the case of your child/ren needing medication for a high temperature 38 deg or above, we would need written consent to administer medication. If your child is needing Panadol for a temperature, you will be called to collect your child from care. If your child has a temperature that rises to 40 deg or over an ambulance will be called for your child if you are unable to be contacted.

In the case of you not being contactable for permission to administer medication you will need to give authorization for the Director or Nominated supervisor on duty to administer medication.

I ..... give the Director / Nominated Supervisor permission to administer Panadol to ..... If I or any of my emergency contacts can not be contacted by phone for verbal approval.

Signed..... Name .....

Date .....