CIRCULAR HEAD CHILDREN'S SERVICES INC

1 Margaret Street Smithton Tas 7330

(03) 6452 2626

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www.chccc.com.au

ATTACHED DOCUMENTS			
Please ensure ALL of the following documents are attached to this application before submission			
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis or Allergic Reactions) Action Plan (Asthma)	
Copies of any family law or other relevant court Orders and/or legal documents		Name of medical centre and contact information	
Parent Customer Reference Number (CRN) and date of birth		Medicare number	
Child Customer Reference Number (CRN)		Photo identification of all emergency contacts	

CHILD 1 DETAILS			
Education and Care Services National Regulations - Regulation 160 (3a, e)			
Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	
Child's home address			
Child normally lives with			
CENTRELINK REFERENCE NUMBER (CRN)			
PLEASE NOTE: Parent and child have their own individual CRN number.			
Child CRN			

CHILD 2 DETAILS			
Education and Care Services National Regulations - Regulation 160 (3a, e)			
Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	
Child's home address			
Child normally lives with			
CENTRELINK REFERENCE NUMBER (CRN)			
PLEASE NOTE: Parent and child have their own individual CRN number.			
Child CRN			

CHILD/REN CULTURAL CONSIDERATION	
Education and Care Services National Regulations - Regulation 160 (f, g, h)	
Is your child/ren of Aboriginal or Torres Strait Islander origin?	No ☐ Aboriginal ☐ Torres strait Islander ☐ Both ☐
Does your child/ren speak a language other than English at home?	Yes ☐ No ☐ If yes, what language (s) other than English are spoken at home:
County of birth	
Child/ren's residency status	
What is your child/ren's cultural background?	
Please outline any cultural practices you would like followed: (Cultural, dietary)	
Religion	
Relevant religious, cultural practices/celebrations you would like followed.	

ENROLMENT DETAILS – CHILD 1					
Child's start date					
Days attending (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Session Type					

ENROLMENT DETAILS – CHILD 2					
Child's start date					
Days attending (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Session Type					

SESSION TYPES	
AM (Morning Session) 6:45am – 1pm	BSC (Before School Care) 6:45am -8:30am
PM (Afternoon Session) 1pm – 6pm	ASC (After School Care) 2:45pm – 6pm
D (Day Session) 6:45am – 6pm	

PRIMARY PARENT/GUARDIAN DETAILS			
Education and Care Services National Regulations - Regulation 160 (3b, f, g, h) [Primary Parent must also be the registered CCS claimant]			
Family name			
First given name		Date of birth	
Address			
Phone number/s	Mobile: Work:		
Email address			
Occupation		Organisation	
Relationship to child/ren			
Country of Birth			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Does the child normally live with you?		Yes ☐	No ☐
CENTRELINK REFERENCE NUMBER (CRN)			
Please note: Parent and child have their own individual CRN number.			
Parent CRN			

SECONDARY PARENT/GUARDIAN DETAILS			
Education and Care Services National Regulations - Regulation 160 (3b, f, g, h)			
Family name			
Given name		Date of birth	
Address			
Phone number/s	Mobile: Work:		
Email address			
Occupation		Organisation	

Relationship to child	
Country of Birth	
Languages other than English spoken at home	
Please provide any relevant cultural background details	
Does the child normally live with you?	Yes ☐ No ☐
CENTRELINK REFERENCE NUMBER (CRN)	
Please note: Parent and child have their own individual CRN number.	
Parent CRN	

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER		
Education and Care Services National Regulations - Regulation 160 (3c, d)		
Please note- Without this documentation we cannot legally enforce the Order/s.		
Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes ☐ No ☐	Attached ☐
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes ☐ No ☐	Attached ☐
Have photographs and names of unauthorised people been attached to this form?	Yes ☐ No ☐	Attached ☐
Briefly outline court order requirements		

MEDICAL INFORMATION – CHILD 1

CHILD'S MEDICAL INFORMATION			
Education and Care Services National Regulations - Regulation 160 (3a, i, j) and 162 (d, g)			
To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Doctor's name			
Medical centre		Phone number	
Doctor's address			
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)	Yes ☐ No ☐		

CHILD ALLERGIES/ANAPHYLAXIS				
Education And Care Services National Regulations - Regulation 94				
Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other			
Medical specialist or doctor currently treating your child for this condition				
Address		Phone		
Risk of Anaphylaxis	Yes ☐ No ☐			
Has a doctor diagnosed this allergy?	Yes ☐ No ☐			
Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)	Yes ☐ No ☐			
Does your child have a current ASCIA Action Plan?	Yes ☐ No ☐		Attached ☐	
If your child has been prescribed an adrenaline autoinjector, you will need to either provide this to the Service (and renew prior to expiry date) or bring in each session your child attends.				

Expiry date of the adrenaline autoinjector?		
I acknowledge that in the case of an anaphylaxis or asthma emergency, the nominated supervisor or other educator may administer medication to my child without making contact. Educators will notify the child parents and/or emergency services as soon as possible. Yes ☐ No ☐	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER)		
Education And Care Services National Regulations - Regulation 93 and 95		
Medical condition		
Has a doctor diagnosed this condition?	Yes ☐ No ☐	
Does your child take any prescribed regular medication for this condition?	Yes ☐ No ☐	
Does your child have a current medical management plan (e.g. Asthma Plan)	Yes ☐ No ☐	Attached ☐
A *Medical Management Plan, Medical Risk Minimisation Plan* and *Medical Communication Plan* has been completed for medical conditions (Regulation 90) (Medical Management plan & Medical Communication Plan will be completed by the service)	Yes ☐ No ☐	Attached ☐
Medication name/s		

I acknowledge medication will only be administered if: • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name instructions and dosage can be clearly read • expiry date or use by date is valid • Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s Any medication, including non-prescription medication like paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs		
Does your child have any special dietary requirements or restrictions?	Yes ☐ No ☐	Risk Minimisation Attached (if applicable) ☐
Prohibited Food	Detailed information:	

DEVELOPMENTAL INFORMATION	
Please provide any relevant information relating to your child's development	
Does your child have any problems with hearing, sight or speech?	Hearing ☐ Sight ☐ Speech ☐ If any ticked, please elaborate on their needs
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes ☐ No ☐ If yes, please elaborate on their needs
Is this the first time your child has been in care?	Yes ☐ No ☐

MEDICAL INFORMATION – CHILD 2

CHILD 2'S MEDICAL INFORMATION			
Education and Care Services National Regulations - Regulation 160 (3a, i, j) and 162 (d, g)			
To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Doctor's name			
Medical centre		Phone number	
Doctor's address			

Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)	Yes ☐ No ☐

CHILD ALLERGIES/ANAPHYLAXIS			
Education And Care Services National Regulations - Regulation 94			
Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other		
Medical specialist or doctor currently treating your child for this condition			
Address		Phone	
Risk of Anaphylaxis		Yes ☐ No ☐	
Has a doctor diagnosed this allergy?		Yes ☐ No ☐	
Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)		Yes ☐ No ☐	
Does your child have a current ASCIA Action Plan?		Yes ☐ No ☐	Attached ☐
If your child has been prescribed an adrenaline autoinjector, you will need to either provide this to the Service (and renew prior to expiry date) or bring in each session your child attends.			
Expiry date of the adrenaline autoinjector?			
I acknowledge that in the case of an anaphylaxis or asthma emergency, the nominated supervisor or other educator may administer medication to my child without making contact. Educators will notify the child parents and/or emergency services as soon as possible. Yes ☐ No ☐	Parent/ Guardian 1 Signature		
	Parent/ Guardian 2 Signature		

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER)		
Education And Care Services National Regulations - Regulation 93 and 95		
Medical condition		
Has a doctor diagnosed this condition?	Yes ☐ No ☐	
Does your child take any prescribed regular medication for this condition?	Yes ☐ No ☐	

Does your child have a current medical management plan (e.g. Asthma Plan)	Yes ☐ No ☐	Attached ☐
A *Medical Management Plan, Medical Risk Minimisation Plan* and *Medical Communication Plan* has been completed for medical conditions (Regulation 90) (Medical Management plan & Medical Communication Plan will be completed by the service)	Yes ☐ No ☐	Attached ☐
Medication name/s		

I acknowledge medication will only be administered if: • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name instructions and dosage can be clearly read • expiry date or use by date is valid • Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s Any medication, including non-prescription medication like paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs		
Does your child have any special dietary requirements or restrictions?	Yes ☐ No ☐	Risk Minimisation Attached (if applicable) ☐
Prohibited Food	Detailed information:	

DEVELOPMENTAL INFORMATION	
Please provide any relevant information relating to your child's development	
Does your child have any problems with hearing, sight or speech?	Hearing ☐ Sight ☐ Speech ☐ If any ticked, please elaborate on their needs

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes ☐ No ☐ If yes, please elaborate on their needs
Is this the first time your child has been in care?	Yes ☐ No ☐

IMMUNISATION DETAILS	
Education and Care Services National Regulations - Regulation 160 (3a, i, j) and 162 (f, h, i)	
Please note if choosing not to immunise, you will not be able to claim CCS and so full fee will charged	
Immunisation status of child at enrolment	☐ Fully immunised ☐ Catch up schedule ☐ Choosing not to immunise

AUTHORISED NOMINEES/EMERGENCY CONTACTS	
Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) and 161 (1a, i, ii, 1b)	
There may be times or situations where your child/ren has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child/ren. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child/ren. Each person must provide identification when collecting the child/ren. Please chat with the administration staff if you would like to add more authorised nominees/emergency contacts. **Please ensure you have obtained the person's consent before listing them as an emergency contact.**	
FIRST EMERGENCY CONTACT	
Full name	
Relationship to child/ren	
Phone number	Mobile: Work:
Address	
SECOND EMERGENCY CONTACT	
Full name	
Relationship to child/ren	
Phone number	Mobile: Work:

Address		
Can emergency contacts listed above be contacted to collect your child/ren from the education and care service?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child/ren in the event that you cannot be contacted?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to be notified of any accident, injury, trauma or illness in the event that you cannot be contacted?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to give consent for educators to take the child/ren outside the Service's premises in the event that you cannot be contacted?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above give authorisation for the Service to take the child/ren on excursions/inclusions?	Emergency contact 1	Yes ☐ No ☐
	Emergency contact 2	Yes ☐ No ☐
Are emergency contacts listed above authorised to authorise the education and care service to transport the child/ren or arrange transportation the child/ren?	Emergency contact 1	Yes ☐ No ☐ N/A ☐
	Emergency contact 2	Yes ☐ No ☐ N/A ☐
Parent/Guardian 1 signature		
Parent/Guardian 2 signature		

AUTHORISATIONS/PERMISSIONS

ILLNESS, ACCIDENT AND EMERGENCY TREATMENT	
Education and Care Services National Regulations - Regulation 160 (3i) and 161 (1a, 1b, 1c)	
Do you authorise the nominated supervisor or other educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes ☐ No ☐
Do you authorise the nominated supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes ☐ No ☐
Do you authorise the nominated supervisor or other educator to arrange transportation, including by an ambulance service, for your child/ren in the event of an emergency?	Yes ☐ No ☐
Do you authorise the nominated supervisor, or other educator to administer paracetamol or ibuprofen in the event my child/ren registers a temperature of 38°c or higher? (We will contact prior to administering paracetamol) Your child/ren must still be collected from the service.	Yes ☐ No ☐
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

HEALTH AND SAFETY	
Do you authorise educators to apply Woolworths Sunscreen SPF50+ sunscreen to your child/ren prior to sun exposure (If not, please provide your own sunscreen)	Yes ☐ No ☐
Do you authorise educators to apply Band-Aids®, sticking plasters or Frist Aid products (including insect repellent) when necessary	Yes ☐ No ☐
Do you authorise educators to apply nappy cream (Sudocream)	Yes ☐ No ☐
Do you authorise for your child/ren to have birthday cake and/or other food on special occasions	Yes ☐ No ☐
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

PHOTOGRAPHY AND VIDEO	
I agree for photos and video footage to be taken using service issued devices to record and store images of my/our child/ren for Service use and internal staff training purposes (footage will not leave the Service)	Yes ☐ No ☐

I agree for photos and video footage of my/our child/ren to be used in observations, and photos taken within the observation to be shared with other families that attend the Service.	Yes ☐ No ☐
I agree for photos and video footage of my/our child/ren to be used for student training purposes using Service devices only. (Students are required to notify and obtain written permission prior to observing and recording of any photos or video footage of your child/ren- photos and video footage will leave the Service for students to present to their RTO or University for viewing and marking)	Yes ☐ No ☐
I agree for photos and video footage of my/our child/ren to be used in the services newsletter	Yes ☐ No ☐
I agree for photos and video footage of my/our child/ren to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation NOTE: **These images will be in public domain and may be unable to be removed once used**	Yes ☐ No ☐
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

TRANSPORTATION AUTHORISATION		
Education and Care Services National Regulations - Regulation 102(4) and 102D(4)		
I acknowledge the Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child/ren or arrange transportation for the child/ren for: • regular outings (once every twelve months) • an excursion that is not a regular outing	Parent/ Guardian 1 signature	
	Parent/ Guardian 2 signature	

PARENT AGREEMENT/CONTRACT OF CARE	
Education and Care Services National Regulations - Regulation 160 (3a, i, j)	
I agree to inform the Service in writing immediately of any changes to the above information.	Yes ☐ No ☐
I agree to comply with all Government requirements in relation to the services provided.	Yes ☐ No ☐
I agree and understand that the fee charged, with Childcare Subsidy (CCS) is based on the information provided by me to Centrelink. Stars Early Learning	Yes ☐ No ☐

accepts no responsibility for the accuracy of the information supplied for the purpose of calculating the subsidy. Any issues in relation to CCS should be directed to Centrelink's Families Line 136 150 Mon-Fri 8am-8pm.	
I agree to keep my fees paid up to date, as per *Payment of Fees Policy*, and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.	Yes ☐ No ☐
I understand and accept the fee charges for my booking whether permanent or casual: A- Cancellation – A 50% cancellation fee for a cancellation made before 4pm the day before care B- Cancellation – Full fee for cancellation made after 4pm the day prior or on the day of care C- Full fee is charged if your child is absent, and no cancellation is made	Yes ☐ No ☐
I understand that my fortnightly statement will be issued on the last Friday of the fortnight and will be due and payable by the following Friday via either Direct Deposit (DD) or Eftpos (EFT)	Yes ☐ No ☐
I understand that as a result of non-payment of fees, when a collection service is engaged by the Organisation to collect those fees, I will be responsible for the costs incurred by the Organisation for Debt Collection.	Yes ☐ No ☐
If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.	Yes ☐ No ☐
I agree to pay a late fee of $5.00 per 5-minute block per child for the first 10 minutes with the late fee increasing to $5.00 per minute after thereafter. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the regulatory authority.	Yes ☐ No ☐
I agree to provide two weeks written notice to withdraw my child or reduce booked days.	Yes ☐ No ☐
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child.	Yes ☐ No ☐
I understand that the decision of the educators as to the fitness of a child to attend our services on a given day shall be binding.	Yes ☐ No ☐
I understand that in the event of illness, parents or emergency contacts/ authorised nominees are required to collect children from the service immediately.	Yes ☐ No ☐

I understand and respect the decision of Stars Early Learning that Amber Beads are not permitted at this service due to the potential choking hazards.	Yes ☐ No ☐
I understand that my child/ren falling asleep with a security item from home (teddy, blanket etc) will have the item removed once they are asleep, in accordance with Red Nose recommendations.	Yes ☐ No ☐
I understand that Stars Early Learning reserves the right to terminate this contract when, in its discretion, it considers that to do so would be in the interest of the Service. The organisation agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.	Yes ☐ No ☐
I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.	Yes ☐ No ☐
I have read the Family Handbook and am familiar with the Service's Policy Index located in the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box located in the office.	Yes ☐ No ☐

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.			
Parent/Guardian 1 name		Date	
Parent/Guardian 1 signature			
Parent/Guardian 2 name		Date	
Parent/Guardian 2 signature			

PRIVACY DISCLAIMER
We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

OFFICE USE ONLY	
DATE ENTERED	ENTERED BY