



## LITTLE FOOTSTEPS OCCASIONAL CHILDCARE ENROLMENT FORM

The Puckapunyal & District Neighbourhood Centre (PDNC) requires this form to be completed and all documentation attached prior to your child's first day of childcare with us. A parent or guardian who has lawful authority in relation to the child must complete this form.

### **Child Details**

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female (please circle)

Home Address: \_\_\_\_\_

\_\_\_\_\_

Country of Birth: \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

Is your child: Aboriginal Torres Strait Islander Both Neither (please circle)

Child CRN: \_\_\_\_\_  
(Parent and Child have their own individual CRN number)

### **Parents/Guardian Details**

#### **Primary Parent**

CRN:	DOB:
Title:	Family Name:
Given Names:	
Address – as per child or:	
Telephone/s	
Home:	
Work:	
Mobile	
Email:	
Relationship to Child:	
Does the child live with this guardian?	
No Yes Shared Care (please circle)	

**Secondary Parent**

Title:	Family Name:	Given Names:
Address – as per child or:		
Telephone/s Home:		
Work:		
Mobile		
Relationship to Child:		
Does the child live with this guardian?		
No    Yes    Shared Care    (please circle)		

**Court orders relating to the child**

Are there any 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

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

Yes    No

**Please attach a copy of any relevant documentation. Without copies of current court orders or documentation, staff and carers of PDNC and Little Footsteps cannot enforce parents’ requests.**

**Emergency/Authorised Person Contacts**

*In case of an emergency, Little Footsteps will contact the parents/guardian initially. If contact is unsuccessful. We will contact the following people, in order that they are listed. This list may be added to or changed throughout the year.*

**Contact 1**

Title:	Family Name:	Given Names:
Address:		
Relationship to Child:		
Telephone/s - Home:		Mobile
<i>Please circle to authorise:    Pick-up    Drop-off    Emergency</i>		

**Contact 2**

Title:	Family Name:	Given Names:
Address:		
Relationship to Child:		
Telephone/s - Home:		Mobile
<i>Please circle to authorise:    Pick-up    Drop-off    Emergency</i>		

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**Contact 3**

Title:	Family Name:	Given Names:
Address:		
Relationship to Child:		
Telephone/s - Home:		Mobile
<i>Please circle to authorise:      Pick-up      Drop-off      Emergency</i>		

**Medical information**

Family Doctor/Medical Service:
Address:
Telephone:

Medicare number:	Ambulance Cover:    Yes    No
Health Insurance:    Yes    No	Insurance number:

**Child Health Information**

Immunisation Record

Is your child fully immunised?    Yes    No

***Please attach a current copy of your child's immunisation record.*****Does your child have a diagnosed disability or special needs?                      Yes    No                      (please circle)**

If yes, please provide relevant details below:

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**Does your child have any allergies or sensitivity?                      Yes    No                      (please circle)**

If yes, please provide relevant details below including side effects and treatment:

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**Does your child take prescribed medication or treatment on a regular basis?    Yes    No                      (please circle)**

If yes, please provide relevant details below:

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**Does your child suffer from anaphylaxis?**

**Yes No** (please circle)

If yes, please provide relevant details below and management plan:

**Does your child have any other medical conditions? (eg asthma, epilepsy etc)**

**Yes No** (please circle)

If yes please provide details of any medical condition and any management plan:

### ***Dietary Requirements***

Does your child have any special dietary or cultural restrictions or particular food likes/dislikes?

**Yes No** (please circle)

If yes, please provide details below:

### ***More About Your Child***

If there is anything else that Little Footsteps should know about the child?

Please list anything that is relevant to your child eg excessive fears, favourite activities, sleep routine, toilet training etc.

**Details:**

## ***PDNC – Little Footsteps Enrolment Agreement***

**PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK THE CENTRE MANAGER IF THERE IS ANYTHING THAT YOU ARE UNSURE OF.**

**Please tick the following to authorise:**

I/We give permission for this child to:

Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the PDNC of any liability)	Yes		No	
Have band-aids or sticking plaster applied when necessary	Yes		No	
Have staff apply nappy cream/paste (supplied by parents)	Yes		No	
Have pictures/videos taken and used for learning stories and shared on the closed Facebook page	Yes		No	
Have pictures/videos taken and used for social media and promotional material	Yes		No	

### ***Other Information You Should Know***

#### **Confidentiality of enrolment records**

The Puckapunyal and District Neighbourhood Centre (PDNC) cannot divulge to another person information obtained during enrolment unless necessary for the care of the child, to manage medical treatment of the child, or where expressly authorised by the parent or prescribed in the Children' Services Regulations 2009 (regulation 35(1) (d-e)). Little Footsteps will ensure personal details provided by parents/guardians are collected, used, disclosed, stored and destroyed (when no longer needed) according to the Privacy Act 1988 and other regulatory requirements.

#### **Little Footsteps Fees**

To receive your Child Care Subsidy (CCS) and have the subsidy applied to the fees set out by the PDNC please provide both your child's and your own CRN.

Please contact the Family Assistance Office for further information regarding your eligibility for CCS or your CRN.

If you have booked permanent places for the term you will required to pay 2 weeks in advance to secure that position otherwise payment is expected on arrival

#### **Minimum Numbers and Cancellation**

**All cancellations need to be made 24 hours prior to the booking. Any cancellations within the 24 hours leading up to the booking will incur a cancellation fee of \$30.**

The maximum number of children enrolled in the service at any one time will be 16 between the ages of 6 weeks to 6 years. The Centre will operate between the hours of 9.30 am to 2.30pm on Monday to Friday.

The PDNC reserves the right to cancel any sessions if minimum operating numbers are not met or if there is insufficient staff available. Cancellations generally occur 24 hours prior to any sessions. Any parents/guardians with bookings will be notified as early as possible.

#### **Nut Policy for the PDNC and Little Footsteps (aligning with Anaphylaxis Policy and Allergens)**

**NO NUTS** or **NUT PRODUCTS** are to be brought into Little Footsteps. The PDNC has put a **No Nut Policy** into effect because we take responsibility for the health and wellbeing of all children, members and staff seriously. No person should be placed in a situation and/or environment that may endanger life. Products such as peanut butter, Nutella, nut bars and cakes which contain almond meal or other nuts are not allowed within Little Footsteps or the PDNC. Signs are placed on the front doors of both buildings regarding the **No Nut Policy** and all programs run from the PDNC will be advertised as nut free.

#### **Excursions**

There will be no excursions undertaken whilst at Little Footsteps.

***Declaration and 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 Little Footsteps 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 proprietor or in the case of occasional care, to seek medical treatment for the child from a medical practitioner, hospital or ambulance service;

***Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_

***Printed Name*** \_\_\_\_\_