

OFFICE USE ONLY:

Date Application Received:

Received By:

Medical Management Plan:

☐ Yes

☐ No

Immunisation Records:

☐ Yes

☐ No



APPLICATION FOR ENROLMENT - 2017

Under agreement with the Commonwealth Government the main priority for a place at Newtown Kids Cottage (NKC) will be given to working parents, parents seeking work, parents studying for work purposes. In considering the offers of placement for each calendar year, priority will be given to those families currently using the service ('existing families') which continue to meet this main priority of placement criteria, and who have complied with the information and fee payment requirements. NKC will allocate placement for new applications for enrolments and additional and change of days for existing families after settlement of all re-enrolments of existing families. (See *Enrolment Priority Process and Priority Access Guidelines* section of this form.)

Parents/guardians need to provide all known information on the Application for Enrolment form. The information provided assists the staff to accurately manage enrolments/waiting lists and to perform their Duty Of Care.

An Application for Enrolment must be completed and submitted prior to a child's commencement at the Centre. Applications can be submitted in person or posted to: Newtown Kids Cottage Norfolk St, Newtown 2042.

Please indicate below your requirements for this Application.

- ☐ I am a family currently using the service - Re-enrolling an existing child for the same days
- ☐ I am a family currently using the service - Needing to change days or need additional days
- ☐ I am a family currently using the service - Enrolling a sibling
- ☐ I am a new family - New enrolment

This Application for Enrolment form is not a guarantee of placement until an Offer of Placement is made in writing and the Annual Registration Fee paid.

CHILD'S DETAILS

Child's surname: _____

Given names: _____

Name you call your child: _____

Date of birth: / ____ / ____ Child's gender: ☐ Male ☐ Female

Country of birth: _____

Residential address: _____

Home phone: _____

Is your child of Aboriginal or Torres Strait Islander origin?:

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

Child CRN: _____

Attach
child's
photo here

CRN details for individual children (Child CRN) and family (Family CRN) are obtained from the Family Assistance Office and are necessary if you wish to claim your Child Care Benefit or up front Childcare Rebate.

PARENT/GUARDIAN DETAILS

Parent/guardian (1) name: _____

Relationship to Child: _____

Parent DOB: (for CCB purposes) ____/____/____ Family CRN: _____

Residential Address: _____
(If different from child)

Home phone: _____ Mobile: _____

Email: _____

Work Status: ☐ Working ☐ Studying ☐ Seeking Work ☐ Home
 ☐ Full Time / ☐ Part Time ☐ Full Time / ☐ Part Time

Occupation: (if applicable) _____

Company/Study Institution Name: _____

Company/Study Institution Address: _____

Work phone: _____

Country of Birth: _____

Language/s spoken with child: _____

Parent/guardian (2) name: _____

Relationship to Child: _____

Parent DOB: (for CCB purposes) ____/____/____ Family CRN: _____

Residential Address: _____
(If different from child)

Home phone: _____ Mobile: _____

Email: _____

Work Status: ☐ Working ☐ Studying ☐ Seeking Work ☐ Home
 ☐ Full Time / ☐ Part Time ☐ Full Time / ☐ Part Time

Occupation: (if applicable) _____

Company/Study Institution Name: _____

Company/Study Institution Address: _____

Work phone: _____

Country of Birth: _____

Language/s spoken with child: _____

NOMINATED PARENT/GUARDIAN AND COMMUNICATION

Please indicate below whom will be responsible for claiming the Child Care Benefit/Rebate. This shall be the nominated parent. All invoices and other correspondence will be issued to this person. NKC distributes information (invoices, receipts, newsletters) electronically. Please make a note for alternative communication methods.

☐ Parent/guardian 1 ☐ Parent/guardian 2

☐ Emailed ☐ Posted to address ☐ Hard copies to be collected from center

PLEASE NOTE: It is the nominated parent's responsibility to check for information and inform NKC if method should change.

CUSTODY AND ACCESS ISSUES

If necessary, please supply formal documents to the Nominated or Certified supervisor, delegating custody and/or denying access. (A copy must be kept at the Centre). Indicate special instructions here.

DAYS OF ATTENDANCE *(please tick)*

Morning Care: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Afternoon Care: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Casual Care: ☐ *(subject to availability)*

Date of Commencement: /____/____

What class is your child in when commencing care:

☐ Kindy ☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5 ☐ Yr 6

Regular attendance days are considered permanent bookings according to NKC policy. This means fees are paid 2 weeks in advance and all absences are subject to normal fees. Permanent bookings may lapse when fees are no longer 2 weeks in advance and/or a parent fails to notify the centre of a child's absence.

HEALTH DETAILS

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medicare no: _____ Exp Date: _____

IMMUNISATION RECORD:

Is your child immunised? ☐ Yes ☐ No Are your child's immunisation records attached? ☐ Yes ☐ No

Please bring in your child's health care book so a copy of their immunisation details can be taken. Where the Centre already has a copy of your child's immunisations, please provide any updated information. **NOTE:** The centre has an exclusion policy based on current recommendations from health authorities. Please ensure you update your child's immunisation details at the centre each time they have an immunisation. Where the centre does not obtain a complete record of a child's immunisation details, the child will be treated as unimmunised. Immunisation information is available to families at the centre.

MEDICAL/HEALTH MANAGEMENT:

Does your child have any medical requirements? ☐ Yes ☐ No

Please specify type of condition?

Type of medication? _____

When is it given? _____

Does your child have any allergies ? ☐ Yes ☐ No

If yes, please give details: _____

Does your child require medication for their allergy? ☐ Yes ☐ No

Are there any foods your child should not eat? ☐ Yes ☐ No

If yes, please give details:

Does your child have any disabilities/learning difficulties? ☐ Yes ☐ No

If yes, please give details:

Does your child suffer from any emotional or behavioural problems, which should be brought to the attention of the staff in the interest of the child and the program? o Yes o No

If yes, please give details: _____

If you have a Medical Management Plan completed by a practitioner for anaphylaxis, epilepsy, asthma, other allergies, intolerances or for any other diagnosed medical condition that can affect your child whilst at the Centre please bring this with you.

IF THERE IS A SPECIFIC MANAGEMENT PROCEDURE TO BE FOLLOWED DUE TO THE CHILD'S ALLERGY/ILLNESS, PLEASE COMPLETE THE 'MEDICAL MANAGEMENT PLAN' ATTACHED.

OTHER CHILDREN IN FAMILY HOME

Provide names and ages of all other children living with the child named on this enrolment form.

LIFESTYLE

What are some of your child's favourite activities?

Are there any religious or cultural requirements that we should honour in our care of your child?

AUTHORISED NOMINEES/CONTACTS AUTHORISED TO COLLECT YOUR CHILD FROM THE SERVICE

In the case of an emergency where a parent/guardian is unable to be informed, the following people will be contacted. It is essential the people named on this form have access to transport and are able to pick child up within half an hour.

Parents need to update this section regularly. Children may only be collected by persons listed as authorised. In the event of a person needing to collect your child, who is not on the list, **the parent/guardian must personally contact Centre staff, to permit the collection of the child.** If an unlisted person is permitted to collect your child more than once, that person must be added to the authority list by the parent/guardian.

Please note that NKC prefer that these people be at least **16 years of age**. The Centre requires in writing a letter confirming the person under 16 is a responsible person to care for the child/ren being collected. Please attach a copy of this letter to the enrolment record.

Name: _____

Home phone: _____ Work Phone: _____

Mobile: _____ Relationship to child: _____

Name: _____

Home phone: _____ Work Phone: _____

Mobile: _____ Relationship to child: _____

Name: _____

Home phone: _____ Work Phone: _____

Mobile: _____ Relationship to child: _____

ENROLMENT PRIORITY PROCESS

FAMILIES CURRENTLY USING THE SERVICE ('EXISTING FAMILIES')

Each year NKC will ask all existing families to re-enrol their children currently using the service by completing an Application for Enrolment form. Requests for additional and change of days from existing families will be assessed with enrolments for new children.

- ☐ I understand that this form must be returned to NKC by 5pm on the last day of Term 3 (cut-off date) with fees paid up to Term 3 to enable NKC to prioritise my re-enrolment.
- ☐ I understand that if I do not re-enrol and have fees up-to-date by the cut-off date, the Application for Enrolment will be assessed with new enrolment applications. This may result in the child/ren's place at the Centre being offered to another family, and my application for re-enrolment being placed on the waiting list.

If you are an existing family that does not meet NKC main priority placement criteria (working parents, parents seeking work, parents studying for work) you may be required to surrender your placement to a child on the waiting list who meets a higher priority of access. This will only occur if the Centre has no vacant places, and two weeks notice will be given in these circumstances. (As per Department of Education, Employment Workplace Relations Priority of Access Guidelines).

NEW FAMILIES USING THE SERVICE OR EXISTING FAMILIES REQUESTING ADDITIONAL AND CHANGE OF DAYS

NKC will allocate placement for new applications for enrolments and additional and change of days for existing families after settlement of all re-enrolments of existing families.

Any remaining places will be offered to new families and existing families seeking additional and change of days according to:

- NKC's main priority placement of working parents, parents seeking work, parents studying for work
- Consideration of whether the applicant child(ren) has a sibling(s) already using the service*
- Consideration of all other priority categories (see Priority of Access Guidelines)
- Position on the waiting list

* NKC has a policy of prioritising siblings of existing children over other applicants.

ENROLMENT STATUS

An Offer of Placement or Waiting List Notification will be provided in writing by the end of Week 2 in Term 4.

PRIORITY OF ACCESS GUIDELINES

The Commonwealth Government's Priority of Access Guidelines **must** be used by approved services to allocate available child care places where there are more families requiring care than places available.

To help NKC allocate any vacant places and prioritise places on the waiting list **Main Priorities: (tick applicable)**

- o **Priority 1:** a child at risk of serious abuse or neglect.
- o **Priority 2:** a child of a single parent who satisfies, or of **parents who both** satisfy, the **work, training, study** test under section 14 of the Family Assistance Act. *(The eligible hours for CCB on the child's income Assessment Notice will tell you this)*
- o **Priority 3:** any other child.

Is there any other information you believe affects your Priority of Access?

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NEWTOWN KIDS COTTAGE PARENT HANDBOOK

- o I have received a copy of the NKC Handbook and understand that it outlines some, but not all policies and procedures of the service. I understand that more specific details are provided in the Policies and Procedure manual which is available for families to read at the Centre.
- o I acknowledge that I have read and accepted the policies in the NKC Handbook.

APPLICANT DECLARATION

I acknowledge I have read and understood the above and declare that all the information provided is true and correct.

Name: _____

Signature: _____ Date: _____

MEDICAL MANAGEMENT PLAN

Please complete this form if your child is asthmatic, epileptic, has allergies eg. bee stings or any other condition that may require an emergency plan. **NOTE:** You may need to consult your Doctor when filling in this information sheet. This information should be updated each time the child's emergency management plan is changed.

Child's name: _____

Parent/guardian name: _____

Relationship to Child: _____ Work phone: _____

Home phone: _____ Mobile: _____

Parent/guardian name: _____

Relationship to Child: _____ Work phone: _____

Home phone: _____ Mobile: _____

Doctor/Medical Service: _____

Phone: _____

Emergency Contact name: _____

Relationship to Child: _____ Work phone: _____

Home phone: _____ Mobile: _____

What is your child's medical condition? *(Please explain):* _____

Trigger factors *(If known):* _____

Common signs and symptoms: _____

Regular medication *(If required):* _____

Medication dose time(s) given: _____

Emergency treatment plan *(eg. Peak flow meter for children with asthma)*

1. _____

2. _____

3. _____

Is there anything else you feel the centre should know about your child's medical condition *(Please attach further information if required):* _____

AUTHORISATION

I, _____ hereby authorise Newtown Kids Cottage management
and/or staff to follow the emergency treatment procedure for my child if the need may arise.

Signature: _____ Date: _____