

Parent Name: _____ Date of Birth: ____/____/____ Home Address: _____ Suburb: _____ Home Phone: _____ Mobile Phone: _____ Email: _____ Place of Employment: _____ Occupation: _____ Business Phone: _____ Ethnic Background: _____ Parent's Customer Reference Number (CRN): _____ Medicare Number: _____	Parent Name: _____ Date of Birth: ____/____/____ Home Address: _____ Suburb: _____ Home Phone: _____ Mobile Phone: _____ Email: _____ Place of Employment: _____ Occupation: _____ Business Phone: _____ Ethnic Background: _____ Parent's Customer Reference Number (CRN): _____ Medicare Number: _____
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Which parent is enrolled for Child Care Subsidy(CCS) _____

Are there any court orders in place regarding this child? (please circle) YES/NO
 If yes, I undertake to supply a copy of the order to the Program Administrator

Child Name: _____ Date of Birth: ____/____/____ Gender: ____

Languages spoken at home: _____ Ethnic Background: _____

Child's Customer Reference Number: _____

Family Doctor: _____ Address: _____ Phone: _____

Indigenous Origin Details: Aboriginal Torres Strait Islander

Current Immunisation details supplied

Special/Additional Needs:

Does your child have any medical conditions or developmental delays?

Allergies	Yes/No	Medication Required:	Yes/No
Disabilities:	Yes/No	Medication Required:	Yes/No
Developmental Delays:	Yes/No	Medication Required:	Yes/No
Other conditions:	Yes/No	Medication Required:	Yes/No
Dietary Restrictions:	Yes/No	Cultural/Religious Requirements	Yes/No

If you have answered yes to any of the above, please give a brief description or provide a medical action plan.

Medication Consent Form

I give permission for the Educator to administer medication to my child at the onset of symptoms e.g. teething pain or high temperature, in the event that it is deemed necessary by the Educator and she/he is unable to contact me or an authorised nominee.

Signed _____ Date _____

Administration Levy

I understand that I am required to pay an administration levy to the Scheme Coordination Unit, via my Educator, each week. I have been advised of the current rate of the levy.

Signed _____ Date _____

Original: Office Copy: Educator Copy: Parent

Child's Name: _____

Emergency Contacts and Authorised Nominees (other than parent/s. Additional contacts persons may be attached on a separate sheet)

Name: _____
Phone: _____ Mobile: _____
Email Address: _____
Home Address: _____
Relationship to Child: _____
Please tick the relevant box to indicate type of authorisation.
<input type="checkbox"/> Contact <input type="checkbox"/> Collect
<input type="checkbox"/> Consent to medical treatment and/or administer medication on mv behalf to mv child.

Name: _____
Phone: _____ Mobile: _____
Email Address: _____
Home Address: _____
Relationship to Child: _____
Please tick the relevant box to indicate type of authorisation.
<input type="checkbox"/> Contact <input type="checkbox"/> Collect
<input type="checkbox"/> Consent to medical treatment and/or administer medication on my behalf to my child

- In the event of an emergency contact being unavailable, I agree to allow the Educator to seek emergency medical, hospital and ambulance treatment and I will be responsible for any medical expenses incurred.
- I agree to my child/ren being cared for and/or transported by scheme staff in an emergency.
- I agree to complete a Contract of Care Form at the commencement of care and prior to any changes of contracted hours and to advise of any changes to the information provided.
- I undertake to pay fees for my child to the Family Day Care Educator. The Scheme has the right to refuse to provide any further care for any child whose fees are not paid within 14 days.
- I understand that non-work related care hours may be reduced or "placed on hold" to accommodate work or study related care. This practice is in accordance with the Commonwealth Priority of Access Guidelines.
- I will not hold the Clarence City Council liable for any costs, actions, demands or for any damage whatsoever and to whomsoever caused in respect of the injury to or death of any person or loss or damage to any property arising out of or in connection with this agreement and it is further agreed that I indemnify and will keep indemnified the Clarence City Council against all such costs, actions, claims, demands and damage.
- I agree to adhere to all Scheme policies and regulations.
- I understand and acknowledge that the Educator must comply with the National Regulations, The Act and the National Quality Standards in relation to the care of my child and I agree to accept any standards, policies or regulations that are applicable.

Sensitive Privacy Statement

The personal information is required by the Clarence City Council for the Family Day Care Scheme under the *Child Care Act 2001*. We will only use your personal information for this and directly related purposes or as required by law. If this information is not provided, we may not be able to place your child in care. You may access and/or amend your personal information at any time. How we use this information is explained in Council's Privacy Policy, which is available at www.ccc.tas.gov.au or from the Family Day Care Scheme office.

I consent to the collection and use of this information by Clarence Family Day Care Scheme

Date: _____ Parent's Signature: _____

Please Print Full Name: _____