

Educator first name: _____ Educator surname: _____

Date care is to commence: _____ Date care is to cease (if known): _____

PARENT / GUARDIAN ONE (This must be the parent/guardian who receives subsidies from Centrelink)

First name: _____ Surname: _____

Address: _____ Post code: _____

Mailing address: _____ Post code: _____

Contact phone 1: _____ Contact phone 2: _____

Email: _____

This email address will be used to send a fortnightly payment advice with a breakdown of your fees for that fortnight.

Date of birth: _____ Parent Customer Reference Number (CRN): _____

N.b, a Parent Customer Reference Number (CRN) is necessary in order to claim any Centrelink subsidies. This must be unique.

Employment status: Full Time Part Time Not Working

Reason for use of this service: Work Study Recreation Respite

Occupation: _____ Workplace: _____

Country of birth: _____ Origin: Aboriginal Torres Strait Islander Both Neither

Is English the primary language spoken at home? Yes No If no, please specify: _____

PARENT / GUARDIAN TWO

Do you wish for this parent/guardian to be the second point of contact? Yes No

First name: _____ Surname: _____

Address: _____ Post Code: _____

Contact phone 1: _____ Contact phone 2: _____

Email: _____

Date of birth: _____

Employment status: Full Time Part Time Not Working

Occupation: _____ Workplace: _____

Country of birth: _____ Origin: Aboriginal Torres Strait Islander Both Neither

If either parent/guardian is a registered Family Day Care Educator, please complete the specified information request form.

OFFICE USE ONLY

Enrolment fee paid Date: _____ Receipt no.: _____ Signature: _____

EMERGENCY CONTACTS

Emergency contacts listed below will be contacted in the event that the parent/guardian cannot be reached. Children cannot be released into the custody of persons not listed on this form. Please complete all fields for each emergency contact accurately, as proof of identification will be asked when children are collected by persons unknown to the educator.

First name: _____ Surname: _____

Relationship to child: _____

Address: _____ Post code: _____

Contact phone 1: _____ Contact phone 2: _____

Email: _____

Emergency contact email addresses are only required if your educator operates using Harmony Web.

Is the above listed person authorised to:

| | |
|--------------------------------|--|
| - Collect your child/children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Administer medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Participate in excursions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

First name: _____ Surname: _____

Relationship to child: _____

Address: _____ Post code: _____

Contact phone 1: _____ Contact phone 2: _____

Email: _____

Emergency contact email addresses are only required if your educator operates using Harmony Web.

Is the above listed person authorised to:

| | |
|--------------------------------|--|
| - Collect your child/children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Administer medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Participate in excursions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

First name: _____ Surname: _____

Relationship to child: _____

Address: _____ Post code: _____

Contact phone 1: _____ Contact phone 2: _____

Email: _____

Emergency contact email addresses are only required if your educator operates using Harmony Web.

Is the above listed person authorised to:

| | |
|--------------------------------|--|
| - Collect your child/children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Administer medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Participate in excursions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DOCTOR'S DETAILS

Doctor's name: _____ Contact number: _____

Medical centre address: _____ Post code: _____

CHILD FOR WHOM CARE IS REQUIRED

Child first name: _____ Child surname: _____ Sex: Male Female

Address (if different from parent): _____ Post code: _____

Date of birth: _____ Date care is to commence: _____

Child Customer Reference Number (CRN): _____

N.b, a Child Customer Reference Number (CRN) is necessary in order to claim any Centrelink subsidies. This must be unique.

Medicare number: _____

Country of birth: _____ Origin: Aboriginal Torres Strait Islander Both Neither

Is English the primary language spoken at home? Yes No If no, please specify: _____

Are there any family court orders / parent orders / parenting plans for this child? Yes No

If yes, please complete the family court order / parenting orders / parenting plan form.

Do you give permission for Kath Dickson Family Day Care educators and staff to seek medical assistance in the event of an emergency, and for your child to be transported in an ambulance if necessary? Yes No

Has your child had any major injuries in the past? Yes No If yes, please list: _____

Does your child have any diagnosed medical conditions? E.g., allergies, dietary restrictions, asthma, anaphylaxis: Yes No

If yes, a medical management plan must be completed for your child.

Does your child require additional assistance? E.g., learning, applying knowledge, communication, mobility: Yes No

If yes, please specify: _____

Does your child have any additional needs? E.g., religious, cultural, subject to trauma, linguistic diversity: Yes No

If yes, please specify: _____

CHILD CARE CENTRE / KINDERGARTEN / PREP / SCHOOL ATTENDED (IF APPLICABLE)

Name: _____

Address: _____ Post code: _____

Days and hours attended: _____ Who is responsible during these hours? _____

Does your child require educator transport to and from the above location? Yes No

By signing below, you declare that you understand and agree to the following conditions:

- Upon application, you automatically become a member of the Kath Dickson Family Centre Association.
- Your placement is open to review by the service in accordance with the Child Care Management System Handbook's *Priority of Access*.

Parent/Guardian signature: _____ Date: _____

Information on this form is a requirement in accordance with section 160 of the Education and Care Services National Regulations 2011. Unfortunately, incomplete forms are not able to be processed. Thank you for taking the time to complete this application.