



# IQRA Family Day Care

## Child/ren's Enrolment Form

**Enrolment Date:**    /    /    **Educator's Name:** \_\_\_\_\_

**Please Note:** Prior to your child/ren's position beginning at IQRA Family Day Care it is essential that the following information is complete and kept up to date. This information must be completed by a parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible.

<b>Child/ren's Details:</b>				
	<b>Child One</b>	<b>Child Two</b>	<b>Child Three</b>	<b>Child Four</b>
<b>Given Name</b>				
<b>Family Name</b>				
<b>Gender (M / F)</b>				
<b>Date Of Birth</b>				
<b>Country Of Birth</b>				
<b>Language Spoken At Home</b>				
<b>Child CRN</b>				
<b>Medicare No</b>				
<b>Child/ren's Address(es):</b>				
<b>Is the Child of Aboriginal or Torres Strait Islander Descent</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>

<b>Family Information:</b>			
	<b>Parent 1 / Legal Guardian 1</b>	<b>Parent 2 / Legal Guardian 2</b>	
<b>Given Name</b>			
<b>Family Name</b>			
<b>Relationship to Child</b>			
<b>Date Of Birth</b>			
<b>Country Of Birth</b>			
<b>Parent CRN:</b>			
<b>Contact Numbers</b>	(H) (M) Email:	(H) (M) Email:	
<b>Does the child live with you?</b>	Yes / No	Yes / No	
<b>Parent Address(es):</b>			
<b>Occupation:</b>			
<b>Employer:</b>			
<b>Employment Status:</b> (Please Circle one)	<i>Full Time</i> <i>Part Time</i> <i>Unemployed</i> <i>Student</i> <i>Non Regular Work</i> <i>Pension or Benefits</i>	<i>Full Time</i> <i>Part Time</i> <i>Unemployed</i> <i>Student</i> <i>Non Regular Work</i> <i>Pension or Benefits</i>	
<b>Medical Requirements:</b>			
<b>Name of Child/ren's Doctor/Service</b>		<b>Contact No:</b>	
<b>Address</b>			
<b>Private Health Cover:</b>	Yes / No	<b>Number:</b>	
<b>Ambulance Cover</b>	Yes / No		
<p>Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from the original container, bearing original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner.</p> <p>- Education and Care Services National Regulations. Part 4.2, Regulation 95</p>			

<b>Authorised Nominees for administering medication ( If Applicable):</b>			
A person other than parents, nominated to give Educators authority to administer medication to a child in their care			
<b>Name:</b>		<b>Name:</b>	
<b>Relationship to child/ren:</b>		<b>Relationship to child/ren:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Contact:</b>	(H) (M)	<b>Contact:</b>	(H) (M)

<b>Emergency Contacts (other than parents):</b>			
There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.			
<b>Name:</b>		<b>Name:</b>	
<b>Relationship to child/ren:</b>		<b>Relationship to child/ren:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Contact:</b>	(H) (M)	<b>Contact:</b>	(H) (M)

<b>Authorised Emergency contacts (other than parents/guardians and emergency contacts) who can collect your child/ren.</b>			
In the event that the child/ren are not collected and the parent/guardians cannot be contacted, the children service will arrange someone to collect the child/ren with the additional contacts listed below who must be over 18 years of age. The additional contacts must provide identification when collecting the child/ren.			
<b>Name:</b>		<b>Name:</b>	
<b>Relationship to child/ren:</b>		<b>Relationship to child/ren:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Contact:</b>	(H) (M)	<b>Contact:</b>	(H) (M)

<b><u>Any authorised person who is authorised to authorise an educator to take the Child/ren out side the education and care service premises.</u></b>			
<b><u>Name</u></b>		<b><u>Name</u></b>	
<b><u>Relation To Child/ren</u></b>		<b><u>Relationship To Child/ren</u></b>	
<b><u>Address</u></b>		<b><u>Address</u></b>	
<b><u>Contact Number</u></b>		<b><u>Contact Number</u></b>	

**Parent/Guardian Full Name:** \_\_\_\_\_

**Parent/Guardian Sign:** \_\_\_\_\_

<b><u>Court Orders:</u></b>
<p><b>1) 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/ren or access to the child/ren?</b></p> <p>Yes / No</p> <p><b>2) Are there any other court orders relating to the childs(rens) residence or the childs(rens) contact with a parent of person?</b></p> <p>Yes / No</p> <p><b>If you answered YES to any of the above questions please provide all relevant documentation and paperwork and briefly explain below.</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Staff Member sighting Original:</b> ..... <b>Date:</b> ...../...../.....</p> <p><b>Please note that without this documentation we cannot legally enforce the Order/s.</b></p>

<b>Details For Each Child:</b>				
	<b>Child One</b>	<b>Child Two</b>	<b>Child Three</b>	<b>Child Four</b>
<b>First Name:</b>				
<b>Cultural/Religious Background&amp; relevant practises</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Language(s) spoken at home</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Is your child toilet trained? Do they wear nappies at sleep time?</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Does your child have a development delay or disability? Please specify</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Does your child attend another childcare service? If yes please give the name and days attending</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Has the child been diagnosed as someone who is at risk of anaphylaxis? If YES please attach relevant details. This includes anaphylaxis action plan.</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Does your child have asthma?</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Does your child have any allergy or sensitivity? If YES please attach relevant details such as risk minimisation plan</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Does your child have any dietary restrictions? If YES please detail</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Any other medical conditions or needs that is relevant for us to be aware of?</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Has your child been immunized? If YES please provide copies</b>	Yes / No	Yes / No	Yes / No	Yes / No

<b>Further Information:</b>				
	<b><u>Child One</u></b>	<b><u>Child Two</u></b>	<b><u>Child Three</u></b>	<b><u>Child Four</u></b>
<b>Please provide us with any other information we should know about your child E.g. favourite activities, fears, routines, special words and sleeping practises etc</b>				

<b>Daily Routine Outing Excursion Authorisation:</b>	
<p><b>I (Full Name)_____authorise my child/ren's care provider to take –</b></p> <p>.....(Child 1).....(Child 3)</p> <p>.....(Child 2) .....(Child 4)</p> <p><b>on regular routine outings, providing they travel in a vehicle registered with IQRA FDC Scheme or walk an appropriate distance including the pickup from my home address. The outing may include but are not limited to:</b></p> <p>1. ....(School) 2. ....(kinder)</p> <p>3. ....(Park) 4. .... (Library)</p> <p>5. .... 6. ....</p> <p><b>My child has permission to attend for 12 months after the date listed below and I understand that I can access the Routine Outing Risk Assessment at the service. I also understand that I can cancel my authority at any time.</b></p>	
<p>.....</p> <p><b>(Parent/Guardian Signature)</b></p>	<p><b>Date: ...../...../.....</b></p>
<p>Educator must carrying list: Water/First aid kit/a functional mobile phone /time sheet/Contact Number/ with them at all times. Transport vehicle must have correct car restraint facilities which are approved by the authority and with considering child age, weight and height appropriate.</p> <p>A risk assessment has been completed for this excursion and is available for reviewing for 12 months following this excursion, by asking your educator.</p>	

### Parent Consent for Child Observational Photographs and Videos

I \_\_\_\_\_

(Parent/Guardian Full Name- Please Print)

On Behalf of .....(Child 1) .....(Child 2)

.....(Child 3) .....(Child 4)

At Educator Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

1. Consent to photos/videos of my child being taken care of by Educator of IQRA FDC for observation and planning of the child's development program activities, including websites for advertisements, for undefined period of time.
2. - IQRA FDC Website and Coordination Unit Office Displays  
- Educator (Documents, children observational learning programs for children)  
- IQRA FDC brochure, leaflets and flyers
3. Acknowledge that any images/videos taken by IQRA FDC of my child in connection with planning program activities is an authorized use of my child's image for purpose of copyright Act 1968

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUNSCREEN

I \_\_\_\_\_

(Parent/Guardian Full Name- Please Print)

On Behalf of .....(Child 1) .....(Child 2)

.....(Child 3) .....(Child 4)

At Educator Name \_\_\_\_\_

I give permission for my child to wear sunscreen at any time

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agreed Hours:**

**Child 1's Name:**

**Permanent (     )                      Casual (     )                      Before & After School (     )**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Child 2's Name:**

**Permanent (     )                      Casual (     )                      Before & After School (     )**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Child 3's Name:**

**Permanent (     )                      Casual (     )                      Before & After School (     )**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Child 4's Name:**

**Permanent (     )                      Casual (     )                      Before & After School (     )**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**



<b>Fee Schedule:</b>			
Educator Name:		Educator ABN:	
Parent/Guardian Name:			
<p>This schedule forms part of the Agreement in regards to the child/ren:</p> <p>.....</p> <p>1. The parties acknowledge the range of fees</p> <p>2. Educators are free to set their own rates within IQRA Family Day Care Scheme guidelines</p> <p>3. The hourly fees (inclusive of the service fee payable to IQRA Family Day Care Scheme) to be applied to this agreement are as below:</p>			
<b>Hours</b>	<b>Details</b>	<b>Fee Per Hour</b>	
Standard Hours			\$..... per hour
Non-Standard Hours			\$..... per hour
Weekends/Casual/Public Holiday	Any Hours		\$..... per hour
<p>4. IQRA FDC scheme fee included in the above rates is:</p> <p>\$..... per hour of care per child</p> <p>5. This fee schedule applies from: .....</p> <p>6. This fee schedule will continue to be in order until replaced with another fee schedule signed by all parties</p> <p>7. Two weeks' notice must be given by either party for the termination of the care arrangement. IQRA Family Day Care Scheme reserves the right to terminate care if fees are not paid</p>			
..... Parents Full Name	..... Parents Signature	..... Date	
..... Educators Full Name	..... Educators Signature	..... Date	
..... IQRA FDC Scheme Staff Full Name	..... IQRA FDC Scheme Staff Signature	..... Date	

**Parent and Educator Agreement:**

Date: \_\_\_\_\_

**Part One: Parent/Guardian Section** *(this part should be completed by the Parent/Guardian)*

Parent/Guardian Name: \_\_\_\_\_

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

Phone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Child's/Children's Name/s \_\_\_\_\_

1. I \_\_\_\_\_ (Name of Parent) have inspected the Family Day Care Service provided by \_\_\_\_\_ (Name of Educator) at \_\_\_\_\_ (Address of Educator Residence)

And agree to place the above named child/children in the care of the Educator as set out in the Enrolment Form, or as varied from time to time in accordance with Attendance Records signed by the Parent/Guardian.

2. I agree to comply with all Government requirements in regard to the service provided by the educator as set out in the Policies and Procedures of the Family Day Care.

3. I agree to pay the Educator all appropriate fees (and penalty fees if applicable).

4. I agree that in case of my entitlement to claim child care benefit (CCB) fails due to any reason and I signed IQRA Family Day Care Scheme time sheets for educator to claim money for child care benefit, I will be held responsible for this and will have to reimburse any money if asked by the government.

5. I am aware of the following domestic pets kept at the home: \_\_\_\_\_  
(Please circle one)

\* and agree to my child being allowed limited access to such pets in accordance with the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations and Scheme policies and Procedures

\* request that my child be denied access to such pets at all times.

6. I understand that in the event of accident/injury occurring to my child my Educator will:

- administer appropriate first aid to my child
- make every effort to contact parent or the notified emergency contact persons
- seek medical attention for my child if required from his/her doctor/dentist or the nearest hospital
- arrange for transportation by ambulance

I agree to meet any expenses incurred and request that the following action also be taken:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

7. I understand that the safety, health and wellbeing of child will be the highest priority and provided for my child whilst in care and that my Educator holds public liability insurance. I further understand that this insurance is not the responsibility of the Scheme or the Director of the Family day care should an accident or injury occurs.

8. I understand that my Educator may terminate this Agreement following consultation and liaison with the Scheme Co-coordinator and in the case of permanently booked care, upon giving parent/guardian a minimum fourteen (14) days' notice in writing and refunding any payments in credit.

Parent/Guardian Signature: \_\_\_\_\_ Educator Signature \_\_\_\_\_

**Parent and Educator Agreement:****Part Two: Educator Section** *(this part should be completed by the Educator)*

Educator's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

Child/Children's Names: \_\_\_\_\_

I, \_\_\_\_\_ (Name of Educator) agree to provide education and care service for the above child/children of \_\_\_\_\_ (Name of Parent) on the days and for the hours set out in the Child Enrolment Form or as varied from time to time in accordance with Attendance Records signed by the parent.

I agree to abide by the policies and procedures of the Family Day Care, the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations, Policies of Commonwealth Department of Employment, Education & Workplace Relations (DEEWR) and The Family Assistance Office (FAO) in relation to the care provided at all times.

I agree to accept only the fees properly payable for the education and care provided or as set out in the fee schedule provided by myself.

I agree to consult and liaise with the Coordinator of the Scheme and the parent prior to terminating this Agreement or reducing my availability to provide education and care and to provide a minimum fourteen (14) days' notice in writing of my intention to terminate or reduce availability.

I agree to provide fourteen (14) days prior notice to the parent of my intention to take a leave of absence from the provision of care (or in the case of emergency leave with as much notice as possible) and to assist with arrangement for alternative care of the child/children during my absence.

I agree to use my best endeavors to deny access to the child/children to any person other than those nominated on the Enrolment Form unless the child is under my constant supervision or prior consent of the parent has been obtained.

I agree to restrict outings and excursions available to the child to those agreed to in writing by the parent prior to such outings or excursions taking place.

I agree to keep the parent informed about the child/children's education progress and daily activities whilst in care and to be available to discuss issues relating to care at a mutually agreed time.

I agree to respect the privacy of the parent and the child/children by ensuring that any information regarding the family identity and circumstances and/or the behavior and progress of the child/children is kept strictly confidential at all times. I further agree to liaise only with the Parent, Scheme staff and person authorized by the National Regulations in regard to such information.

I agree to administer medication as requested by the parent in accordance with the parent's written authority, the National Regulations and Scheme Policies only.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>		
Date Applied	...../...../.....	
Educator:		
Educators Address:		
Immunisation Health Record Sighted by Approved Provider	Yes / No	Name: Signature: _____ Date: ....../...../.....
Court Orders Attached if Applicable	Yes / No	Name: Signature: _____ Date: ....../...../.....
Risk Minimisation Plans Attached if Applicable	Yes / No	Name: Signature: _____ Date: ....../...../.....