



23 Rae Street, Mackay 4740
Ph: 4965 9999
Email: admin@mfdc.com.au

ENROLMENT FORM

(Current July 2018)

This enrolment form is to be completed and provided to Mackay Family Day Care Co-ordination Unit **PRIOR** to the child commencing care. All information will be kept confidentially by the staff in the Co-ordination Unit and the Educators of the Service.

It is essential that all areas of the form are completed and the information is updated any time there are changes to the family circumstances.

Educator Name: Registration Date:

\$25 Enrolment Fee Paid: YES NO Receipt No:

Please print clearly using a BLACK PEN and ensure all details are provided.

PARENT/GUARDIAN 1 (claiming Benefits)

Given Names: Surname:

Date of Birth: CRN:

Residential Address: (Number/Street)
(Suburb) (Postcode):

Postal Address (if different)

Phone: (H)..... (M) Email:

Employment: Full Time Part Time Casual Unemployed Studying

Workplace: Work Ph:

PARENT/GUARDIAN 2

First Name: Surname:

Address: (Number/Street)
(Suburb) (Postcode).....

Phone: (H) (M) Email:

Employment: Full Time Part Time Casual Unemployed Studying

Workplace: Work Ph:

HOME ENVIRONMENT

Country of Birth: Mother: Father:

Religion/Culture/Ethnic Background: Mother: Father:

Primary Language: Mother: Father:

Are you of Aboriginal or Torres Strait Islander origin?

Mother: NO Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

Father: NO Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

AUTHORISED NOMINEES

First Name: Surname: Relationship to Child:

Address: (Number/Street)

(Suburb) Postcode:

Phone: (H) (M) (W)

Email:

This person is hereby authorised to perform the following duties on behalf of the parents:

| | | |
|--|------------------------------|-----------------------------|
| Authority to Collect: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority to Contact in Emergency: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority for Excursion Permission: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority for Permission to Administer Medication: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

First Name: Surname: Relationship to Child:

Address: (Number/Street)

(Suburb) Postcode:

Phone: (H) (M) (W)

Email:

This person is hereby authorised to perform the following duties on behalf of the parents:

| | | |
|--|------------------------------|-----------------------------|
| Authority to Collect: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority to Contact in Emergency: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority for Excursion Permission: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority for Permission to Administer Medication: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

First Name: Surname: Relationship to Child:

Address: (Number/Street)

(Suburb) Postcode:

Phone: (H) (M) (W)

Email:

This person is hereby authorised to perform the following duties on behalf of the parents:

| | | |
|--|------------------------------|-----------------------------|
| Authority to Collect: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority to Contact in Emergency: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority for Excursion Permission: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Authority for Permission to Administer Medication: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

CUSTODIAL INFORMATION

Are there any Court Orders, Parenting Orders or Parenting Plans in place? YES NO

If you answered YES to the above question, please supply a certified copy of the paperwork to the Co-ordination Unit **prior to care commencing**.

CHILD DETAILS

Given Name: Surname:

Date of Birth: Gender: Male Female

CRN: Child's Medicare No:

Address:

Country of Birth: Primary Language:

Religion/Culture/Ethnic Background:

Is the Child of Aboriginal or Torres Straits Islander origin?

NO Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Are your child's Immunisations up to date? YES NO Has Immunisation History Statement been sighted by MFDC Staff? YES NO **HEALTH OF CHILD**Does your child require regular medications? YES NO

If YES, please provide details:

Does your child suffer from any of the following conditions:

| Condition | YES / NO | Details |
|--------------------------------------|----------|---------|
| Allergies | | |
| Asthma or recurrent chest infections | | |
| Anaphylaxis | | |
| Diabetes | | |
| Seizures | | |
| Eczema | | |
| Hearing or speech problems | | |
| Special Dietary requirements | | |

If you have answered YES to any of the above, please supply an Action Plan from your doctor and/or a Risk Minimisation and Communication Plan for each one.

MEDICAL INFORMATION

Name of Child's Doctor:

Doctor's Full Address: (Number/Street)

(Suburb) Postcode:

Phone:

SCHOOL CHILD

| | |
|-----------------|--|
| Name of School: | Transport required? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----------------|--|

NOTE: School children are booked from Term to Term. Parents requiring care for school-aged children during school holidays MUST make a separate booking for School Vacation Care.

PARENT/GUARDIAN DECLARATION

- I agree to notify the Mackay Family Day Care office staff in the event there are any alterations to the information on file relating to my child/children. This includes changes to booked days and/or hours of care, changes of address, telephone numbers, emergency contacts, custodial conditions etc.
- I understand that if a Custody Order or Domestic Violence Order is in place for my child/children in care, I must provide a copy of the document to the Educator and the Mackay Family Day Care Scheme office.
- I agree to pay for all hours of care that I have booked for my child/children with the Educator when it becomes due.
- I agree to pay the amount of the weekly Family Service fee (Levy) as required by the Mackay Family Day Care Association Incorporated.
- I agree to provide the Educator and the Mackay Family Day Care Scheme notice as outlined in the Educator’s Fee Schedule when terminating care for my child/children.
- I agree to pay the Educator in full, any fees that are outstanding at the time of the termination of the care arrangement.
- I understand that if my child does not attend care on their first or last booked day, I will be charged full fees and no CCS will be applied for any booked days my child is absent before their first or after their last actual attendance.
- I agree to inform the Educator as soon as possible prior to the regular booked time of arrival if there is to be a delay in the time my child/children will arrive at the Educator’s home, or if my child/children will be absent from care.
- I understand that the Educator will not care for my child/children if at any time they are suffering from any infectious disease or illness which may jeopardise the health and wellbeing of the Educator and other children in his/her care.
- I authorise the Educator or Mackay Family Day Care Scheme staff to seek emergency medical treatment in an emergency situation.
- I authorise the Educator or Mackay Family Day Care Scheme staff to provide my child/children with medical attention in an emergency situation.
- I understand that in an emergency situation which may involve the Educator and/or other children in care, another person may be called upon to supervise my child/children until such time as I can be contacted and am able to arrange for my children to be collected from care.
- I understand that my child/children will not be given any medication by the Educator unless a Medication Form has been completed correctly.
- I understand that photographs of my child/children may be taken by the Educator for the purpose of documenting the educational programme.

PARENT/GUARDIAN SIGNATURE:

MFDC REPRESENTATIVE SIGNATURE:

DATE:



Mackay
**Family
Day Care**

23 Rae Street, Mackay
Ph: 4965 9999
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Website: www.mfdc.com.au

ENROLMENT BOOKING CONFIRMATION

NAME OF CHILD: _____

DATE OF BIRTH: ____/____/____

EDUCATOR: _____

CARE ARRANGEMENT:

- Routine Care with Casual Care Permitted
- Casual Flexible Care/Roster Arrangement **

WEEK 1: START AND FINISH TIMES MUST BE INCLUDED

| MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL HOURS |
|-----|-----|-----|-----|-----|-----|-----|-------------|
| | | | | | | | |
| | | | | | | | |

TOTAL FEES (INCLUDING LEVY)*: \$

*Does not include any food or travel costs (please see Educator Fee Schedule and discuss with Educator if provided)

**** Casual Flexible Care/Roster Arrangement is charged at \$ _____ per hour**

Note: Fees are subject to change. Total fee is before child care subsidy reduction

WEEK 2 (IF DIFFERENT FROM WEEK 1)

| MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL HOURS |
|-----|-----|-----|-----|-----|-----|-----|-------------|
| | | | | | | | |
| | | | | | | | |

TOTAL FEES (INCLUDING LEVY)*: \$

*Does not include any food or travel costs (please see Educator Fee Schedule and discuss with Educator if provided)

**** Casual Flexible Care/Roster Arrangement is charged at \$ _____ per hour**

Note: Fees are subject to change. Total fee is before child care subsidy reduction

PARENT NAME: _____

PARENT SIGNATURE: _____

BOOKING START DATE: _____