

# HAMILTON INDOOR LEISURE AND AQUATIC CENTRE OCCASIONAL CHILDCARE ENROLMENT FORM



## HILAC OCCASIONAL CHILDCARE

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Occasional Care Coordinator  
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## SOUTHERN GRAMPIANS SHIRE COUNCIL

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ABN 55 135 536 448

File D/21/47045

## THE ENROLMENT PROCESS

<span style="color: red; font-weight: bold;">✓</span> <b>FOUR IMPORTANT STEPS TO ENROL YOUR CHILD</b>		
<b>You will be provided with further information on this process in the Information Handbook.</b>		
<b>1.</b>	<p><b>Primary Parent/Guardian 1</b> makes a claim for Child Care Subsidy (CCS) with Centrelink.</p> <p>This can be completed via your Express Plus Centrelink app or by logging into your myGov account on the my.Gov website or app.</p>	
<b>2.</b>	<p><b>Primary Parent/Guardian 1</b> and Hamilton Indoor Leisure and Aquatic Centre Occasional Care agree on an 'Arrangement of care of the child'.</p> <p>This includes submitting the <i>Compliant Written Agreement Enrolment</i> form, <i>Booked Hours</i> form, <i>Schedule of Fees and Charges</i> form, and current <i>Immunisation History Statement</i>.</p>	
<b>3.</b>	<p>Hamilton Indoor Leisure and Aquatic Centre Occasional Care submits an online 'Enrolment Notice' to Centrelink.</p>	
<b>4.</b>	<p><b>Primary Parent/Guardian 1</b> confirms the enrolment details with Centrelink:</p> <ol style="list-style-type: none"> <li>1. <b>Primary Parent/Guardian 1</b> will receive a notification within their online myGov account to confirm the enrolment details submitted by the Hamilton Indoor Leisure and Aquatic Centre Occasional Care.</li> </ol>	

✓ ITEMS YOU WILL NEED TO COMPLETE ENROLMENT			
Child Immunisation History Statement		Child Medicare Number	
Child Customer Reference Number (CRN)		Parent Customer Reference Number (CRN)	
Letter of Assessment for Child Care Subsidy (CCS) – <i>accessed within your myGov account</i>		Custody or Parenting Court Orders – <i>if applicable</i>	
Your child's regular Doctor details		Contact information for Child Emergency Contacts	
Asthma Action Plan – <i>if applicable</i>		Risk Minimisation Plan – Asthma – <i>if applicable</i>	
Anaphylaxis Action Plan <i>if applicable</i>		Risk Minimisation Plan – Anaphylaxis - <i>if applicable</i>	
Risk Minimisation Plan – Health Condition - <i>if applicable</i>		Additional Needs Information - <i>if applicable</i>	
Booking Information		Outing Authorisation Form	
Signed Schedule of Fees and Charges		Email Address	

## IMPORTANT INFORMATION FOR FAMILIES

### CONFIDENTIALITY OF RECORDS

**Keeping your child and family records confidential is of the highest priority to your Educator and all staff at Hamilton Indoor Leisure and Aquatic Centre Occasional Care.** Regulation 122 of the Children's Services Regulations 2020 states:

The approved provider of a children's service must ensure that information kept in a record under these Regulations is not divulged or communicated, directly or indirectly, to another person other than to the extent necessary for the education and care or medical treatment of the child to whom the information relates; or a parent of the child to whom the information relates, except in the case of information kept in a staff record; or the Regulatory Authority or an authorised officer; or as expressly authorised, permitted or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

### PARENTAL RESPONSIBILITY

#### Parents

All parents have duties, powers, responsibilities and authority in relation to their children that can only be changed by a court order. A parent, in relation to a child, includes a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. It is not affected by the relationship between the parents, such as whether or not they have lived

together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

### Guardians

A guardian in relation to a child, means the legal guardian of the child or person. A legal guardian is given parental responsibility by a court order.

### Informal Care Arrangement

In some circumstances a child may be living with a guardian in an informal care arrangement without a court order. In these cases, the person(s) the child is living with and who has the day-to-day care and control of the child is the guardian(s). This person is generally a member of the child's extended family such as grandparents, siblings, aunts and/or uncles.

## **COURT ORDERS**

A court order varying parental responsibility can be made under the Family Law Act 1975, the Children Youth and Families Act 2005 and the Family Violence Protection Act 2008.

A court order outlines the powers, duties, responsibilities or authorities of a person in relation to a child. IT may take away the authority of a parent to do something, or may give it to another person.

If there are any court orders in place relating to the powers, duties, responsibilities or authorities of any person(s) in relation to the child or access to the child, the parent/guardian must ensure to provide a copy of these upon enrolment.

The Hamilton Indoor Leisure and Aquatic Centre Occasional Care must be familiar with any court orders and abide by them as they relate to the provision of education and care of the child.

## IMMUNISATION HISTORY STATEMENT

It is a requirement under the Australian and Victorian Government's 'No Job, No Play' and 'No Jab, No Pay' legislation that all children attending a child care service must be fully immunised. To have an enrolment confirmed for a child in Family Day Care, parents/guardians must provide the service with:

- a current *Immunisation History Statement* from the Australian Immunisation Register (AIR); **AND**
- the statement must show that the child is up to date with all vaccinations that are due for their age, or that they are able to receive.

The *Immunisation History Statement* from the AIR lists the vaccines your child has received and, if applicable, which vaccines are due in the future and when. Medical exemption may also be listed, where applicable.

An *Immunisation History Statement* from the AIR is the **only** type of immunisation record accepted by early childhood education and care services for the purposes of confirming enrolment, and must be provided within the two months prior to the child starting at the service.

The Medicare logo and Australian Government crest must be present and identifiable to be considered a valid *Immunisation History Statement*. For example, if the statement is page two of a letter from Medicare, both pages need to be presented to the service to confirm enrolment.

You can obtain a copy of your child's *Immunisation History Statement* anytime by accessing your online myGov or Express Plus Medicare account, visiting the Medicare Office or by phoning the Australian Childhood Immunisation Register on 1800 653 809.

If your child is not immunised or up to date with their immunisations you will need to discuss with the Occasional Care Coordinator, who can assist you to assess your eligibility to meet the medical exemption or the grace period criteria.

Under the 'No Jab, No Play' legislation, parents/guardians are obligated to provide the Family Day Care Coordination Unit Office Staff with the current Immunisation History Statement **each time** your child's immunisations are updated.

For further information, you can visit the Health Victoria website:

<https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play>

## BOOKINGS

If you wish to book an ongoing routine care arrangement, you will be given a *Booked Hours Form* which you will be asked to agree to and sign prior to the commencement of care and prior to any changes in care arrangements.

The hours on this form are an agreement between the **Primary Parent/Guardian 1** (Responsible Parent) and the Educator about the hours you will be charged for, regardless to whether you use the hours stated.

Please note that additional charges will apply if you use outside of the hours agreed to on the *Booked Hours Form*.

Sessions are charged on an hourly basis. The following sessions are offered:

- 9:00am to 10:00am
- 10:00 to 11:00am
- 11:00am to 12:00pm

### CASUAL BOOKINGS

Casual bookings can be made any time at Hamilton Indoor Leisure and Aquatic Centre Reception up to three (3) weeks in advance. Casual bookings taken before 2pm prior to the next operating day will have the fee due written in the *Fee Due* box on the *Occasional Care Bookings Daily Sheet*.

### ROUTINE BOOKINGS

All routine bookings are in place for one (1) school term, families must make a new booking at the end of each school term, in order to do this parents are required to fill in a Request form along with a Schedule of fees and charges form and submit by the date stated.

These Routine Bookings may be extended to cover school holidays by arrangement.

Bookings for the new year are taken two weeks prior to the commencement of Term 1.

## CHILD: STAFF RATIOS

Hamilton Indoor Leisure and Aquatic Centre Occasional Care must remain compliant with the child: staff ratios at all time, as prescribed by the Children's Services Regulations 2020.

Families may leave their child at the service prior no more than 5 minutes prior to the hourly session starting if the child: staff ratio permits them to do so. Please consult with the HILAC Occasional Care staff upon arrival.

To ensure compliance with the child: staff ratios, children must be collected on time at the end of their booked session.

## CHILD CARE SUBSIDY & CUSTOMER REFERENCE NUMBERS

Prior to commencement, you must provide your Customer Reference Number (CRN) and your child's CRN. These are allocated by the Family Assistance Office (FAO) unless you will not be claiming Child Care Subsidy (CCS). Customer Reference Number details uniquely identify each family and child, allowing reconciliation of a child's usage of care.

The level of Child Care Subsidy your family will receive is determined by your combined family income, the activity level of parents, and the type of childcare service. The current hourly rate cap for Occasional Care is \$12.20 per hour per child.

You can access the Australian Government Department of Education Skills and Employment fact sheet, which outlines the 2020/2021 Child Care Subsidy Rates here:

<https://www.dese.gov.au/child-care-subsidy/resources/child-care-subsidy-rates-13-july-2020>

Families are responsible to apply to the Family Assistance Office/Centrelink for childcare subsidy prior to commencement, otherwise **full fees will be charged**. You can apply by accessing your Centrelink online account through the myGov website.

Your family entitlements can be estimated by entering your details into the online Human Services Fee Estimator located at:

[https://www.centrelink.gov.au/custsite\\_pfe/pymtfinderest/paymentFinderEstimatorPage.jsf?wec-appid=pymtfinderest&wec-locale=en\\_US#stay](https://www.centrelink.gov.au/custsite_pfe/pymtfinderest/paymentFinderEstimatorPage.jsf?wec-appid=pymtfinderest&wec-locale=en_US#stay)

Further information can be found by visiting [www.education.gov.au/childcare](http://www.education.gov.au/childcare) .

#### ENROLMENT CONFIRMATION

Once you have submitted your signed *Compliant Written Arrangement Enrolment Form*, and other relevant documents, we will enter the enrolment and booking details into our third party software and formalize your child's enrolment. **Primary Parent/Guardian 1** will then receive an email to confirm the enrolment with Hamilton Indoor Leisure and Aquatic Centre Occasional Care.

If **Primary Parent/Guardian 1** believes any of the details incorrect, they will need to notify the Occasional Care Coordinator so the enrolment details can be reviewed. Once the enrolment has been updated, we will re-send the email to **Primary Parent Guardian 1** confirming the enrolment.

## CONFIRMING YOUR ENROLMENT WITHIN myGov

Once **Primary Parent/Guardian 1** has confirmed the child's enrolment with our service, they need to log onto their online myGov account where they will have a notification asking **Primary Parent/Guardian 1** to confirm the enrolment details submitted by Hamilton Indoor Leisure and Aquatic Centre Occasional Care.

Please note – if this action has not been completed within your online myGov account, **you will not receive Child Care Subsidy payments** and **Primary Parent/Guardian 1** will be charged for the **full** amount owing for all education and care services used.

## GOVERNMENT PRIORITY OF ACCESS

To ensure services are reflecting the Australian Government's intention to assist families who are most in need, and support the safety and wellbeing of children at risk in accordance with the Framework for Protecting Australia's Children 2009-2020, providers are asked to prioritize filling vacancies as follows:

- **Priority 1** - a child **at risk** of serious abuse or neglect
- **Priority 2** - a child of a **sole parent** who satisfies, **or parents** who both satisfy, the activity test through paid employment.
- **Priority 3** - A child who's family is using Hamilton Indoor Leisure and Aquatic Centre sporting facilities.
- **Priority 4** - any other child

Any child who gains a childcare place under Priority 3 or 4 may be asked to leave the service, swap days or hours or to cut back days to allow for a higher priority child to be placed. If this occurs, we will endeavor to give a minimum of 2 weeks notice.



## FEES AND CHARGES

Hamilton Indoor Leisure and Aquatic Centre Occasional Care fees are set annually, in line with the Southern Grampians Shire Council budget process. Parents/Guardians receive fee information prior to enrolment, and are notified of any fee changes prior to the commencement of each financial year period.

The current range of fees for the **2020-2021** period are:

**Child 1:** \$11.00 per hour

**Child 2:** \$9.50 per hour

**HILAC Members:** \$9.50 per hour

The minimum fee charged is one hour.

Child Care Subsidy is paid directly to the Hamilton Indoor Leisure Aquatic Centre Occasional Care service and this is used as a fee reduction (visible on the family's statement).

Families must pay the difference between the fee charged and the subsidy amount- the 'gap' amount.

Fees are payable at HILAC reception on the day care is provided and prior to collecting your child from care. A receipt will be issued and this must be presented to Occasional Care staff when collecting your child from care.

If a family fails to pay the required fees by the end of the session week a reminder letter will be issued requesting payment. Further bookings cannot be made until the outstanding account is settled.

By signing the *Compliant Written Agreement Enrolment Form*, families are accepting the schedule of fees and charges associated with using Hamilton Indoor Leisure and Aquatic Centre Occasional Care.

## ABSENCES

Families are requested to contact the Occasional Care service if their child is unable to attend a particular session.

Families must still pay the 'gap' fee for the full session when:

- Their child is unable to attend their booked routine session (this fee does not apply to the first or last day of a Routine Booking).
- Their child does not attend their booked casual session without notifying the service
- Cancellation for a booked session is not made before 8.30am of the session day.

Absence fees will be added to the fees charged when the child next attends care.

The Child Care Subsidy will apply to 42 allowable absence days per child, per financial year. You may be eligible for additional absence days for reasons as defined in the Family Assistance Law. Please read the Information Handbook for further information on eligibility.

Records will be kept by the service for each absence and families can view their absence count via their online Centrelink account in myGov.

If a child is absent for a period of 14 weeks or more, the enrolment will be taken as ended. Even when an absence of more than 14 weeks is planned, a new enrolment notice will need to be submitted when care recommences after the absence.

If a child is absent for more than 6 weeks, the enrolment will be automatically ended.

Please contact the Occasional Care Coordinator to discuss if any of the above circumstances apply to you.

In a period of local emergency, such as bushfire or pandemic, and the service is temporarily shut down on public health advice, families may be provided with additional absence days as per Family Assistance Law legislation.

## BUSH FIRE AT RISK REGISTER (BARR)

If at any time, the Hamilton Indoor Leisure and Aquatic Centre Occasional Care is placed on the Department of Education and Trainings' Bush Fire At Risk Register (BARR), the service will close for all declared CODE RED days for the meteorological weather district. Rostered staff will monitor the CFA website [www.cfa.vic.gov.au](http://www.cfa.vic.gov.au) and will notify parents/guardians by phone call or text message as soon as possible.

An absence fee will not be charged for any declared CODE RED period which fall on a day your child is booked into care.

### STATEMENT OF ENTITLEMENT

The Australian Government requires services to provide families with usage statements which show the cost of care, hours charged, actual hours used, and the CCS usage for that period. These usage statements will be provided to the responsible parent's (**Primary Parent/Guardian 1**) email address every two weeks.

Parents/Guardians can view their determination of entitlement at any time, using their online Centrelink account. Parents will receive a notice of all determinations of entitlement during each quarter from Centrelink.

Please note the *Statement of Entitlement* **is not** an invoice requesting payment.

### CEASING ENROLMENT

Families must provide a **minimum of 2 weeks'** notice of their intention to cease their enrolment with Hamilton Indoor Leisure and Aquatic Centre Occasional Care. This can be completed via phone call, email, or in person.

### COMMUNICATION

Open communication between families and the HILAC Occasional Care staff is encouraged. This will ensure the education & care experience is positive and enjoyable for all.

The Occasional Care Coordinator is also available to talk to you about your child's care and education. We welcome contact by phone, email or in person.

## CHILD DETAILS

**Reason for Application:**

At Risk       Working       Studying       Training       Other

First Name:	Middle Name:	Surname:
Preferred Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:    /    /
Country of Birth:	Language/s Spoken at Home:	Religion:
Child CRN: <div style="text-align: center; font-family: monospace; font-size: 1.2em;">             _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _           </div>		
Street Address:		
Suburb/Town:	State:	Post Code:
Is your child		
Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Yes, Both <input type="checkbox"/>
Neither <input type="checkbox"/>	Prefer Not To Say <input type="checkbox"/>	

## FAMILY DETAILS

### PRIMARY PARENT/GUARDIAN 1

This is the 'Individual' who is responsible for the child's care and who is liable to pay the childcare fees. The 'Individual' is the person who will claim for the Child Care Subsidy through Centrelink.

First Name:	Middle Name:	Surname:
Parent/Guardian CRN: <div style="text-align: center; color: red; font-weight: bold;">             _____ / _____ / _____ / _____           </div>		
Relationship to Child:		
Lives with Child? Yes <input type="checkbox"/> No <input type="checkbox"/> Shared Care <input type="checkbox"/> Other <input type="checkbox"/>		
Preferred Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: : / /
Country of Birth:	Language/s Spoken:	Religion:
Street Address:		
Suburb/Town:	State:	Postcode:
Postal Address – <i>if different to home address:</i>		
Suburb/Town:	State:	Postcode:
Home Phone:	Mobile:	Email:
Occupation:	How many hours worked per week?	
Organisation Name:		
Work Address:		
Suburb/Town:	State:	Postcode:
Work Phone:	Work Mobile:	Email:
Do you need access to an interpreter?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECONDARY PARENT/GUARDIAN		
First Name:	Middle Name:	Surname:
Relationship to Child:		
Lives with Child?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Shared Care <input type="checkbox"/> Other <input type="checkbox"/>
Preferred Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: : / /
Country of Birth:	Language/s Spoken:	Religion:
Home Address:		
Suburb/Town:	State:	Postcode:
Postal Address– if different to home address:		
Suburb/Town:	State:	Postcode:
Home Phone:	Mobile:	Email:
Occupation:	How many Hours worked per week?	Organisation Name:
Work Address:		
Suburb/Town:	State:	Postcode:
Work Phone:	Email:	
Does this person need access to an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		

THIRD PARENT/GUARDIAN		
First Name:	Middle Name:	Surname:
Relationship to Child:		
Lives with Child?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Shared Care <input type="checkbox"/> Other <input type="checkbox"/>
Preferred Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: : / /
Country of Birth:	Language/s Spoken:	Religion:
Home Address:		
Suburb/Town:	State:	Postcode:
Postal Address– if different to home address:		
Suburb/Town:	State:	Postcode:
Home Phone:	Mobile:	Email:
Occupation:	How many Hours worked per week?	Organisation Name:
Work Address:		
Suburb/Town:	State:	Postcode:
Work Phone:	Email:	
Does this person need access to an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		

CONTACT PERSON 1		
First Name:	Middle Name:	Surname:
Relationship to Child:		
Street Address:		
Suburb/Town:	State:	Postcode:
Home Phone:	Mobile:	Work Phone:
Email:	This person is over 18 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CONTACT PERSON 1 IS AUTHORISED TO:	
Collect your child  Yes <input type="checkbox"/> No <input type="checkbox"/>	Be an Emergency Contact to be notified of any accident, injury, trauma or illness and consent to the Medical Treatment and Administration of Medication in the event parent/guardian cannot be contacted:  Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide consent to HILAC Occasional Care staff to remove your child from HILAC Occasional Care for a routine or non-routine outing:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide consent to HILAC Occasional Care staff to transport your child in a vehicle:  Yes <input type="checkbox"/> No <input type="checkbox"/>
Request the Administration of Medication:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Sign Incident/Injury Reports:  Yes <input type="checkbox"/> No <input type="checkbox"/>



CONTACT PERSON 2		
First Name:	Middle Name:	Surname:
Relationship to Child:		
Street Address:		
Suburb/Town:	State:	Postcode:
Home Phone:	Mobile:	Work Phone:
Email:	This person is over 18 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CONTACT PERSON 2 IS AUTHORISED TO:	
Collect your child  Yes <input type="checkbox"/> No <input type="checkbox"/>	Be an Emergency Contact to be notified of any accident, injury, trauma or illness and consent to the Medical Treatment and Administration of Medication in the event parent/guardian cannot be contacted:  Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide consent to HILAC Occasional Care staff to remove your child from HILAC Occasional Care for a routine or non-routine outing:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide consent to HILAC Occasional Care staff to transport your child in a vehicle:  Yes <input type="checkbox"/> No <input type="checkbox"/>
Request the Administration of Medication:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Sign Incident/Injury Reports:  Yes <input type="checkbox"/> No <input type="checkbox"/>

CONTACT PERSON 3		
First Name:	Middle Name:	Surname:
Relationship to Child:		
Street Address:		
Suburb/Town:	State:	Postcode:
Home Phone:	Mobile:	Work Phone:
Email:	This person is over 18 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CONTACT PERSON 3 IS AUTHORISED TO:	
Collect your child  Yes <input type="checkbox"/> No <input type="checkbox"/>	Be an Emergency Contact to be notified of any accident, injury, trauma or illness and consent to the Medical Treatment and Administration of Medication in the event parent/guardian cannot be contacted:  Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide consent to HILAC Occasional Care staff to remove your child from HILAC Occasional Care for a routine or non-routine outing:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide consent to HILAC Occasional Care staff to transport your child in a vehicle:  Yes <input type="checkbox"/> No <input type="checkbox"/>
Request the Administration of Medication:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Sign Incident/Injury Reports:  Yes <input type="checkbox"/> No <input type="checkbox"/>

CONTACT PERSON 4		
First Name:	Middle Name:	Surname:
Relationship to Child:		
Street Address:		
Suburb/Town:	State:	Postcode:
Home Phone:	Mobile:	Work Phone:
Email:	This person is over 18 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CONTACT PERSON 1 IS AUTHORISED TO:	
Collect your child  Yes <input type="checkbox"/> No <input type="checkbox"/>	Be an Emergency Contact to be notified of any accident, injury, trauma or illness and consent to the Medical Treatment and Administration of Medication in the event parent/guardian cannot be contacted:  Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide consent to HILAC Occasional Care staff to remove your child from HILAC Occasional Care for a routine or non-routine outing:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide consent to HILAC Occasional Care staff to transport your child in a vehicle:  Yes <input type="checkbox"/> No <input type="checkbox"/>
Request the Administration of Medication:  Yes <input type="checkbox"/> No <input type="checkbox"/>	Sign Incident/Injury Reports:  Yes <input type="checkbox"/> No <input type="checkbox"/>

## COURT / CUSTODIAL ORDERS

Are there any Court Orders, Parenting Orders, Parenting Plans or Intervention Orders of any person in relation to the child?

Yes  No

Are there any other Court Orders relating to the child's residence or the child's contact with a parent or other person?

Yes  No

Please attach a copy of all relevant documentation. Staff cannot enforce parent's requests without copies of current court orders or documentation.

Copy of Court/Custodial Order or Plan attached?

Yes

## HEALTH INFORMATION

### DOCTOR DETAILS

Child's Doctor Name:

Service Name:

Street Address:

Suburb/Town:

State:

Postcode:

Phone:

### MEDICARE & HEALTH CARE CARD DETAILS

Child's Medicare No:

-----

Health Care Card:

Yes  No

Health Care Card No:

Health Care Card Expiry Date: / /

AMBULANCE COVER DETAILS	
Ambulance Victoria Membership:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulance Membership No:	Ambulance Membership Expiry: / /

IMMUNISATION
Child Immunisations are up to date:
Yes <input type="checkbox"/> No <input type="checkbox"/>
If your child's Immunisations are <u>not</u> up to date, please state a reason. You may be asked to provide supporting documents:

OFFICE USE ONLY – CHILD HEALTH RECORD
Child Health Record has been sighted by Occasional Care Coordinator or Staff:
Yes <input type="checkbox"/> No <input type="checkbox"/>
Occasional Care Coordinator/Staff Full Name:
Occasional Care Coordinator/Nominated supervisor
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>X</p> </div> <p>Occasional Care Coordinator/Occasional Care Staff</p>
Date: / /

CHILD HEALTH INFORMATION			
Does your child have any other Allergy, Intolerance, Medical Condition or Health Care Need? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please tick all that apply:			
Allergies <input type="checkbox"/>	Eczema <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Autism <input type="checkbox"/>
Developmental Delay <input type="checkbox"/>	Diabetes <input type="checkbox"/>	ADHD <input type="checkbox"/>	Intolerance <input type="checkbox"/>
High Temperature Convulsions <input type="checkbox"/>	Physical Disability <input type="checkbox"/>	Other <input type="checkbox"/>	
If you have ticked any of the above, please provide full details to assist us to meet their needs:			
Please note that if any of the above applies we will require a copy of any <u>Medical Management Plan</u> (if applicable), and you will be required to complete a <u>Risk Minimisation Plan for Health Care Need, Allergy or Medical Condition form</u> .			

ASTHMA
Has your child been diagnosed with Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please note that you will be required to provide a copy of your child's individual <u>Medical Management Plan</u> for your child signed by your child's medical practitioner and complete a <u>Risk Minimisation Plan for Asthma form</u> . You will be provided with a copy of the Hamilton Indoor Leisure and Aquatic Centre Occasional Care <u>Asthma Management Policy</u> .

ANAPHYLAXIS
Has your child been diagnosed with Anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please note that you will be required to provide a copy of your child's individual <u>Medical Management Plan</u> for your child signed by your child's medical practitioner and you will need to complete a <u>Risk Minimisation Plan for Anaphylaxis form</u> . You will be provided with a copy of the Hamilton Indoor Leisure and Aquatic Centre Occasional Care <u>Anaphylaxis Management Policy</u> .

#### ADDITIONAL NEEDS

Does your child have Additional Needs?

Yes  No

If yes, please provide full details to assist us to meet their needs:

Please note that you will be required to provide a copy of your child's individual Medical Management Plan for your child signed by your child's medical practitioner (if applicable) and you will need to complete a Risk Minimisation Plan for Health Care Need, Allergy or Medical Condition form.

#### DIETARY REQUIREMENTS

Does your child have any Dietary or Cultural Restrictions or Dislike to a particular Food?

Yes  No

If yes, please provide full details to assist us to meet their needs:

### FAMILY CULTURE/RELIGIOUS REQUIREMENTS

#### CULTURAL/RELIGIOUS REQUIREMENTS

Does your child have any Cultural or Religious Requirements that you would like observed when your child is in care?

Yes  No

If yes, please provide details:

## ADDITIONAL SERVICES INFORMATION

### OTHER APPROVED EDUCATION & CARE SERVICES

Will your child be using another approved education and care service in addition to Hamilton Indoor Leisure and Aquatic Centre Occasional Care? For example: Family Day Care, Long Day Care Centre, Before or After School Hours Care:

Yes  No

Please provide details if you answered YES to the above question:

Name of additional education and care Service: \_\_\_\_\_

#### DAYS/TIMES CHILD ATTENDS ADDITIONAL CHILD CARE SERVICE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME	am pm	am pm	am pm	am pm	am pm	am pm	am pm
FINISH TIME	am pm	am pm	am pm	am pm	am pm	am pm	am pm

### KINDERGARTEN

Will your child be attending Kindergarten during the year?

YES - 3 year old Kindergarten  YES - 4 year old Kindergarten  NO

Please provide details if you answered YES to the above question:

Name of Kindergarten: \_\_\_\_\_

#### DAYS/TIMES CHILD ATTENDS KINDERGARTEN

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME	am pm	am pm	am pm	am pm	am pm	am pm	am pm
FINISH TIME	am pm	am pm	am pm	am pm	am pm	am pm	am pm



**SCHOOL**

Does your child attend School?

Yes

No

Date you expect your child to begin School: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please provide details if you answered YES to the above question:

Name of School: \_\_\_\_\_ Year Level/Grade: \_\_\_\_\_

**ADDITIONAL CHILD AT ANOTHER SERVICE**

Will you have an additional child in care with another approved child care service at the same time as the child named on this form is using HILAC Occasional Care?

Yes

No

Please provide details if you answered YES to the above question:

Name of Additional Child Care Service: \_\_\_\_\_

**DAYS/TIMES CHILD ATTENDS ADDITIONAL CHILD CARE SERVICE**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME	am pm	am pm	am pm	am pm	am pm	am pm	am pm
FINISH TIME	am pm	am pm	am pm	am pm	am pm	am pm	am pm

## PARENT AUTHORISATIONS

Please read the following information and authorisations carefully. By signing and dating at the end of this form, you will be giving your parental consent. If you are unsure about anything, please ask the Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff.

### GENERAL

I give Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff permission to:

1.	Apply Sunscreen to my child (either provided by the parent/guardian or supplied by the service) Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Apply Nappy Cream as required (supplied by parents/guardians) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Apply insect repellent as required (supplied by parents/guardians) Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Apply Band-Aids or Sticking Plasters when necessary (supplied by the service) Yes <input type="checkbox"/> No <input type="checkbox"/>

### WATER PLAY

I give Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff permission to:

5.	Provide opportunities for my child to participate in water play activities while in the constant supervision of the HILAC Occasional Care staff – if applicable. Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	I am aware that no child while attending HILAC Occasional Care is permitted to swim in a private or public swimming pool or in any other body of water. Yes <input type="checkbox"/> No <input type="checkbox"/>

## OUTINGS

I give Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff permission to:

7. Accompany my child to leave HILAC Occasional Care to participate in Routine and Non-Routine Outings (Excursions), as determined by HILAC Occasional Care staff. (*Routine or Non-Routine Outing Authorisation* forms must be signed prior to your child being removed from HILAC Occasional Care.)
- Yes  No

## EMERGENCY EVACUATION PRACTICES

I acknowledge that Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff:

8. Will supervise my child when leaving HILAC Occasional Care to participate in mandatory emergency evacuation practices (*Routine Outing Authorisation* forms must be signed prior to your child being removed from HILAC Occasional Care). Emergency evacuation practices must be completed at a minimum once every three (3) months and with every staff member and child who attends HILAC Occasional Care.
- Yes  No

## PROGRAMMING DOCUMENTATION

I acknowledge that Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff:

9. Will be writing learning plans for both individual children as well as part of the group. My child will be identified on group documentation using first name only unless there is another child in the group with the same name, in which case the first letter of the surname will also be used. I understand these documented plans are a legal requirement.
- Yes  No

**PHOTO & VIDEO FOOTAGE**

I give Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff permission to take photo and video footage of my child:

10.	For use in individual and group assessment of learning documentation and profile books. Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	For use in Hamilton Indoor and Aquatic Centre Occasional Care photo albums. Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	To display within Hamilton Indoor and Aquatic Centre Occasional Care at the discretion of the Occasional Care Coordinator and Occasional Care staff. Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	To display in the Hamilton Indoor and Aquatic Centre Occasional Care Office. Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	For use in local media/promotional displays. Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	To be attached to an email sent to the Parent/Guardian 1 email address. Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	To be emailed to the Parent/Guardian 1 of other families whose child is also in the same group photo. Yes <input type="checkbox"/> No <input type="checkbox"/>

## SOCIAL MEDIA AUTHORISATION

We encourage families to search and like our public Facebook page *HILAC Occasional Childcare*. Our Facebook page is used to engage with families and our local community, promote our service, including our HILAC Occasional Care staff and the wonderful programs they provide.

I authorise Hamilton Indoor Leisure and Aquatic Centre Occasional Care:

17.	To use photo or video footage and non-personal information in online digital spaces, at the discretion of HILAC Occasional Care staff and as approved by the Occasional Care Coordinator. I understand this may include my <b>child's first name</b> . I understand that I can withdraw this permission at any time by contacting the HILAC Occasional Care staff. Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	I understand that all content used will be closely considered by HILAC Occasional Care staff before uploading online and will be in compliance with our <i>Social Media Policy</i> . A copy of the <i>Social Media Policy</i> can be requested by contacting HILAC Occasional Care. The rights and privacy of each family and child will be considered at all times. Yes <input type="checkbox"/> No <input type="checkbox"/>

## ART WORK

I give Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff permission to:

19.	Display my child's art work within the HILAC Occasional Care environment. Yes <input type="checkbox"/> No <input type="checkbox"/>
20.	Display my child's art work in the HILAC Occasional Care Office. Yes <input type="checkbox"/> No <input type="checkbox"/>
21.	Use my child's art work in local media/promotional displays. Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	Use my child's art work in online digital spaces, including the HILAC Occasional Care's Facebook page. Yes <input type="checkbox"/> No <input type="checkbox"/>

**OTHER EARLY CHILDHOOD PROFESSIONALS**

I give my Hamilton Indoor Leisure and Aquatic Centre Occasional Care Staff permission to share information with the following Early Childhood Professionals - if applicable:

23.	Maternal & Child Health Nurse/s Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: _____ Service: _____
24.	Kindergarten Teacher/s Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: _____ Kindergarten: _____
25.	School Teacher Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: _____ School: _____
27.	Other Early Childhood Educator: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: _____ Service: _____
28.	Other Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: _____ Service: _____

EMERGENCY MEDICAL TREATMENT		
I acknowledge and agree:		✓
29.	HILAC Centre Occasional Care will call for an ambulance in the case of an accident, injury or emergency. I also acknowledge that I will be responsible for any costs incurred.	
30.	If required, HILAC Occasional Care will seek the necessary hospital/medical treatment for my child from a registered medical practitioner, hospital or ambulance service and will make every effort to ensure parents are notified. In the case of being unable to contact parents/guardians, the Emergency/Authorised Contacts will be contacted.	
31.	I am responsible to ensure HILAC Occasional Care has an up to date list of Emergency/Authorised Contacts.	
32.	I am responsible to ensure the HILAC Indoor Leisure and Aquatic Centre Occasional Care has my current address, phone numbers and email.	
33.	I am required to provide HILAC Occasional Care with any current Court Orders, Parenting Orders, Parenting Plans or Intervention Orders that relate to my child.	
34.	To notify the HILAC Occasional Care staff upon arrival if there are any medications or lotions (e.g. nappy rash creams, teething gels) in my child's bag.	

BOOKED HOURS & RECORD OF HOURS & PAYMENT OF FEES		
I agree to:		✓
35.	Acknowledge HILAC Childcare will book hours as a session according to the usual session times (if applicable) when completing the Booked Hours Form.	
36.	Notify HILAC Occasional Care Educators if the hours/days of a Routine Booking are to be changed. A new signed Booked Hours Form will be submitted to the Occasional Care Office at least one week prior to the change.	
37.	Endeavor to ensure my child is collected no later than the time as written on the <i>Booked Hours Form</i> .	
38.	Notify HILAC Indoor Leisure and Aquatic Centre Occasional Care as soon as I become aware of circumstances that will result in my child having to be collected late from care.	
39.	Notify HILAC Indoor Leisure and Aquatic Centre Occasional Care of my child's absence as soon as possible otherwise an absence fee may be applied.	
40.	Pay the applicable Absence Fee in the event of my child's absence from care.	
42.	Complete the <i>Sign In/Out Attendance Form</i> by signing my child into care at arrival and out of care at departure	
43.	Ensure that I write the exact times that my child arrives and departs from care when completing the <i>Sign In/Out Attendance Form</i> .	
44.	Give HILAC Indoor Leisure and Aquatic Centre Occasional Care a minimum of two (2) weeks' notice prior to ceasing care.	
45.	Make payment in full on the day of care or contact the HILAC Occasional Care Will contact OCC Coordinator on (03)5551 4314 to discuss options if I am having difficulty in paying. I understand that provision of my current education & care arrangements will need to be reviewed if my account becomes overdue	
46.	Pay a deposit equal to the amount of a full three (3) hour session of care upon making a routine booking.	



TEAM LEADER OF CHILDREN'S SERVICES		
I acknowledge and agree:		✓
48.	The Team Leader of Children's Services will visit the HILAC Occasional Care occasionally and will observe and interact with my child in care.	
49.	The Team Leader of Children's Services may discuss my child during visits to offer support, advice and guidance in regards to my child's progress, development, interests and needs.	

BEHAVIOUR GUIDANCE		
I acknowledge and agree:		✓
50.	HILAC Occasional Care staff will use a positive guidance approach when guiding my child's behavior and there will never be any form of corporal punishment used.	
51.	I have discussed behavior guidance strategies used at home and will notify HILAC Occasional Care of any changes to ensure ongoing consistency between home and Occasional Care.	
52.	There may be behavior guidance strategies used at home that my HILAC Occasional Care staff may be unable to use at HILAC Occasional Care. I have discussed any differences with HILAC Occasional Care staff and have come to a mutual agreement about what behavior guidance strategies staff will use when my child attends HILAC Occasional Care.	

NUTRITION		
I acknowledge and agree:		✓
53.	I can request a copy of the <i>Nutrition Policy</i> and <i>Safe Food Handling Policy</i> at any time by contacting HILAC Occasional Care.	
54.	To provide food for my child in line with the <i>Nutrition Policy</i> and <i>Safe Food Handling Policy</i> .	
55.	To provide a sufficient amount of food for my child, which includes a selection of healthy and nutritious foods.	
56.	To abide by any request to not bring food or products into the HILAC Occasional Care environment where a child is diagnosed with anaphylaxis or severe allergies.	

BUSHFIRE AT RISK REGISTER		
I acknowledge and agree:		✓
58.	If HILAC Occasional Care is placed on the Bushfire At Risk Register (BARR), that the service will be closed for any declared CODE RED days for their meteorological weather district.	

CHILD SAFE ORGANISATION		
I acknowledge and agree:		✓
60.	I have read and understand the <i>Child Safe Code of Conduct</i> (please refer to the <i>Information Handbook</i> ), and I agree to observe child safe principles and expectations for appropriate behavior towards and in the company of children, as outlined in the <i>Child Safe Code of Conduct</i> .	
61.	It is my responsibility to immediately report any breach of the <i>Child Safe Code of Conduct</i> to the Occasional Care Coordinator and/or Team Leader of Childrens Services.	
62.	If I believe a child is at immediate risk of child abuse, I will phone 000.	
63.	I can request a copy of the <i>Child Safe Policy</i> at any time by contacting HILAC Occasional Care.	

EDUCATOR/S FAMILY DAY CARE ENVIRONMENT		
I acknowledge and agree:		✓
64.	I have viewed all inside and outside areas at HILAC Occasional Care and acknowledge they are in a clean, safe condition and smoke free.	
65.	I have discussed with my Educator/s the method of prevention of cross infection used and promotion of hygiene.	

I understand the CONDITIONS of this *Compliant Written Agreement Enrolment Form* and **agree to abide by** all Hamilton Indoor Leisure and Aquatic Centre Occasional Care policies, which can be accessed at the HILAC Occasional Care or a copy can be emailed upon request.

I \_\_\_\_\_ (Parent/Guardian 1 Full Name) declare, as the person with parental responsibility of the child referred to in this *Compliant Written Agreement Enrolment Form*, that the information provided is true and correct and undertake to immediately inform Hamilton Indoor Leisure and Aquatic Centre Occasional Care in the event of any change to this information.

**X** \_\_\_\_\_

Primary Parent/Guardian 1

Date:     /     /

## CHILD SPECIFIC INFORMATION

### EXTENDED FAMILY INFORMATION

It is very useful for the HILAC Occasional Care staff to have some knowledge of other close family members and important people in your child's life. This information can support the development of the relationship between your child and the Hamilton Indoor Leisure and Aquatic Centre Occasional Care staff and give your child a sense of belonging. This will assist your child through the settling in process.

### SIBLING INFORMATION

Please provide the name and ages of your child's siblings (if applicable):      N/A

NAME	LIVES WITH CHILD YES/NO			AGE
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	

**RELATIVES**

Please provide the following information (if applicable):

FAMILY MEMBER	KNOWN TO CHILD AS	LIVES WITH CHILD		
		YES/NO	YES	NO
Paternal Grandmother		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>
Paternal Grandfather		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>
Maternal Grandmother		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>
Maternal Grandfather		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>
Uncle		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>
Aunt		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>
Other		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>
Other		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>

**PETS**

Please provide details of family pets:

TYPE OF PET	✓	NAME/S
1.		
2.		
3.		
4.		
5.		

**SLEEP TIMES & ROUTINES**

Please note our Educators are guided by the Children’s Services Regulations 2020 and current best practice as specified in the *Sleep and Rest for Children Policy*. There may be practices at home that are unable to be put in place by Hamilton Indoor Leisure and Aquatic Centre Occasional Care.

To ensure consistency between home and HILAC Occasional Care, please indicate your child’s current sleep times:

	ASLEEP	AWAKE
MORNING AWAKE		am
NAP 1	am/pm	am/pm
NAP 2	am/pm	am/pm
NAP 3	am/pm	am/pm
NAP 4	am/pm	am/pm
NAP 5	am/pm	am/pm
ASLEEP FOR NIGHT	pm	

Please describe your child’s current sleep routine – how does your child usually go to sleep?

Does your child usually use a dummy or other comforter during sleep time at home?

YES  NO  SOMETIMES

COMFORTERS

Does your child currently have a comforter?

Yes  No

Please indicate type/s of comfortor your child uses:

Dummy  Teddy  Blanket  Other

Please provide details/description:

What does your child call their comforter?

Please provide details of when you wish your child to have access to their comforter/s:

FEARS & ANXIETIES

Does your child currently have any known fears or anxieties?

Yes  No

Please provide details of your child's known fear or anxiety: N/A

Please provide strategies currently used at home to assist your child with their fear or anxiety:

**BABY FEEDS**

Our Educators are guided by the Children’s Services Regulations 2020 and current best practice as specified in the *Nutrition Policy* and *Safe Food Handling Policy*. There may be practices at home that are unable to be put in place by Hamilton Indoor Leisure and Aquatic Centre Occasional Care.

Does your child currently breast feed or bottle feed?

Breast Feed  Bottle Feed - Formula  Bottle Feed – Breast Milk  N/A

Please indicate the usual times your child is bottle or

	TIME
Feed 1	am/pm
Feed 2	am/pm
Feed 3	am/pm
Feed 4	am/pm
Feed 5	am/pm

Please provide guidance for the storage and preparation of bottles:

Please describe the method/routine used at home for feeding your child:

### NAPPIES

Does your child currently wear nappies?

Yes

No

Sometimes

If sometimes, please specify the specific occasions/times your child wears a nappy:

### TOILET TRAINING

Is your child currently toilet training?

Yes

No

Completely Toilet Trained

If yes, please provide specific details about your child's toilet training routine:

### CHILD FAVOURITE TOYS

Please list your child's current favourite toys: N/A

1.	
2.	
3.	
4.	
5.	

### CHILD INTERESTS

Please list any current interests your child currently has: N/A

1.	
2.	
3.	
4.	
5.	

### CHILD HOBBIES AND/OR SPORTS

Please list any hobbies and/or sports your child currently participates in: N/A

1.	
2.	
3.	
4.	
5.	



OFFICE USE ONLY	
Child Enrolment ID:	Date:     /     /
Enrolment Form checked for accuracy and all relevant boxes ticked. Is signed and dated. Yes <input type="checkbox"/>	Email listed in QiKids & Outlook     Yes <input type="checkbox"/>
Enrolment created in Qikkids & CCS     Yes <input type="checkbox"/>	Contact number added to mobile.     Yes <input type="checkbox"/>
Debtor Number:	Debtor Number in QikKids     Yes <input type="checkbox"/>
Immunisation History Statement Section complete with Date, Name & Signature of Occasional Care Staff     Yes <input type="checkbox"/>	
Immunisation History Statement is up to date     Yes <input type="checkbox"/>	Signed & dated Outing Forms returned     Yes <input type="checkbox"/>
Signed & dated Schedule of Fees and Charges returned     Yes <input type="checkbox"/>	Copy of signed & dated Schedule of Fees and Charges form provided to family     Yes <input type="checkbox"/>
Child Specific Information has been provided     Yes <input type="checkbox"/>	Child Safe Organisation has been ticked     Yes <input type="checkbox"/>
Medical Management Action Plan provided (if applicable) N/A <input type="checkbox"/> Yes <input type="checkbox"/>	Signed and dated Risk Minimisation Plan for Health Need, Allergy, Medical Condition, Anaphylaxis or Asthma returned (if applicable) N/A <input type="checkbox"/> Yes <input type="checkbox"/>
Copy of Medical Management Action Plan provided to Educator (if applicable) N/A <input type="checkbox"/> Yes <input type="checkbox"/>	Copy of Risk Minimisation Plan for Health Need, Allergy, Medical Condition, Anaphylaxis or Asthma provided to Educator & Family (if applicable) N/A <input type="checkbox"/> Yes <input type="checkbox"/>
CM Folder Number:	Parent file created and all enrolment documents have been filed     Yes <input type="checkbox"/>