

# ENROLMENT FORM

## DOCUMENTATION

<p><i>This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please return the completed form to Little Yacks Childcare with a copy of the following.</i></p>					
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunisation History Certificate		<input type="checkbox"/> Health Management Plan		
Parent /Guardian (responsible for fees) CRN ?					
Child CRN ?					
Attendance (Office Use Only)					
<input type="checkbox"/> MON am	<input type="checkbox"/> TUE am	<input type="checkbox"/> WED am	<input type="checkbox"/> THU am	<input type="checkbox"/> FRI am	
Date commenced:	<input type="checkbox"/> MON pm	<input type="checkbox"/> TUE pm	<input type="checkbox"/> WED pm	<input type="checkbox"/> THU pm	<input type="checkbox"/> FRI pm

## INFORMATION ABOUT YOUR CHILD

Surname:		FirstName:	
Usually Called:		Other Names:	
Date of Birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address:	Postal Address:		
Town:	Town:		
State Postcode:	State Postcode:		
Country of Birth:			
Is child of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child of Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Main Language Spoken at Home?	Other Languages spoken at home?		
What is the cultural background of the child and, if applicable, the child's parents?			

## INFORMATION ABOUT CHILD'S PARENTS/GUARDIAN

Mother / Guardian	Father / Guardian
Name:	Name:
<input type="checkbox"/> This parent will be responsible for account payment	<input type="checkbox"/> This parent will be responsible for account payment
Does the child live with the Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Fill out address below</i>	Does the child live with the Father? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Fill out address below</i>
Address:	Address:
Town:	Town:
State Postcode:	State Postcode:

Mother / Guardian	Father / Guardian
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Phone Mobile:	Phone Mobile:
Email:	Email:
Language/s Spoken:	Language/s Spoken:
Country of Birth:	Country of Birth:
Date of Birth:	Date of Birth:
Are you of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No

## COURT ORDERS - CUSTODY ARRANGEMENTS

Are there any court orders or custody arrangements in place regarding this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody Arrangements: if you are separated or divorced, who has legal custody of the child? <input type="checkbox"/> Parent 1 (Mother / Guardian) <input type="checkbox"/> Parent 2 (Father / Guardian) <input type="checkbox"/> Both	
Parent 1 access arrangements <input type="checkbox"/> Full <input type="checkbox"/> Limited Details:	Parent 1 access arrangements <input type="checkbox"/> Full <input type="checkbox"/> Limited Details:
Are there any court orders relating to the powers, duties, responsibilities or authorities of any parents in relation to the child or access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please complete the following:  1) Bring the ORIGINAL court order/s for staff to see, and attach a copy of the original to this enrolment form. 2) If the orders: a) Change the powers of a parent/guardian to: i) Authorise the taking of the child outside the service by a staff member of the service; ii) Consent to the medical treatment of a child; iii) Request or permit the administration of medication to the child; iv) Collect the child from the service, AND / OR b) Give these powers to someone else,  Please describe the changes and provide the contact details of any person given these powers in the space below.	

## AUTHORISATIONS

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations Little Yacks will notify one of the following people who are authorised to collect and care for the child (authorised nominee). Please specify further authorities for excursions, ambulance transportation, medical treatment, medications and emergency situations for each contact as detailed below.

<b>AUTHORISED NOMINEE 1</b>	<b>AUTHORISED NOMINEE 2</b>
Name:	Name:
Address:	Address:
Town:	Town:
State Postcode:	State Postcode:
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Phone Mobile:	Phone Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Collect/deliver child to and from the service	<input type="checkbox"/> Collect/deliver child to and from the service
<input type="checkbox"/> Give permission for excursions out of the service	<input type="checkbox"/> Give permission for excursions out of the service
<input type="checkbox"/> Permit transport by ambulance	<input type="checkbox"/> Permit transport by ambulance
<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> Consent to medical treatment
<input type="checkbox"/> Permit /request medication to be administered	<input type="checkbox"/> Permit /request medication to be administered
<input type="checkbox"/> If parents/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.	<input type="checkbox"/> If parents/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.
<input type="checkbox"/> Authorised signatory KIOSK Sign in – Sign out system	<input type="checkbox"/> Authorised signatory KIOSK Sign in – Sign out system

<b>AUTHORISED NOMINEE 3</b>	<b>AUTHORISED NOMINEE 4</b>
Name:	Name:
Address:	Address:
Town:	Town:
State Postcode:	State Postcode:
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Phone Mobile:	Phone Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Collect/deliver child to and from the service	<input type="checkbox"/> Collect/deliver child to and from the service
<input type="checkbox"/> Give permission for excursions out of the service	<input type="checkbox"/> Give permission for excursions out of the service
<input type="checkbox"/> Permit transport by ambulance	<input type="checkbox"/> Permit transport by ambulance
<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> Consent to medical treatment
<input type="checkbox"/> Permit /request medication to be administered	<input type="checkbox"/> Permit /request medication to be administered
<input type="checkbox"/> If parents/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.	<input type="checkbox"/> If parents/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.
<input type="checkbox"/> Authorised signatory Kiosk Sign in – Sign out system	<input type="checkbox"/> Authorised signatory KIOSK Sign in – Sign out system

## HEALTH and MEDICAL INFORMATION

### CHILD'S IMMUNISATION RECORD

As of January 2016, the Victorian Government amended the Public Health & Wellbeing Act 2015 with the "No Jab No Play" legislation. This means that a child's place in Little Yacks Childcare cannot be confirmed until we have up to date immunisation records confirming a child's immunisation status.

Has the child been Immunised?  Yes  No

If NO, please see the Director to confirm what you will need to do in order to complete enrolment for your child. Please provide the Immunisation History Statement from the Australian Childhood Immunisation Register.

Medicare Number: \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_

Do you have an Ambulance Subscription?  Yes  No Ambulance Member Number:

Do you have private medical cover?  Yes  No

Name of Health Fund:

Health Fund Number:

### MEDICAL PROVIDER DETAILS

Please provide details of your medical provider / general practice service.

Name of Medical Service:

Name of GP:

Address:

Town: State Postcode:

Phone:

Name of Dental Service:

Name of Dentist:

Phone:

Maternal & Child Health Centre:

Name of Nurse:

Address:

Phone:

Has the Centre sited a copy of your child's Health Record?  
 Yes  No

Has your child had their 3 ½ year old assessment with the Child Health Centre?  Yes  No  
If Yes, please provide a copy of the assessment.

Does the child have any <b>ALLERGY OR SENSITIVITY</b> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Description:		
<i>Copy of Management Plan must be attached to Enrolment form.</i>		
I, the signatory herein, having lawful authority for the child referred to in this enrolment form, consent to the staff of LYCC to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.		
Parent/ Guardian Name:	Signature:	
Date:		

Does the child suffer from <b>ANAPHYLAXIS</b> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, parents must attach a copy of the Anaphylaxis Management plan and also complete an individual Anaphylaxis Risk Management Plan in conjunction with Kindergarten staff.</i>		
I, the signatory herein, having lawful authority for the child referred to in this enrolment form, consent to the staff of LYCC to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.		
Parent/ Guardian Name:	Signature:	
Date:		

Does the child suffer from <b>ASTHMA</b> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, parents must attach a copy of the Asthma Management plan.</i>		
I, the signatory herein, having lawful authority for the child referred to in this enrolment form, consent to the staff of LYCC to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.		
Parent/ Guardian Name:	Signature:	
Date:		

Does the child have any other <b>Medical Condition</b> or needs (eg: epilepsy, diabetes) which are relevant to the children's service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DESCRIPTION:		
<i>If yes, parents must attach a copy of the relevant Management plan/s.</i>		
I, the signatory herein, having lawful authority for the child referred to in this enrolment form, consent to the staff of LYCC to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.		
Parent/ Guardian Name:	Signature:	
Date:		

**CHILD'S HEALTH & DEVELOPMENT**

In order to help us understand your child's needs please provide details regarding the following.

Does your child have any problems with hearing?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Does your child have any problems with sight?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Does your child have any problems with speech?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Does your child have a physical disability or delay including intellectual, sensory or physical impairment?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Does your child take any regular medication?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Are there any dietary preferences for your child you would like us to aware of?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Details

**MEAL PLAN**

I would like my child to participate in the following meal/s plan.

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning Snack	<input type="checkbox"/> Lunch
<input type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Evening Snack	

## GETTING TO KNOW YOU

Please provide the following information to help us get to know you, your child and your family in order to make their start at Little Yacks as smooth as possible.

### **YOUR FAMILY**

What members make up your family?

What languages are spoken at home?

Are there any aspects of your child's cultural, ethnic and/or religious background that you would like us to be aware of?

Tell us about any recent or upcoming important events in your family.

### **YOUR CHILD**

Tell us about your child in the home.

Tell us about your child's experiences within the community.

What do you think might help your child settle into their group at child care?

What makes your child happy?

What does your child look forward to?

What is your child interested in?
How does your child learn? How do you get the best response from them?
What might your child need some help with?
Tell us about the sort of things that upset your child.
How can staff help your child if they become upset?

To help us get to know your child, please complete the attachment **"All About Me"** as part of this application.



## INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THE CENTRE

From time to time the Department of Education and Early Childhood Development seeks information on the characteristics of families who use the school. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

Does either parent have a disability?

Yes  No

Is the family a single parent family?

Yes  No

Are you the holder of a Health Care Card?

Yes  No

## NEWSLETTER

All families receive the newsletter via email. Some families like a printed copy of the newsletter as it makes it more accessible for their family to read. Please tick below if you would like a printed copy.

Do you require a printed copy of the Newsletter?  Yes  No

## PHOTOGRAPHS – digital images

From time to time digital photographs and video may be taken by Staff.

Photographs and video will be used and / or published, for the purposes below, without child's name attached.

- a) For use within the learning program – eg: learning stories, picture books
- b) For use in Little Yacks and Yackandandah Health newsletters, brochures, social media and website.
- c) For use in external publications including newspaper articles and media promotion.

I give permission for my child/children to be photographed as per above.

Yes  No

**NOTE:** Please note that LYC has no control over the use of the photographs/videos taken by parents or guardians.

## SUNSCREEN

Sunscreen as supplied by LYC, may be applied to children's skin by staff.  
Alternately, parents may elect to provide their own. Please tick to indicate your preference

I give permission for the staff of LYC to apply sunscreen to my child as supplied by LYC.

Yes  No

I will supply my child with their own sunscreen to be applied by the staff of LYC.

Yes  No

Do not apply sunscreen to my child.

*Please note that children who do not have sunscreen applied may be required to restrict their movement to shaded areas, and may be required to wear clothing that provides sun protection.*

Yes  No

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

## HEADLICE

To reduce the spread of headlice, children will be periodically checked by a school nurse or parent volunteer. Parents will be notified if headlice are detected in their child's hair.

I give permission for the staff of LYC to check my child's hair for headlice.  Yes  No

## ARTWORK

I hereby give permission for my child's artwork and / or written material to be used in advertising material and / or promotional displays for Little Yacks Childcare. I understand that the Little Yacks Childcare is a community owned not for profit organisation and there will be no payment for the use of the material.

Yes  No

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



## CODE OF CONDUCT & BEHAVIOUR FOR FAMILIES, VISITORS & VOLUNTEERS

### Acknowledgement of Receipt

I hereby acknowledge that I received a copy of the Code of Conduct for the Little Yacks Childcare Centre (attachment to Enrolment Form).

I have read this Code of Conduct, I understand its contents and I agree to abide by the principles and practices set out within.

I understand that the **Director of Little Yacks Childcare Centre, with the authorisation of the Yackandandah Health CEO** will deal with any breach of this Code of Conduct and any serious breach could lead to the withdrawal of my child(ren)'s place at the Centre.

I understand that a signed copy of this statement of commitment will be kept on file while my children remain at the Centre and will be disposed of at the end of this time.

Signature..... Name ..... Date .....

## DECLARATION

I / We _____ (Parent / Guardian – Print full Names)	
Declare that the information in this enrolment form is true and correct and will inform Little Yacks Childcare in the event of any change in this information.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Agree to collect or make arrangements for the collection of my/our child if s/he becomes unwell  <input type="checkbox"/> Yes <input type="checkbox"/> No
Consent to staff seeking, or where appropriate administering, such emergency medical, hospital, dental or ambulance services, or treatments as is reasonably necessary and that I will reimburse any necessary expenses incurred by Little Yacks Childcare.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the premises under the direction and supervision of the staff.  <input type="checkbox"/> Yes <input type="checkbox"/> No
Have read the Little Yacks Childcare Parent Information Book, understand and agree to abide by the policies and fulfil my/our obligations regarding fees.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Consent to my child participating in the Little Yacks Childcare Intergenerational Program, including onsite visits to the aged care facilities (located within the Yackandandah Health premises) for activities and interaction, under supervision, with the residents and staff of the aged care program.  <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature  _____ Parent Guardian (1) <span style="float: right;">Date</span>	Signature  _____ Parent Guardian (2) <span style="float: right;">Date</span>

## LAWFUL AUTHORITY

**PARENTS** All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Education and Care Services National Law and Education and Care National Regulations 2011 refer to these powers and responsibilities as "lawful authority". 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 of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Education and Care Services National Law and Education and Care National Regulations 2011 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Little Yacks Childcare Centre - Yackandandah Health  
 20 Isaacs Avenue, Yackandandah Victoria 3749 Phone 02 6028 0187  
 Director: Sarah Ganeo Email: [s.ganeo@yackhealth.com.au](mailto:s.ganeo@yackhealth.com.au)  
[info@yackhealth.com.au](mailto:info@yackhealth.com.au) [www.yackandandahhealth.com.au](http://www.yackandandahhealth.com.au)

### Attachments:

- LYCC Philosophy & Code of Behaviour.
- "All About Me" form.



## PHILOSOPHY

### Help me to help myself

Little Yacks champions the right of each child to pursue his/her individual talents and interests. We provide a comfortable, non-competitive, caring and carefully developed education environment where children's individual needs are observed and met. We help each child develop independence, self-discipline, self-initiative and respect for self and others. This includes supporting the development of the child's daily living skills and language development.

We recognise the value of partnerships between a child's parent, family and local community. We encourage, support and provide opportunities for these partnerships to develop and grow within our Centre. This includes frequent opportunities to interact with residents of our on-site aged care centre, when the residents' activities program and the children's education program align.

### Vision and Values

Little Yacks Children's Centre is an independent, not-for-profit, community organization under the umbrella/management of The Yackandandah Bush Nursing Hospital offering a long day care service for children aged between 12 weeks and 5 years of age.

### Philosophy

Little Yacks recognizes the value of partnerships between the child's parent, family and local community. We encourage, support and provide opportunities for these partnerships to develop and grow within our children's service and community.

We champion the right of each child to pursue his/her individual talents and interests in a comfortable, non-competitive, caring and carefully developed environment where children's individual needs are observed and met. Our aim is to help each child to develop independence, self-discipline, respect for self and others and initiative.

At Little Yacks Childcare we believe:

#### Every person has the right:

- To be treated with respect and dignity
- To hold and express an opinion
- To work and learn in a positive environment
- To achieve one's personal best in all aspects of learning
- To work and learn in a clean and safe environment
- To have personal privacy and property respected

#### Every person has the responsibility:

- To treat others with respect and dignity
- To respect the rights of another
- To respect that others have a right to hold and express an opinion
- To express their own opinion in an appropriate way and at appropriate times
- To contribute to a positive learning environment
- To aim to do one's personal best in all aspects of learning
- To maintain a clean, safe environment
- To respect personal privacy and property of others

## At Little Yacks Childcare We Value

Relationships and recognize the value of partnerships between the child's parent, family and local community. We encourage, support and provide opportunities for these partnerships to develop and grow within our children's centre and local community

A connected and cohesive community and appreciate the valuable contributions and support provided.

At Little Yacks Childcare we are committed to the protection of all children:

- LYC is committed to zero tolerance of child abuse. LYC will, at all times, adhere to Child Safe Standards as implemented by the Victorian and Federal Governments and strive to develop a best practice Child Safety model.

We are inclusive and welcoming of all children and families with particular attention to:

- Promoting the cultural safety of Aboriginal and Torres Strait Islander children.
- Promoting the cultural safety of children from culturally and/or linguistically diverse backgrounds.
- Promoting the safety of children with a disability

Our child safety policies and procedures will adhere to:

- Child Safe Standards
- Duty of Care Obligations
- Mandatory Reporting Obligations & Criminal Offences - Failure to Disclose, Failure to Protect and Grooming
- Reporting Procedures
- Privacy Laws and Regulations.

# Code of Behaviour

Respectful	
<p><b>Acceptable</b></p> <ul style="list-style-type: none"> <li>I am polite and considerate</li> <li>I actively listen to what you say</li> <li>I value your contribution</li> <li>I treat you as an equal</li> </ul>	<p><b>Unacceptable</b></p> <ul style="list-style-type: none"> <li>I bully and intimidate</li> <li>I am divisive and judgemental</li> <li>I manipulate and undermine others</li> <li>I ignore you</li> </ul>
Caring	
<p><b>Acceptable</b></p> <ul style="list-style-type: none"> <li>I have time for you</li> <li>I show empathy and support</li> <li>I acknowledge the needs of others</li> <li>I am committed to caring</li> </ul>	<p><b>Unacceptable</b></p> <ul style="list-style-type: none"> <li>I treat you as a burden</li> <li>I look the other way</li> <li>I don't care</li> </ul>
Integrity	
<p><b>Acceptable</b></p> <ul style="list-style-type: none"> <li>I take responsibility for my actions</li> <li>I do what I say</li> <li>I communicate in an open, genuine manner</li> </ul>	<p><b>Unacceptable</b></p> <ul style="list-style-type: none"> <li>I say one thing and do another</li> <li>I gossip and spread rumours</li> <li>I conceal mistakes</li> </ul>
United	
<p><b>Acceptable</b></p> <ul style="list-style-type: none"> <li>I have a positive attitude</li> <li>I support teamwork</li> <li>I work constructively with others regardless of their position</li> </ul>	<p><b>Unacceptable</b></p> <ul style="list-style-type: none"> <li>I exclude others</li> <li>"It's not my job"</li> <li>I am inflexible and inconsistent</li> </ul>
Innovative	
<p><b>Acceptable</b></p> <ul style="list-style-type: none"> <li>I encourage personal growth and professional development</li> <li>I strive for improvement</li> <li>I encourage innovation and creativity</li> </ul>	<p><b>Unacceptable</b></p> <ul style="list-style-type: none"> <li>I resist change</li> <li>I do it the way it has always been done</li> <li>I avoid scrutiny of my performance</li> </ul>





# ALL ABOUT ME

My name is:

Things I like to do are:

My favourite books are:

My pets are:

Things my Mum & Dad would like me to work toward this year at LYCC:



In my family I have:

Things I like to do with my family are:

