

# Hallam Community Learning Centre Inc.

56 Kays Avenue, Hallam Vic. 3803

Phone 9703 1688 E-mail [admin@hallamclc.com.au](mailto:admin@hallamclc.com.au)

Incorporated since 1989 No A7966 ABN 53 001 164 470  
Children's Services Reg. ID SE00015649



**Date .....**

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority is contained at the end of this form.

All information at Hallam Community Learning Centre Inc is in compliance with the Information Privacy Act 2000 which requires a Privacy Collection Statement to accompany any enrolment form.

Questions marked with an asterisk\*are not required by the regulations, but you are encouraged to answer these to assist the service in caring for your child. It is essential that your details are kept up to date.

**Please notify us of any change of details, as soon as they arise.**

DAYS AND TIMES REQUIRED					
<b>Please tick the days that your child will require care:</b>					
Monday	<input type="checkbox"/>	Arrival time	<b>9.30am</b>	Departure time	<b>12.30pm</b>
Tuesday	<input type="checkbox"/>	Arrival time	<b>9.30am</b>	Departure time	<b>2.30pm</b>
Wednesday	<input type="checkbox"/>	Arrival time	<b>9.30am</b>	Departure time	<b>12.30pm</b>
Thursday	<b>OCC</b>	Arrival time	<b>9.45am</b>	Departure time	<b>11.45am</b>
Friday	<input type="checkbox"/>	Arrival time	<b>9.30am</b>	Departure time	<b>2.30pm</b>
CARE TYPE REQUIRED					
<b>Please tick the care type your child will require:</b>					
Routine Care:	<input type="checkbox"/>	Occasional Care: (Casual)	<input type="checkbox"/>		
<b>Start Date:</b>		<b>Fees: \$ 36.00 per child per 3 hour session</b> <b>\$ 60.00 per child per 5 hour session</b> <b>(Thurs) \$ 12.00 per hour for Occasional Care</b>			
<b>Number of children attending other childcare services:</b> .....		<b>Number of children you are claiming Child Care Subsidy (CCS) for</b> .....			

**Our service does provide subsidized care through Centrelink.**

- It is the parent's responsibility to ring Centrelink or go online and apply for a CRN number or apply for the Childcare Subsidy (CCS).
- We enrol your child into our system once you provide us with CRN numbers and then our system will link up with Centrelink and calculate your out of pocket costs.
- We prefer that this process be complete before the child start date, or full fees may need to be paid until confirmation is received from Centrelink.

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## Enrolment Details

### OFFICE USE ONLY:

Invoice  Membership Card.  Membership Number.  Photo Permission Yes  No

Birth Certificate Sighted on: \_\_\_/\_\_\_/20\_\_\_ Sighted by: \_\_\_\_\_ Enrolment Date \_\_\_/\_\_\_/20\_\_\_

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority is contained at the end of this form

### Information about the child

Child CRN: \_\_\_\_\_

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F   
(Please tick)

Given Names: \_\_\_\_\_ Usually called: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_ Cultural background: \_\_\_\_\_

Siblings Names: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

\*Is the child of Aboriginal and/or Torres Strait Islander descent? No  Yes  (please tick)

### Information about the child's parents or guardians

#### Parent/ Guardian 1 – (Main Contact person)

Parent CRN: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Occupation: \_\_\_\_\_

Does the child live with this parent/guardian? No  Yes  (please tick)

Please write which parent is applying for Centrelink Subsidy for the child/children: \_\_\_\_\_

#### Parent/ Guardian 2 – (Main Contact person)

Parent CRN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Does the child live with this parent/guardian? No  Yes  (please tick)

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## Confidential

### **Court Orders Relating to the Child**

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? No  go to the next section

Yes  **please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form:

2. If these orders:

a) change the powers of a parent/guardian to:

- authorize the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child, AND/OR
- give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

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### **Other Persons who can collect your child or be notified.**

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 the children's service should notify one of the following people who are authorized to collect, care and make medical decisions for the child.

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below.

In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

#### **Details of People Who Can Collect the Child** (This list may change throughout the year.)

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

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

Post Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

Post Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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## Confidential

### Child's Medical and Health Information

Name Doctor/Medical Service: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

MCH Contact Name: \_\_\_\_\_ Child's Medicare Number: \_\_\_\_\_

- **Does the child have any allergy or sensitivity?** Yes  No  (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached): \_\_\_\_\_

- **Does the child have any medical conditions and needs which are relevant to the children's service?** (please tick)

Asthma  Epilepsy  Diabetes  Anaphylaxis's  Hemophilia  ASD

ADHD  Neurological Disorder  Other (Please specify) \_\_\_\_\_

This information allows us to better support our families and children

If yes, the following management procedures are to be followed (and a copy of the management plan is attached): \_\_\_\_\_

- **Does the child have any dietary restrictions?** Yes  No  (please tick)

If yes, the following restrictions apply \_\_\_\_\_

- **Do you have Ambulance Cover?** Yes  No  (please tick)

Subscription  Health Care Card  Private Health Fund  (please tick)

### Child's Immunisation Records

- **Is your child immunisation current?** Yes  No  (please tick)

Please provide a copy of your child's current Medicare Immunisation Record.

Please provide the name and ages of your child's siblings:

Name	Age

### Information for agencies which provide funding to this service

From time to time the Department of Human Services seeks information on the characteristics of families who use this children's service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

\*Does the child have a developmental delay or disability including intellect, sensory or physical impairment? Yes  No

\*Does either parent have a disability? Yes  No

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\*Is the family a single parent family?

Yes  No

## Other Information

If there is anything else the children's service should know about the child (eg: excessive fears, favourite activities, etc) this is as follows: \_\_\_\_\_

## Declaration and consent to emergency medical treatment

I, \_\_\_\_\_ (Print full name)

A person with lawful authority of the child referred to in this enrollment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service;
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses by the children's service.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

## Head Lice

I give permission for my child to be inspected by Childcare Staff or Management of the Hallam Community Learning Centre for head lice. If live lice or eggs are found, I accept that my child will be excluded from the session until treatment has commenced. Yes  No  (please tick)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

## Sun Screen Lotion

As recommended by the Anti-Cancer Council of Victoria, the children's service requests each child wears a suitable hat and arrives with adequate sunscreen protection from harmful U.V. sunrays.

- Yes.....reapply SPF30+ sunscreen, to my child as required when going outside during September –April months.
- No.....do not reapply SPF30+ sunscreen to my child.

Signature.....

## Lawful Authority

*Parents:*

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The *Children's Services Regulations 1998* 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 has lawful authority. A legal guardian is given lawful by a court order. The definition of "guardian" under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there is no court order. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

## Confidentiality of enrolment records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to managechild, where expressly authorized by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e))

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## Release Form

In the event of my/our inability to collect my/our child and where my/our spouse/partner and nominated emergency contact persons cannot be contacted, I/we understand that directives of the Department of Health and Human services must be followed and that may include my/our child being taken to and cared for, at the home of the Hallam Community Learning Centre's nominated staff member/s until contact can be made.

Wherever possible, the nominated staff member will be the coordinator, or in her absence, the appointed person. (see policy "late Pick Up" for details).

I/we give permission for that outcome

Parent 1/ Guardian Signed: \_\_\_\_\_ and/or

Parent 2/ Guardian Signed: \_\_\_\_\_ Dated \_\_\_/\_\_\_/20\_\_\_

## Cancellations, Withdrawals & Extended Absences

Please read in 'Admission Requirements & Enrolment Procedures' information in the Enrolment Handbook

**I have read and I understand the procedure to this clause**

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

## Payments

I agree to pay the childcare fees on a fortnightly basis by providing Hallam Community Learning Centre Inc with direct payment and if these fees are not paid then the service may terminate the child's care until payment has been made. I understand that I will be charged for public holidays if they fall on my child's routine day of care.

X \_\_\_\_\_  
Primary Parent / Carer

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

I understand that if I select my child to be on routine care at Hallam Community Centre Inc that if they are away then I will get charged for it.

Signature

\_\_\_\_\_  
Primary Parent/Carer

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## **EMERGENCY EVACUATION INFORMATION**

Child's first name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

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

\_\_\_\_\_

Phone No: \_\_\_\_\_ Child's Medicare Number: \_\_\_\_\_

### **Medical Conditions:**

\_\_\_\_\_

\_\_\_\_\_

### **Additional Needs:**

\_\_\_\_\_

\_\_\_\_\_

### **Parent 1.**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home number: \_\_\_\_\_ Work number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

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

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

\_\_\_\_\_

### **Parent 2.**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home number: \_\_\_\_\_ Work number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

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

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

\_\_\_\_\_

### **Emergency Contacts- THESE MUST BE THE SAME AS ON ENROLEMENT FORMS**

1. First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Number: \_\_\_\_\_

Work number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

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

2. First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home number: \_\_\_\_\_

Work number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

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



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I/We:

1. Have viewed the Hallam Community Learning Centre Childcare Service (hereafter called the service) and consent to the enrolment of the admitting child (hereafter referred to as the child)
2. Understand that the person/s nominated as parent/carer are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
3. Agree to provide enrolment information to the Australian Government Department of Education and Training and the Department of Health and Human Services (Centrelink) so that I/we can be contacted and provided with information on the new Child Care Subsidy and the Additional Child Care Subsidy that can be claimed for the first time at this service. More information can be found on the Department of Human Services website: [www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1](http://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1)
4. Agree to comply with all Government requirements in relation to the service
5. Agree that in the case of accident or injury, the service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
6. Are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition
7. Understand that the child will be accepted back into the service once a 'clearance certificate' for the child from a medical practitioner is received
8. Are aware that the service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
9. Agree to provide the service with all information regarding the health of my/our child
10. Are aware that the service may occasionally have visitors, or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service's appropriate supervision
11. Are aware that to cancel child care we are required to give notice as soon as possible prior to the commencement of the session otherwise fees will be charged.

**I/We have read, understood and agree to abide by the conditions of this Enrolment Agreement.**

**Primary Parent / Carer**

**Service Coordinator**

**Print Name** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_



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## Application for Membership of the Hallam Community Learning Centre

Membership fees apply to all users accessing any of the services/programs at Hallam Community Learning Centre. The membership fee is an annual fee January to December.

**YEAR COMMENCING: JANUARY 20** \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

FIRST NAMES OF ALL FAMILY MEMBERS WHO MAY COME TO THE CENTRE DURING THE YEAR

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

Membership fee \$ \_\_\_\_\_ Signed: \_\_\_\_\_

**\$5.00 single/concession, \$8.00 per family or \$12 full financial member (voting rights)**

## Photography Permisson

I \_\_\_\_\_ (name)

do (please tick which applies)

do not

**if no** - Child's image can be used on their individual portfolio.

- Child's image can be used in group photos for all class portfolios

give permission for myself, my child or other members of my family as listed above to have their photograph taken and used in promotional materials such as our newsletters & displays, brochures & flyers, our website, our Facebook page, local media and celebrations within the Hallam Community Learning Centre such as Christmas, other members birthdays, etc. We will endeavour to make sure your wishes are met but if you do not wish to be photographed, please step out of the picture to avoid any difficulties, thank you.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

## Mailing List

I,  do (please tick which applies)

do not

wish to be sent information on upcoming courses, newsletters, and upcoming events for the Hallam Community Learning Centre.

Please send all correspondence via  email (please tick which applies)  post

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