



Melton City Council Vacation Care Program 2021/22 Enrolment Form

Please complete all areas of the Enrolment Form

Care Arrangement	
There are four types of care arrangements under the Child Care Subsidy Legislation taking effect from July 2018. An enrolment notice is required for each child attending the service, for any kind of arrangement. The enrolment notice will reflect the type of arrangement that is in place between the provider and the family/individual or organisation. Please tick the arrangement that relates to your circumstance in relation to Child Care Subsidy (CCS).	
Complying Written Arrangement – expecting to receive CCS or Additional CCS	
Relevant Arrangement – do not intend to claim CCS <input type="checkbox"/>	
Arrangement with Organisation – an organisation/agency is responsible for payment of fees <input type="checkbox"/>	
Additional CCS (child wellbeing) Provider Eligible Arrangement – child at risk and no eligible individual identified <input type="checkbox"/>	
Child Details (Please provide a current photo for staff use only)	
Full name	Known as:
Child CRN	Date of birth
Year level	School
Gender Male Female Other _____	Country of birth
Child lives with Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Is your family from non-English speaking background? Yes <input type="checkbox"/> No <input type="checkbox"/>	Refugee or humanitarian background? Yes <input type="checkbox"/> No <input type="checkbox"/>
Language spoken at home	Cultural background
Is your child of Aboriginal or Torres Strait Islander descent? No Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>	
Is your child starting school in 2021/22? Please attach your child's Transition Statement	Yes, attached <input type="checkbox"/> N/A <input type="checkbox"/>
Who is responsible for payment of account? Mother <input type="checkbox"/> Father <input type="checkbox"/> Other/Agency _____	
Parent/Guardian 1 - responsible for payment/linked to child claiming Child Care Subsidy (CCS) (Please provide photo)	
Full Name	Relationship to Child
Parent CRN	Date of Birth
Address	
Home Phone	Mobile Phone
Work Phone	Occupation
Email	
Parent/Guardian 2 (Please provide a current photo for staff use only)	
Full Name	Relationship to Child
Date of Birth	Mobile Phone
Address	
Home Phone	Work Phone
Email	
Occupation	
Court/Parenting Orders & Parenting Plans	
Do you have current Court/Parenting Orders in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide a copy with this form
Do you have a Parenting Plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide a copy with this form
Emergency Contacts over 18 years may be asked to give permission for excursions, incursions, regular outings, collect your child, sign incident, injury, trauma or illness form, approve administration of medication or approve medical treatment for your child.	
Emergency Contacts between 16 and 18 years will only have authority to collect your child from the service.	

Emergency Contact 1 (Please provide a current photo for staff use only)

Full Name	Relationship to Child	
Address	Over 16 years <input type="checkbox"/>	Over 18 years <input type="checkbox"/>
Home / Work Phone	Mobile Phone	

Emergency Contact 2 (Please provide a current photo for staff use only)

Full Name	Relationship to Child	
Address	Over 16 years <input type="checkbox"/>	Over 18 years <input type="checkbox"/>
Home / Work Phone	Mobile Phone	

Regular outing Permission

Locations

- **Bridge Road Children's & Community Centre:** 260-266 Bridge Road, Strathtulloh, VIC 3338
- **Bridge Road Recreation Reserve:** 132 Bridge Road, Strathtulloh, VIC 3338
- **Bridge Road Regional Play Space:** 266 Bridge Road, Strathtulloh, VIC 3338

Date Ongoing daily throughout the year from the date of this enrolment form,
Time At differing times and duration within the centre's operational days and hours of 6:30am – 18:30pm
Transport Children will walk under supervision of Vacation Care staff, no public or private transport required
Activities Children will participate in a variety of educational activities, exploring the locations named above, participate in practice and actual emergency procedures including evacuations at these locations.
What to wear Weather appropriate clothing and a sun protective hat (no singlets, no open toed shoes)

Acknowledgement and permission

I hereby agree and consent to my child participating in the above excursions. This release, discharge and indemnity applies to the full extent allowed by law for the consequences of its negligence, of its staff, servants, or agents and includes any independent contractor, sub-contractor, licensee, volunteer or any other officer whatsoever from time to time employed, licensed or directed by the Melton City Council.

I acknowledge that the City of Melton officers, servants or agents will take due care and attention during the course of the excursion. However in the event of an incident occurring, I hereby and forever release, discharge, indemnify and hold the Melton City Council and its servants and agents harmless for any accidents, harm, loss, death, damage, injuries, claims, and suits which may be suffered and/or sustained as the result of the said excursion as defined within this form.

Parent/Guardian Signature _____ Date _____

A risk assessment is available to view upon request for the above outings, this includes the expected number of children that will attend the excursion is 45. We expect to take the appropriate staff members to provide a child ratio of 15 to 1 as per regulations.

Program Permissions

Do you give permission for your child to watch PG rated movies? Yes No

Do you give permission for your child to have their photograph taken by Vacation Care staff throughout the program to be used in individual program planning, activities, journals and for display at the centre? Yes No

Do you give permission for your child to have their photograph taken or participate in audio/visual recordings to be used for promotional purposes, newspaper, Council website or other Council materials? Yes No

I understand other children, families, Council staff, or the public may view these photos.

Parent/Guardian Signature _____ Date _____

Further Information

I agree to receive newsletters, flyers and other material of relevance to my child's inclusion in the Service. Yes No

Do you live, work or study within the City of Melton? Yes No

Are there any customs, traditions, festivals or celebrations observed, and are there any restrictions e.g. regarding food or dress, during special events?

Medical and Support Information

Doctor's Name	Phone
Doctor's Address	
Medicare Number	Ambulance Member Number

Collection & Disclosure of Information

Melton City Council, responsible for running the Melton City Council Vacation Care Program (the **Service**), is collecting the personal and health information on this form for the purpose of:

- enrolling your child in the Service
- preparing and planning for your child's inclusion in the Service
- advising relevant staff of your child's needs
- complying with its obligations under the *Education & Care Services National Law Act 2010* and the *Education & Care Services National Regulations 2011*.

All records are stored in a confidential manner and information will only be passed on to the parents/guardians named in this form who have the lawful authority in relation to the child listed on this form.

The information may be disclosed to the staff caring for your child during their time at the Service, and may also be disclosed (subject to any Court Orders) to any other parent/guardian you have identified in this form. Council may also be obliged under law to provide information to other Government Departments. The information will not be disclosed to any other party except with your consent, or in accordance with relevant laws.

Please note that we need to seek your consent to collect the information requested on the Enrolment Form and consider it necessary and important to collect all this information to ensure appropriate care is provided to your child.

If you have any queries or concerns about providing this information please contact the Service on 9747 7200 to discuss further.

If you fail to provide this information, your child's enrolment will not be processed. Updates to your details can be made at any time by contacting the Service on 9747 7200.

Should you wish to access your personal information (including health information) please contact the Service on 9747 7200.

Disposal of Information: The Service will dispose of personal information in a safe and secure way when it is no longer required to fulfil the purpose for which it was collected or as required by law.

Child Care Subsidy (CCS)

Families will need to complete a streamlined online Child Care Subsidy assessment by providing their 2019-20 family income estimate, their activity details and confirming their child's enrolment. These details can be provided through their Centrelink online account via **my.gov.au** or through Express Plus Centrelink mobile App.

Centrelink will send families an assessment of their CCS eligibility and entitlement after they complete their CCS assessment or CCS claim online. CCS will be paid directly to Melton City Council Vacation Care on behalf of these families from 2 July 2018.

Families can claim CCS by providing you and your child's Customer Reference Number (**CRN**) to the Vacation Care Program during enrolment. This may reduce your fees and make your upfront fees more affordable.

CCS also applies to 42 allowable absences per child, per year, across all services you use. After allowable absences have been exceeded, CCS will only be applied to absences if a medical certificates/documentation is provided for additional days of absence.

For further information please contact the Department of Human Services (**DHS**) between 8am and 8pm on 136 150 to obtain you and your child's CRN and to link your child to the Vacation Care Program. Please advise DHS that you wish to claim CCS (if you meet the work/study requirements set by the DHS).

If you do not link your child with the Melton City Council Vacation Care Program through DHS, or confirm your child's enrolment through your my.gov account, or if you do not claim CCS, you will be charged full fees.



Melton City Council Vacation Care Program 2021/22 Additional Support Information

You only need to complete this form if your child requires additional support.

Child's Full Name	Date of Birth
Parent/Guardian Full Name	Relationship to Child
Home Phone	Mobile Phone

Has your child previously attended the Melton City Council Vacation Care Program? Yes No

Do you authorise the Vacation Care Supervisor to contact other professionals, agencies, or the child's school to discuss your child's needs, risk minimisation and inclusion strategies? E.g. Child protection, Speech therapist Yes No

School attending _____

Phone _____ Email address _____

Contact person name _____ Position / role _____

Other Professionals, Services or agencies _____

Phone _____ Email address _____

Contact person name _____ Position / role _____

Please describe your child's additional needs, including if there are any medical requirements.

If you indicate your child has an additional need which requires medication e.g. asthma inhaler, EpiPen, an adrenaline auto injecting device, Ritalin, etc. you will be required to provide a completed Action Plan signed by a doctor, a risk minimisation and communication plan also. A staff member may contact you to discuss this further.

If your child needs additional support socially, support to communicate? Yes No
e.g. interacting with others, participating , managing emotions, non-verbal signs or signals, how can we help?

If your child requires extra support and help with daily routines and tasks Yes No
e.g. special equipment, support with eating, toileting etc. How can we help?

Please include any other information that would be helpful in the general care needs of your child. e.g. behaviour strategies, specific interests, fears, pets, special talents, favourite games etc.

I acknowledge all details are true and correct and give permissions as indicated above

Parent/Guardian Signed:

Date:

Please refer to the Agreement and Collection & Disclosure of Information Statement within the Enrolment Form.