



Biz-E-Kidz 'Application for Permanent Booking' 2020.

To make a booking for Before, After, vacation and Pupil free day care please fill out the following Enrolment Form and ask your child to fill in the 'About Me' Form. Return completed forms to the Coordinator (Sharon) or Assistant Coordinators (Libby or Ace). **PLEASE NOTE: Your booking can not be accepted if these forms are left at the school office or with other staff.**

CHILD CARE SUBSIDY (CCS)

This form constitutes the 'Complying Written Arrangement' between the Service and Parent claiming CCS. By filling in this form you agree to keep the service updated about your care requirements and pay any fees incurred as set out below. Permanent bookings for before and after school care are charged regardless of if the child attends the session. Centrelink allows for CCS to be claimed for up to 42 absences per year. Nonattendance to holiday program is charged a fee of \$30 per child per day.

Schedule of fees (**CURRENT AS AT November 2019 before Child Care Subsidy)

Before School Care: \$10.00	Vacation Care and Pupil free day care: \$65.00
After School Care: \$19.00	Holiday Program booking cancellation / change / non-attendance fee \$30.00 per child per day
Late pick up fee: \$1.00 per child per minute after 6pm	

Places are allocated strictly on Government Guidelines pertaining to Priority of Placement. See the Parent's Handbook or <https://www.education.gov.au/priority-filling-child-care-places> for further information and clarification.

If you have any trouble filling in this form or need further information, please contact: Sharon on: 9329 5529 or 0400 838 448 or ohsc@netspace.net.au or bizekidz@northmelbourneps.vic.edu.au

Name of child/children (please include all children from the same family on the one form)	Grade level / Teacher (2020)
1	
2	
3	

Please tick the days you will require your child/ren to attend.

	Permanent Before School Care Places	Permanent After School Care Places
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Requested start date :

Casual Care required? YES / NO

Email address for statements: _____

Signed.....

Date.....

<i>Office use only</i> Received (Who, Date & time)	Confirmed? (date and Method)	User Account created? (Who and date)	P:
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Biz – E – Kidz (Errol Street North Melbourne Primary OSHC) Child Enrolment Record
Biz – E – Kidz Priority of Access to Childcare form

The demand for places in the Biz-E-Kidz Program can be high and as a result we are required to ensure that those children with the highest need for care are given priority of placement. This means that:

1. All families are required to complete this questionnaire at the time of enrolling. A place at Biz-E-Kidz will be allocated for the year based on the federal government’s Priority of Access Guidelines (see below).
2. If at any time your circumstances change, use this form to update your status.
3. When you do not need care please let us know immediately so that a child on the waiting list (if applicable) can use your place.
4. Please note: Once a permanent place is confirmed and you have accepted, you will be charged for care whether you use it or not. Your Childcare Subsidy (CCS) applies for up to 42 absences each year.

Thank you for completing this questionnaire. All information provided remains strictly confidential and is used exclusively for the purpose of allocating places at Biz-E-Kidz according to Priority of Access Guidelines set down by the Federal Government.

For your information, a summary of the Priority of Access Guidelines is as follows:

First Priority A child at risk of serious abuse or neglect.

Second Priority A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the ‘A New Tax System (Family Assistance) Act 1999’.

Third Priority Any other child.

Within each priority category above, the following children are to be given priority:

- children in Aboriginal and Torres Strait Islander families;
- children in families which include a person with a disability;
- children in families whose taxable income entitles them to 100% CCB;
- children in families with a non-English speaking background;
- children in socially isolated families; and
- children of single parents. **For more information refer to:**
<https://www.education.gov.au/priority-filling-child-care-places> or contact Department of Human Services: ph 136 150 or multilingual ph 131 202

Please complete this questionnaire along with your application for enrolment

CHILD/REN’S NAME:	
SECTION A: TWO-PARENT FAMILY	SECTION A: SINGLE PARENT FAMILY
If yours is a two-parent family please complete this column	If yours is a single parent family please complete this column
Which of the following describes you and your partner’s circumstances? (tick one):	Which of the following describes your circumstances? (tick one):
<input type="checkbox"/> Both of you are in paid work. <input type="checkbox"/> Both of you are studying/training. <input type="checkbox"/> One of you is in paid work and one of you is studying/training <input type="checkbox"/> One of you is in paid work/studying/training and one of you receives a carer payment or a carer allowance. <input type="checkbox"/> One of you is in paid work or studying/training and one of you is not. <input type="checkbox"/> One of you receives a carer payment or a carer allowance and one of you is not in paid work/studying/training. <input type="checkbox"/> Neither of you is in paid work/studying/training.	<input type="checkbox"/> You are in paid work. <input type="checkbox"/> You are studying/training. <input type="checkbox"/> You receive a carer payment or a carer allowance. <input type="checkbox"/> You are not in paid work/studying/training.
SECTION B: Please also tick any from the following list that apply to your family	
<input type="checkbox"/> Your child is at risk of serious abuse or neglect without Outside School Hours Care. <input type="checkbox"/> You or your child are an Aboriginal or Torres Strait Islander. <input type="checkbox"/> You are, or one of the family is, a person with a disability. <input type="checkbox"/> You are eligible to receive a 100% Child Care Subsidy. <input type="checkbox"/> You are from a non-English speaking background. <input type="checkbox"/> You or your child is socially isolated.	
SIGNED:	DATE:

Biz – E – Kidz (Errol Street North Melbourne Primary OSHC) Child Enrolment Record

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licenced children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35

Child Details

First Name	
Last Name	
Child CRN*	<i>*This MUST be supplied to claim CCS</i>
Date of Birth*	
Gender	
Cultural Background	
Language	

Child Profile

Preferred Name	
Country of Birth	
Language spoken at home	*
Child's Indigenous Status: Is the child Aboriginal and / or Torres Strait Islander Origin?	
Cultural Background	

Custody Access details

Court Order Information (Including Parenting Plan / Order)

Are there any court Orders (including Parenting plans and Parenting Orders relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child?

YES NO

If Yes:

- 1) Bring the original orders for staff to sight and attach a copy to this form.
- 2) If these orders a) change the powers of the parent guardian to: authorise 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 contact details of any person given these powers:

Biz – E – Kidz (Errol Street North Melbourne Primary OSHC) Child Enrolment Record

Parent Details

	<u>PARENT 1</u> (claiming Child Care Subsidy <i>if applicable</i>)	Parent 2
First Name		
Last Name		
Parent CRN*	<i>*This MUST be supplied to claim Child Care Subsidy</i>	
Date of Birth*		
Gender		
Email	<i>*Invoices will be emailed to this address</i>	
Address		
Mobile Phone		
Home phone		
Work Phone		
Occupation		
Employer		
Country of Birth		
Language		
Does Child live with parent?		

Biz – E – Kidz (Errol Street North Melbourne Primary OSHC) Child Enrolment Record
Additional Authorised Nominees (Please supply at least 2 Authorised Nominees)

An authorised Nominee is: 1. Any person who can authorise to consent to medical treatment from a registered medical practitioner, hospital or ambulance service and administration of medication to the child; 2. A person who had been given permission by the parent or family member to collect the child from the education and care service; 3. A person who is authorised to authorise an educator to take a child out of the service for excursions or regular outing, can be contacted in the case of an emergency

Authorised Nominee 1		Authorised Nominee 2	
Name		Name	
Address		Address	
Phone number		Phone number	
Relationship to child		Relationship to child	
Emergency Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorised Nominee 3		Authorised Nominee 4	
Name		Name	
Address		Address	
Phone number		Phone number	
Relationship to child		Relationship to child	
Contact in an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact in an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Child Immunisation Details.

<i>Is a copy of your child's immunisation record attached:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your Child's immunisations up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Doctor and Health Fund Details

Doctors Name	
Doctors Phone Number	
Doctors Address	
Private Health fund <i>(If applicable)</i>	
Private Health fund number	
Ambulance Subscription Number	

Biz – E – Kidz (Errol Street North Melbourne Primary OSHC) Child Enrolment Record
Child Health and other details

Medicare number	
Medical Conditions	<i>*Does your child have a management plan for this condition? Please supply a copy</i>
Allergies	<i>Has your child been diagnosed at risk of anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
Anaphylaxis * (see below)	<i>Does your child have an auto injection device? Yes <input type="checkbox"/> No <input type="checkbox"/></i> <i>Has the anaphylaxis medical management plan provided to the service? Yes <input type="checkbox"/> No <input type="checkbox"/></i> <i>If yes: Has a risk management plan been completed by the service in consultation with you? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
Dietary Requirements	
Accident and Illness History	
Does the child have a disability?	<i>if yes, is that disability learning and applying knowledge? Communication? Mobility? Self-Care? Interpersonal interactions and relationships? Other? Please specify The definition of a child with a disability does NOT include children with a medical condition that is short term (lasts for 6 months or less) or episodic, for example Asthma, allergies, eczema, infectious diseases</i>
Does your child have any Special needs?	<i>Please detail any special needs and management requirements</i> <i>Children from culturally or Linguistically diverse backgrounds <input type="checkbox"/></i> <i>Children with a refugee background who have been subject to trauma <input type="checkbox"/></i> <i>Indigenous children <input type="checkbox"/></i> <i>The child's place has been sought by a state or territory child protection worker <input type="checkbox"/></i> <i>The child is in the care of the state or other forms of out of home care <input type="checkbox"/></i>
Any other information to assist us in caring for your child?	<i>Relationships with other children, favourite activities, foods, fears etc</i>
<i>* In the case of anaphylaxis you will be supplied with a copy of the Biz – E – Kidz anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by a medical practitioner who is treating your child. This will be attached to your child's enrolment form. <u>Your child may not attend Biz – E – Kidz without their auto injection device (EpiPen).</u> More information at www.education.vic.gov.au/anaphylaxis.</i>	

Biz – E – Kidz (Errol Street North Melbourne Primary OSHC) Child Enrolment Record

Declaration and Medical Treatment Consent

Child's Name _____ Date of Birth _____

I, _____ (print full name) a person who is an authorised nominee for the child referred to in this form;

- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if they become unwell at the service;
- Consent to the staff at the children's service seeking, or where appropriate administering, such emergency medical, hospital, dental or ambulance services, or treatment as it is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service;
- 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 staff;
- Declare that as the person with lawful authority* of the child referred to in this enrolment form that the information in this enrolment is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- Will refer to the service's policy documentation for further information;
- Understand that this form constitutes the 'Complying Written Arrangement' between the Service and Parent claiming CCS. By filling in this form you agree to keep the service updated about your care requirements and pay any fees incurred as set out in the fee schedule. **Permanent bookings for before and after school care are charged regardless of if the child attends the session. Centrelink allows for CCS to be claimed for up to 42 absences per year. Nonattendance to holiday program is charged a fee of \$30 per child per day**
- Understand the Biz – E – Kidz staff may access information pertaining to the child and family on COMPASS for the purposes of caring for the child and administering the programs and service.

Signature _____ Date _____

Authorised Service Signature _____ Date _____

**Lawful Authority and Parental responsibility*

Parents: A parent includes the guardian of a child and a person with parental responsibility for the child under a decision or court order. All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The children's services regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether 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 children's services act 1996 also covers situations where the 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 and has day-to-day care and control of the child.

Confidentiality of Enrolment records

The proprietor of a children's service must ensure the information in a child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent, or prescribed in the children's regulations 2009 (regulation 35 (1) (d-e))

Biz – E – Kidz (Errol Street North Melbourne Primary OSHC) Child Enrolment Record
Biz – E – Kidz Photography Consent Form

At various times throughout the year, children attending Biz – E – Kidz may be photographed or filmed while at the service. Biz – E – Kidz uses photography/video as a way of documenting and sharing the service with regulatory and quality assurance bodies, families and other stakeholders. This consent maybe withdrawn at any time in writing. Please delete any paragraphs you do not consent to.

Child's Name: _____ **(Please Print)**

I give permission for my child to be photographed and/or filmed. I understand that the photographs/video footage may be stored in an appropriate and secure manner and that some photos/video footage may include close up shots of my child.

I understand that all material gathered is subject to editorial discretion.

I grant permission for the photographs/video footage to be used as documentation of children's development and interests, documentation of activities and experiences undertaken at the service or while on excursion and documentation of the service's care routines and procedures, and of the service and children's time at the service in general.

I grant permission for the photographs to be on display on photo boards, scrap books and photo albums within the service and for video footage to be shown within the service.

Signed: _____

Parent/Guardian name: _____

Date _____

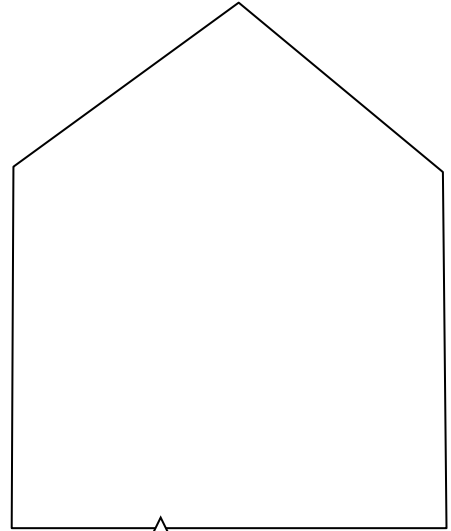
Biz – E- Kidz : All About Me!

My Name is _____ and I am _____ Years old.

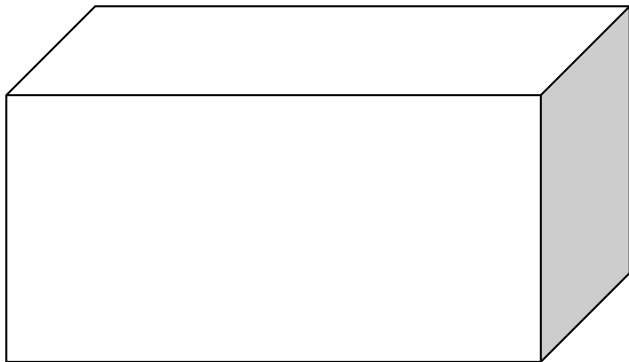
This is a photo or drawing of me:



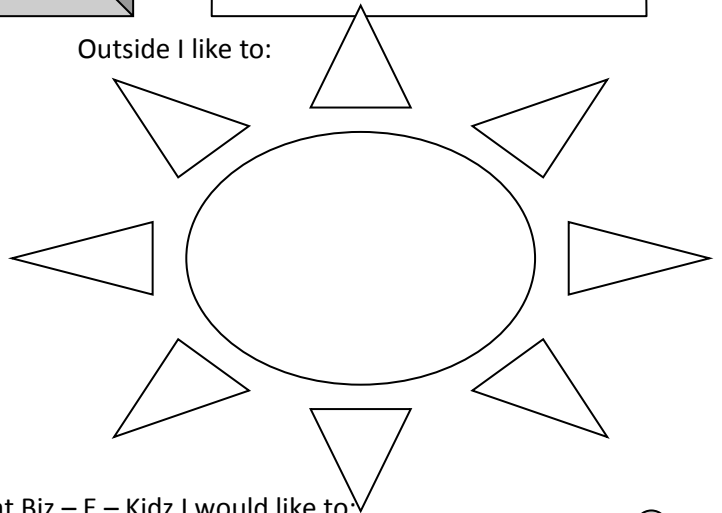
Special people in my home are:



Inside I like to:

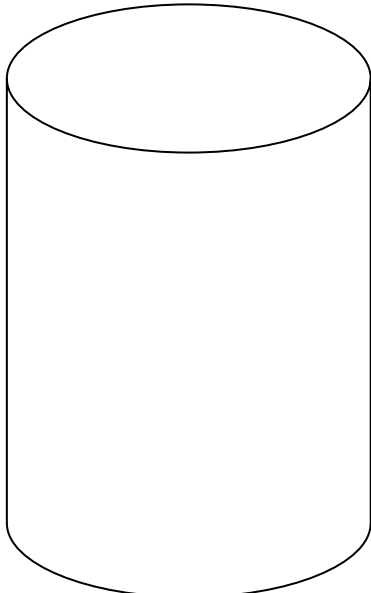


Outside I like to:



This year at Biz – E – Kidz I would like to:

My favourite foods are:



Sometimes I need help with: