Early Years Education and Care

Please tick a box

☐ Corryong
  ☐ 4 Year old

☐ Tallangatta
  ☐ 3 Year old  ☐ 4 Year old

☐ Tallangatta Long Day Care
  ☐ Under 2 Year Old  ☐ 2-3 Year Old  ☐ 3-4 Year Old

Please complete all applications for Tallangatta Kindergarten & Long Day Care via www.towong.vic.gov.au

Is your child eligible for two years FREE Kindergarten?
  ☐ Yes  ☐ No

Not sure? Ask your Kindergarten Director about the Early Start Program today.

www.towong.vic.gov.au
The Towong Shire Council’s Early Years services are guided by the Education and Care services National law (2010) and Regulations (2011), the Early Years Learning Framework and National Quality Framework and Child Protection protocol.

We aim to raise awareness of our Indigenous and Torres Strait Islander heritage and cultural diversity to allow children to respond to the local, national and international community with respect.

Our children are encouraged to interact with the broader community to enhance and enrich learning experiences to allow ongoing valued partnerships.

We believe that it is imperative to engage with local and regional agencies, schools, health services, libraries, and maternal and child health to enhance children’s development, enabling stronger partnerships and preparedness for continuous learning.

We acknowledge and value the role of parents/guardians in their child’s learning and development to allow us to strengthen partnerships with families to achieve the best possible learning outcome for children. We believe learning is enhanced through family involvement.

We believe in providing learning opportunities to promote and support awareness of sustainability and our responsibility for the natural environment.

We believe that children are competent, capable co-contributors and active participants in their own learning irrespective of individual needs. We offer an environment where each child’s wellbeing, independence and eagerness to experience new opportunities are fostered. We aim to give all children the tools for life-long learning whilst supporting inclusive practice for children of all abilities.

We believe all children of all abilities learn best through play to help guide their own learning outcomes by investigating, experimenting and exploring their environment.

We believe all children need to be exposed to intentional teaching to provide additional and meaningful scaffolding and extended learning experiences.

We believe that our programming should reflect children’s interests to allow extended learning in a happy, safe and secure environment.

We value the importance of building strong foundations in the early years to enhance and extend children’s learning in the five outcomes; identity, wellbeing, community, learning and communication.

We strive to support children, their families and guardians through positive and nurturing interactions to support good health and wellbeing outcomes; with guidance from our Nutrition, Oral Health and Active Play Policy.

Council educators are committed to continuous learning of our pedagogical skills. Together, we believe and support children in becoming, belonging, and being part the broader community for life-long learning.

We believe in the importance of creating a safe environment for children with all Council educators having quality professional development in child safety, first aid, anaphylaxis, CPR and wellbeing. All Council educators offer a quality of care for all children by adhering to child/staff ratios for consistent and safe supervision.
ENROLMENT DATE: _____/_____/_____

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. Licensed children’s services may use this form to collect the child’s enrolment information as required in regulations 160 to 162 (Education and Care Services National Regulations).

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.

INFORMATION ABOUT THE CHILD

Family name_________________________________________________ Date of Birth _____/_____/_____ *Sex □ M □ F (please tick)

Given names_________________________________________________ *Usually called ___________________________

Home address __________________________________________________________________________________________

Language(s) spoken in the home: __________________________________________________________________________

Cultural background of the child: Cultural background of Mother __________________ Cultural background of Father __________________

*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

□ Yes, Aboriginal □ No, not Aboriginal

□ Yes, Torres Strait Islander □ No, not Torres Strait Islander

Does this child require exemption from school in order to attend kindergarten? □ Yes □ No

(Children turning 6 years of age before the end of term 4 should have an approved exemption from school entry - see Director for details)

Is this your child’s second year of 4 year old kinder? □ Yes □ No

INFORMATION ABOUT THE CHILD’S LEGAL PARENTS OR GUARDIANS

I/we hereby advise the following: (please tick)

□ This is a joint application (mother & father) □ This is an application made by the father

1. Signature ____________________________________________________________

Print Name ____________________________________________________________

MOTHER

Name ____________________________________________________________

Address - as per child or: ____________________________________________

Telephone/s

(H) __________________ (W) __________________

(Mobile) __________________

Email ____________________________________________

Does the child live with the mother? □ Yes □ No (please tick)

GUARDIAN (if applicable)

Name ____________________________________________________________

Address - as per child or: ____________________________________________

Telephone/s

(H) __________________ (W) __________________

(Mobile) __________________

Email ____________________________________________

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

FATHER

Name ____________________________________________________________

Address - as per child or: ____________________________________________

Telephone/s

(H) __________________ (W) __________________

(Mobile) __________________

Email ____________________________________________

Does the child live with the father? □ Yes □ No (please tick)

GUARDIAN (if applicable)

Name ____________________________________________________________

Address - as per child or: ____________________________________________

Telephone/s

(H) __________________ (W) __________________

(Mobile) __________________

Email ____________________________________________

Does the child live with this guardian? □ Yes □ No (please tick)
SIBLINGS

First name______________________  Surname______________________  MF__________Age__________Date of Birth _____/_____/_____
First name______________________  Surname______________________  MF__________Age__________Date of Birth _____/_____/_____
First name______________________  Surname______________________  MF__________Age__________Date of Birth _____/_____/_____
First name______________________  Surname______________________  MF__________Age__________Date of Birth _____/_____/_____

EMERGENCY CONTACTS

THIS SECTION MUST BE COMPLETED (2 Contacts other than Parents/Guardians)

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 authorised

• to collect and care for the child after accident, injury, trauma or illness
• to consent to medical treatment of, or to authorise administration of medication to the child
• to authorise an educator to take the child outside the education and care service premises.

Name____________________________________________________
Address____________________________________________________
Telephone/s(H)________________________(W)_________________________
(Mobile)_____________________________________________________
Relationship to child_____________________________________________

Name____________________________________________________
Address____________________________________________________
Telephone/s(H)________________________(W)_________________________
(Mobile)_____________________________________________________
Relationship to child_____________________________________________

COURT ORDERS RELATING TO THE CHILD

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities or any person in relationship to the child or access to the child or any other court orders relating to the child’s residence or the child’s contact with a parent or other person?

☐ 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:
      • 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 from the service or family day care, AND/OR
   b) give these powers to someone else

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

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
DETAILS OF PEOPLE WHO YOU AUTHORISE TO COLLECT YOUR CHILD

Your consent is required for other people to collect the child from the children’s service on your behalf. In the area below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year.
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.

Name___________________________________________________  Name___________________________________________________
Address _____________________________________________________________________________________________
_________________________________________________________________________________________
Telephone/s
(H) _____________________ (W) _____________________  (H) _____________________ (W) _____________________
(Mobile) __________________________________________________________________________________________
Relationship to child ______________________________________________  Relationship to child ______________________________________________

Name___________________________________________________  Name___________________________________________________
Address _____________________________________________________________________________________________
_________________________________________________________________________________________
Telephone/s
(H) _____________________ (W) _____________________  (H) _____________________ (W) _____________________
(Mobile) __________________________________________________________________________________________
Relationship to child ______________________________________________  Relationship to child ______________________________________________

I/We authorise the above mentioned person to collect: __________________________________________________________

(insert child’s name)

1. Signature:_____________________________________________  2. Signature:_____________________________________________
Print Name ____________________________________________  Print Name ____________________________________________

Please note: Both parent signatures required if it is a joint application.

CONCESSION CARD HOLDERS - KINDERGARTEN

Please note: Subsidy applies for 4 year old funded kinder ONLY

Type of Card__________________________________________  Card Holder’s CRN_____________________________
Card Holder’s Name___________________________________  Child’s CRN__________________________________
Expiry Date: _____/_____/_______  Photocopy of card to Director

☐ Yes  ☐ No (please tick)
ACCOUNT RESPONSIBILITIES

Please nominate who will be responsible for the payment of the account.

☐ Mother and Father
☐ Mother
☐ Father
☐ Child’s Legal Guardian
☐ State Government (Health Card holders)
☐ Other, please specify and supply a letter of authority

____________________________________________________
Name ____________________________________________________
Street No_________ Street Address____________________________
Town/Suburb ____________________________Post code__________

Payment options are listed in the Early Years Education and Care Information Booklet
Please note: Direct debit is available for families wishing to create a payment plan for Kindergarten fees.
To set up a direct debit please contact Council’s Finance team by phoning (02) 6071 5100.

CONCESSION CARE BENEFITS - LONG DAY CARE

Name of Parent applying for Childcare benefits Card Holder’s CRN ____________________________
________________________________________________________
Parent’s date of birth: ____/____/____ Child’s CRN ____________________________
Photocopy of card to Director
☐ Yes ☐ No (please tick)

ACCOUNT RESPONSIBILITIES

ALLOCATION OF FUNDING - KINDERGARTEN

I/We authorise the allocation of Kindergarten funding to Towong Shire Council for my child.

1. Signature:__________________________________________ 1. Signature:__________________________________________

Print Name _____________________________________________ Print Name _____________________________________________

To gain a subsidy from the Government you must ensure you update these details if any change and provide a photocopy to your Kindergarten Director or you will be invoiced at the full rate.

CHILD CARE BENEFITS - LONG DAY CARE

All Long Day Care fees are payable via Ezidebit, two weeks in advance.

Please contact Council’s Finance team on 02 6071 5100 for an Ezidebit application form.
# CHILD HEALTH STATUS

## CHILD’S HEALTH INFORMATION

**THIS SECTION MUST BE COMPLETED**

Name Doctor/Medical Service: ______________________________________ Telephone: ________________________________

Address Doctor/Medical Service: __________________________________________________________________________

Child’s Medicare Number: ______________________________________

Child Health Book/Record please provide to the service for sighting.

Name of Maternal and Child Health Nurse: ___________________________

☐ I give permission for the Early Years Educator to discuss my child's development with the Maternal and Child Health Nurse.

Print Name: ____________________________ Signature: ______________________________

Name and position of person at the children’s service who has sighted the Child Health Book.

Name: ____________________________ Position: ______________________________

Date: ______________________________

## BIRTH CERTIFICATE

Please provide an original copy of your child's birth certificate for sighting for proof of age.

Name and position of person at the children’s service who has sighted the child’s birth certificate.

Name: ____________________________ Position: ______________________________

## CHILD’S IMMUNISATION RECORD

Has the child been immunised? ☐ Yes ☐ No  (please tick)

If yes, provide the details by attaching Child History Statement from the Australian Childhood Immunisation Register.

For more information or to obtain a copy of your child’s statement visit: www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register or call the Immunisation Register on 1800 653 809.

Please note that Victorian pre-schoolers will be banned from attending child care or kindergarten unless they are vaccinated, under “No Jab, No Play” law introduced by the State Government (2016).

For more information visit: www.health.vic.gov.au/immunisation/factsheets/no-jab-no-play
SPECIAL CONSIDERATIONS

Cultural / Religious

Are there any special considerations your child's educators need to be aware of?   □ Yes   □ No   (please tick)

If Yes, please provide details

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

CHILD'S MEDICAL INFORMATION

Anaphylaxis

Has your child been diagnosed with Anaphylaxis?   □ Yes   □ No   (please tick)

If Yes, please provide a copy of the Anaphylaxis medical management plan to the Director.

Asthma

Has your child been diagnosed with Asthma?   □ Yes   □ No   (please tick)

If Yes, please provide a copy of the Asthma medical management plan to the Director.

Diabetes

Has your child been diagnosed with Diabetes?   □ Yes   □ No   (please tick)

If Yes, please provide a copy of the Diabetes medical management plan to the Director.

NOTE: Families are responsible for bringing required medication (eg. epipen, asthma puffer, etc.) on a daily basis. All medication must be clearly labelled with child’s name and given to educators daily.

Director receipt of medical management plan/s.

Director signature: ____________________________________________ Date ________________

CHILD’S MEDICAL INFORMATION – ALLERGY / SENSITIVITIES

Does your child have any allergies or sensitivity?   □ Yes   □ No   (please tick)

If Yes, please provide details of any allergies and management procedures to be followed with respect to the special need.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
CHILD’S MEDICAL INFORMATION – DIETARY RESTRICTIONS

Does your child have any Dietary restrictions?  
☐ Yes  ☐ No   (please tick)

If yes, the following restrictions apply: ____________________________

CHILD’S MEDICAL INFORMATION – DISABILITY / DIAGNOSIS / ADDITIONAL NEEDS

Does your child have any additional needs such as a development delay or disability including intellectual, sensory or physical impairment?  
☐ Yes  ☐ No   (please tick)

If yes, please comment. ____________________________

Has / is / will your child be attending speech therapy?  
☐ Yes  ☐ No   (please tick)

If yes, please comment. ____________________________

Does your child have any other health care needs?  
For example: sensitivities or medical conditions?  
☐ Yes  ☐ No   (please tick)

If yes, please comment. ____________________________

Do you have any concerns about your child’s behaviour and/or development?  
☐ Yes  ☐ No   (please tick)

If yes, please comment. Include triggers (if any) that may exacerbate your child’s behaviour. ____________________________

Does your child access any services in relation to any of the above?  
☐ Yes  ☐ No   (please tick)

If yes, please comment. ____________________________

Does your child have a case worker?  
☐ Yes  ☐ No   (please tick)

If yes, please provide name and contact details: ____________________________

Does your child have any Dietary restrictions?  
☐ Yes  ☐ No   (please tick)

If yes, the following restrictions apply: ____________________________
DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I/We, ____________________________________________________________, a person with lawful authority of the child referred to in this enrolment 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;

• agree to my child leaving the children’s services premises to participate in an emergency evacuation drill or in the event of an actual emergency evacuation.

• consent to the approved provider, nominated supervisor or an educator to seek emergency medical treatment for the child from a medical practitioner, hospital or ambulance service, and transportation of the child by an ambulance service.

1. Signature: ___________________________________________  2. Signature: ___________________________________________

Print Name ______________________________________________  Print Name ___________________________________________

Date ___________________________________________________  Date ______________________________________________
CONFIDENTIALITY AND STORAGE OF RECORDS

The approved provider of an education and care service must ensure that information kept in a record under the Regulations is not divulged to another person other than prescribed in the Education and Care Services National Regulations 2011 (regulation 181 a-e).

PRIVACY STATEMENT

Personal information collected by Council is held securely and used solely for municipal purposes as specified in the Local Government Act 1989. Council may disclose this information to other organisations if required or permitted by legislation. Should you wish to access or modify this information please contact Council on 02 6071 5100. The applicant/s understand that the personal and/or health information provided is for the above purpose and that he or she may apply to the Council for access to and/or amendment of the information. Requests for access and/or correction should be made to the Approved Service Provider at Towong Shire Council.

PARENT EDUCATION AND OCCUPATION DETAILS

Please contact your Kindergarten Director to obtain a copy of the Department of Education and Training’s Parent Education and Occupation form for completion.

SUBMIT

Application form to be sent to: "Early Years Team", Towong Shire Council, P.O. Box 55, Tallangatta, Victoria 3700. Alternatively, hand deliver to your Kindergarten Director or email completed applications to: early.years@towong.vic.gov.au Applications close 1st October 2018.

Please note that this form MUST BE completed in its entirety prior to your child's acceptance.

SERVICES

Corryong Early Years Educator 02 6076 1025
Tallangatta Early Years Educator 02 6071 2282
Early Years Education and Care

www.towong.vic.gov.au