



NORTHERN RIVERS IN HOME CARE ENROLMENT FORM

Parent / Guardian 1 Information (person claiming CCS)

Surname:		Given names:	
Relationship to Child:		Email Address: (essential)	
Residential Address:		Post Code:	
Postal Address:			
Home Phone:	Work Phone:	Mobile Number:	
DOB:	Place of Birth:	Male: [] Female: []	
Centrelink CRN:		This CRN will be used for this enrolment	
Work Status: Full Time: [] Part time: [] Casual: [] Seeking Work: [] Studying: [] Home Duties: []			
Occupation:		Employer/Business Name:	
Indigenous Status:		Ethnicity:	
Home Language:			
This person is authorised to nominate emergency contacts.			
Is this the person liable to pay the childcare fees? Yes: [] No: []			

Parent / Guardian 2 Information

Surname:		Given names:	
Relationship to Child:		Email Address: (essential)	
Residential Address:		Post Code:	
Postal Address:			
Home Phone:	Work Phone:	Mobile Number:	
DOB:	Place of Birth:	Male: [] Female: []	
This person's Centrelink CRN will not be used for this enrolment. A change of CRN will require a new enrolment.			
Work Status: Full Time: [] Part time: [] Casual: [] Seeking Work: [] Studying: [] Home Duties: []			
Occupation:		Employer/Business Name:	
Indigenous Status:		Ethnicity:	
Home Language:			
Is this person authorised to collect the child? Yes: [] No: [] If no, please provide relevant Court Orders.			
Is this person liable to pay the childcare fees? Yes: [] No: []			
How did you hear about this service?			

In Home Child Care Criteria

<input type="checkbox"/> Criterion 1 – Parents or carers are working nonstandard or variable hours;
<input type="checkbox"/> Criterion 2 – Parents or carers are geographically isolated from other types of approved childcare;
<input type="checkbox"/> Criterion 3 – The family has challenging or complex needs;

Priority Of Access

<input type="checkbox"/> Child at risk <input type="checkbox"/> Work/ Training/ Study <input type="checkbox"/> Aboriginal or Torres Strait Islander – ATSI <input type="checkbox"/> Non-English Speaking Background – NESB

Child/ren Details

Child/ren Details	
Child 1 - First Name:	Child 2 - First Name:
Surname:	Surname:
DOB: Male: [] Female: []	DOB: Male: [] Female: []
Centrelink CRN:	Centrelink CRN:
School Age: Yes: [] No: []	School Age: Yes: [] No: []
Place of Birth:	Place of Birth:
Indigenous Status:	Indigenous Status:
Ethnicity:	Ethnicity:
History of Illness/Health (please detail):	History of Illness/Health (please detail):
Allergies/Disability:	Allergies/Disability:
Is a Health Management Plan required for any conditions? Yes: [] No: []. If yes, please go over the plan with your educator now to ensure all procedures are well understood. The HMP must be supplied to the Educator and Office before care commences. Copy supplied: Yes: [] No: [] A separate medication form must be completed for all medications.	Is a Health Management Plan required for any conditions? Yes: [] No: []. If yes, please go over the plan with your educator now to ensure all procedures are well understood. The HMP must be supplied to the Educator and Office before care commences. Copy supplied: Yes: [] No: [] A separate medication form must be completed for all medications.
Child 3 - First Name:	Child 4 - First Name:
Surname:	Surname:
DOB: Male: [] Female: []	DOB: Male: [] Female: []
Centrelink CRN:	Centrelink CRN:
School Age: Yes: [] No: []	School Age: Yes: [] No: []
Place of Birth:	Place of Birth:
Indigenous Status:	Indigenous Status:
Ethnicity:	Ethnicity:
History of Illness/Health (please detail):	History of Illness/Health (please detail):
Allergies/Disability:	Allergies/Disability:
Is a Health Management Plan required for any conditions? Yes: [] No: []. If yes, please go over the plan with your educator now to ensure all procedures are well understood. The HMP must be supplied to the Educator and Office before care commences. Copy supplied: Yes: [] No: [] A separate medication form must be completed for all medications.	Is a Health Management Plan required for any conditions? Yes: [] No: []. If yes, please go over the plan with your educator now to ensure all procedures are well understood. The HMP must be supplied to the Educator and Office before care commences. Copy supplied: Yes: [] No: [] A separate medication form must be completed for all medications.

Child 5 - First Name:	Child 6 - First Name:	
Surname:	Surname:	
DOB: Male: [] Female: []	DOB: Male: [] Female: []	
Centrelink CRN:	Centrelink CRN:	
School Age: Yes: [] No: []	School Age: Yes: [] No: []	
Place of Birth:	Place of Birth:	
Indigenous Status:	Indigenous Status:	
Ethnicity:	Ethnicity:	
History of Illness/Health (please detail):	History of Illness/Health (please detail):	
Allergies/Disability:	Allergies/Disability:	
Is a Health Management Plan required for any conditions? Yes: [] No: []. If yes, please go over the plan with your educator now to ensure all procedures are well understood. The HMP must be supplied to the Educator and Office before care commences. Copy supplied: Yes: [] No: [] A separate medication form must be completed for all medications.	Is a Health Management Plan required for any conditions? Yes: [] No: []. If yes, please go over the plan with your educator now to ensure all procedures are well understood. The HMP must be supplied to the Educator and Office before care commences. Copy supplied: Yes: [] No: [] A separate medication form must be completed for all medications.	
Emergency Contacts / Authorised Nominees (other than parents)		
Surname:	Given names:	
Authorised to Approve: Collection of child: Yes: [] No: [] Excursions: Yes: [] No: [] Medication: Yes: [] No: []		
Emergency medical treatment: Yes: [] No: [] Alternative emergency authorised Nominee: Yes: [] No: []		
Relationship to Child:	Residential Address:	
Home Phone:	Work Phone:	Mobile Number:
Surname:		Given names:
Authorised to Approve: Collection of child: Yes: [] No: [] Excursions: Yes: [] No: [] Medication: Yes: [] No: []		
Emergency medical treatment: Yes: [] No: [] Alternative emergency authorised Nominee: Yes: [] No: []		
Relationship to Child:	Residential Address:	
Home Phone:	Work Phone:	Mobile Number:
Authorised Nominees can approve alternative persons to collect. Always keep these contacts details current.		
Medical Information		
Family Doctor/Medical Centre Name:		
Address:	Phone:	
Health Fund: Yes: [] No: []	Ambulance Cover: Yes: [] No: []	
Are your children Immunised? (1) Yes: [] No: [] (2) Yes: [] No: [] (3) Yes: [] No: []	(4) Yes: [] No: [] (5) Yes: [] No: [] (6) Yes: [] No: []	
Medicare Number:	Child # on Card: (1) (2) (3) (4) (5) (6)	

Court Orders / Consent Agreements / Parenting Plans

Are there any Court Orders/Parenting Plans affecting these children? No: [] Yes: [] Attached: Yes: [] No: []

Are there any informal agreements in place affecting these children? No: [] Yes: [] Attached: Yes: [] No: []

Are there any persons not allowed to collect your children?

Please be advised that if there are no relevant court orders, a non resident biological parent may be contacted in the event of an emergency, and is entitled to some information about their child (residential addresses will not be provided unless ordered by a court).

Child Enrolment Details

Has your child/ren, or any siblings ever been enrolled in this service? No: [] Yes: [] When?

Does your child/ren attend another Child Care Service? No: [] Yes: [] Name:

If attending other services, what is the total hours used per week?

Do you have any other children attending Child Care Services each week? No: [] Yes: [] How many?

Travel and Excursions must be approved and authorised by the In home care coordinator, then signed by the parent/ Guardian before any travel can commence.

Please state any other important information regarding your children.

Authorisations and Permissions

I (the undersigned parent/carer):

1. Have read this form and consent to the enrolment of (hereafter the 'child')
2. Understand that the person/s nominated as parent/carer are authorized to enroll, cancel enrolment, release and authorize release of the child.
3. Agree to provide enrolment information to the Australian government Department of Education and Training and the Department of Human services (Centerlink) 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:
<https://www.humanservices.gov.au/individuals/families>
4. Agree to comply with all Government requirements regarding childcare subsidy claims in relation to the service.
5. Agree that in the case of accident or injury, the Educator will attempt to contact me and where I cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I agree to pay the cost.
6. I understand that it is necessary to personally sign my child in and out of childcare, recording the exact time for each session used. I agree to cross out any days on the attendance record that I have not booked prior to signing the record on the last day of care each week. I understand that it is fraudulent to sign the attendance record in advance.
7. I understand that fees are payable for all absences, and that exceeding my allowable absences (42 per year) will require payment of the full cost of care.
8. I understand that if I am claiming CCS my child must be physically in childcare on the first and last day of care. Absences on the first day of care or on the last day of care do not receive CCS.
9. I understand that the educator acts as an agent of this service and is authorized to charge fees, collect money and issue receipts on behalf of this service. Permanent changes to booked hours must be recorded in writing.
10. I agree to pay full fees until I provide my Educator, or the IHC Office, written confirmation of my CCS approval.
11. I agree to pay any fee underpayments resulting from reduction or cancellation of my CCS entitlements.
12. I agree to pay the enrolment fee of \$20.00 when registering for the service.
13. I agree to pay the IHC levy of \$5.50 per hour per family.
14. Where the In Home Care educator is required to use the family vehicle to transport children, I agree to ensure that they are provided with evidence of vehicle registration and that state and territory legal requirements for passenger transport are followed.
15. In the event that I cannot be contacted, I agree to allow the In Home Care Educator to administer an appropriate dose of Paracetamol to my child should he or she be suffering from a fever.
16. I agree to provide 14 days notice to the Educator if I wish to change the Childcare Contract (days and times of care). I understand that requests for changes to childcare bookings may not be acceptable.
17. I agree (with the exception of the first week of care) to give my IHC Educator 14 days notice of termination of the Childcare Contract, or pay full fees in lieu of notice. Deposits will be used for unpaid fees and notice periods.
18. I agree to resume care of my child as soon as possible if it is determined by the Educator that my child is too ill to be in care, or is suffering from a contagious disease which may place the Educator at risk of infection, as per the NHMRC guidelines.

19. I authorise the Educator to arrange emergency hospital, medical or dental treatment, including transport by ambulance, in the event that no parent or any other authorized nominees can be contacted. I agree to pay any associated medical and ambulance costs. (Parents are encouraged to take out Ambulance Insurance).
20. I have read the Priority of Access and IHC eligibility guidelines in the Information Booklet and understand that children may be required to reduce hours or terminate the childcare contract if my circumstances change.
21. I understand that In Home Care eligibility will be reviewed every 3 months and I will need to complete a Family Management Plan with the In Home Care Support Agency.
22. I agree to keep the Educator informed of any changes to my child's health condition and complete and update Health Management Plans as required by the service.
23. I agree that my child may be withdrawn from the service if my child's immunisations are not up to date, and that I will pay fees for the days absent.
24. I recognize that the Educators have a right to work in a safe and secure environment and that all interactions will be appropriate and professional.

I, the parent named on this form declare that the information on this form is correct, and I undertake to immediately inform Northern Rivers Children's Services LTD. in the event of any changes to this information. I agree to abide by all the authorisations and permissions on this form.

Full Name: _____ Signature: _____ Date: _____

Witnessed by: _____ Signature: _____

Northern Rivers Children's Services Limited (NRCS) collects personal information to fulfill regulatory requirements. This information also allows us to source and provide quality childcare which meets the individual needs of your family and for claiming Child Care Subsidy (CCS). We disclose information to other persons only when required to be given to the regulatory authorities or as expressly authorised, permitted or required to be given under any legislation, act or law. If you are unable to provide the information required for your child's enrolment we may not be able to effectively complete the enrolment process. The original of this form will be stored in a secure place at our office and may be accessed by you on request. One copy is provided to you and your Educator. Forms are destroyed after being kept for the period prescribed by Law. Forms are destroyed if care does not go ahead. Thank you for choosing NRCS.

IHC Subsidy

The Child Care Subsidy for IHC will be based on a family hourly rate cap of \$32.58 per hour (indexed annually). The percentage of the subsidy to which the family is entitled will be based on the family's combined adjusted taxable income, and will be up to 85 per cent of the actual fee charged or 85 per cent of the family hourly rate cap, whichever is lower. Families are required to pay the remainder of the fee.

The number of hours of subsidised care per fortnight a family is entitled to is determined by the Child Care Subsidy activity test result. A family may require and be eligible for up to 100 hours of subsidised care per fortnight.

Booked Hours

Child	Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Total hours
	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	

Before & After School Care (minimum 1 hr before school and 2 hrs after school during school term only)

Start Date	Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Total hours
	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	

Vacation Care (minimum of 8 hrs p/d rounded to nearest half hour)

Start Date	Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Total hours
	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	

School vacation periods required:

Name of School your child/ren attends:

Fees (this estimate is based on fees current at the time of enrolment)

The full hourly fee charged will be \$_____ Plus an Administration levy of \$5.50 per hour per family.

Families eligible for CCS should apply to DHS **prior to care commencing.**

Full Fee	Less CCS Estimate	Subsidised Fee	Estimated Out-of-Pocket Fee p/w
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$

Payments are made to the Educator: Weekly: []

Method of payment: Cash: [] Electronic: [] – Details:

Public Holidays

Will childcare be required during public holidays? No: [] Yes: [] If yes, the hourly charge will be \$_____

If no, it is agreed that booked days falling on a public holiday will [] or will not [] be charged at the normal rate.

Statements will be issued to the email address of the paying parent.

Please discuss with the In Home Care Office a fee estimate for your fees.

Office Use Only

Educators Referred:			CCS
Enrolling Officer:			Date:
Parent/ Guardian ID sighted	Yes / No	Birth Certificates sighted?	Yes / No
Copy to Educator & Parent:	Yes / No	Court Orders attached?	Yes / No / N/A
Enrolment fee paid?	Yes / No \$		
Health Management Plan requirements explained & given to parent for completion:			Yes / No / N/A

Notes: