



NORTHERN RIVERS IN HOME CARE ENROLMENT FORM

Parent / Guardian 1 Information (person claiming CCS)

Surname:		
Given Names:		Relationship to Child:
Residential Address:		Post Code:
Postal Address:		
Email Address: (essential)		
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: []		
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 <input type="checkbox"/> No: <input type="checkbox"/>		

Parent / Guardian 2 Information

Surname:		
Given Names:		Relationship to Child:
Residential Address:		Post Code:
Postal Address:		
Email Address: (essential)		
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 <input type="checkbox"/> No: <input type="checkbox"/>] If no, please provide relevant Court Orders.		
Is this person liable to pay the childcare fees? Yes <input type="checkbox"/> No: <input type="checkbox"/>		
How did you hear about this service?		

In Home Child Care Criteria

<ul style="list-style-type: none"> • The parent or carers work non-standard or variable hours outside normal childcare hours. <input type="checkbox"/>
<ul style="list-style-type: none"> • The family is geographically isolated from other approved care options. <input type="checkbox"/>
<ul style="list-style-type: none"> • The family has complex or challenging needs. <input type="checkbox"/>

Child/ren Details

Child 1 - First Name:	Child 2 - First Name:
Surname:	Surname:
DOB: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	DOB: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Centrelink CRN:	Centrelink CRN:
School Age: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	School Age: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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 <input type="checkbox"/> No: <input type="checkbox"/> 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 <input type="checkbox"/> No: <input type="checkbox"/> A separate medication form must be completed for all medications.	Is a Health Management Plan required for any conditions? Yes <input type="checkbox"/> No: <input type="checkbox"/> 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 <input type="checkbox"/> No: <input type="checkbox"/> A separate medication form must be completed for all medications.
Child 3 - First Name:	Child 4 - First Name:
Surname:	Surname:
DOB: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	DOB: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Centrelink CRN:	Centrelink CRN:
School Age: Yes <input type="checkbox"/> No: <input type="checkbox"/>	School Age: Yes <input type="checkbox"/> No: <input type="checkbox"/>
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 <input type="checkbox"/> No: <input type="checkbox"/> 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 <input type="checkbox"/> No: <input type="checkbox"/> A separate medication form must be completed for all medications.	Is a Health Management Plan required for any conditions? Yes <input type="checkbox"/> No: <input type="checkbox"/> 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 <input type="checkbox"/> No: <input type="checkbox"/> 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 <input type="checkbox"/> No: <input type="checkbox"/>	School Age: Yes <input type="checkbox"/> No: <input type="checkbox"/>
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 <input type="checkbox"/> No: <input type="checkbox"/> 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 <input type="checkbox"/> No: <input type="checkbox"/> A separate medication form must be completed for all medications.	Is a Health Management Plan required for any conditions? Yes <input type="checkbox"/> No: <input type="checkbox"/> 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 <input type="checkbox"/> No: <input type="checkbox"/> 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 <input type="checkbox"/> No: <input type="checkbox"/> Excursions: Yes <input type="checkbox"/> No: <input type="checkbox"/>		
Medication: Yes <input type="checkbox"/> No: <input type="checkbox"/> Emergency medical treatment: Yes <input type="checkbox"/> No: <input type="checkbox"/>		
Alternative emergency authorised Nominee: Yes <input type="checkbox"/> No: <input type="checkbox"/>		
Relationship to Child:	Residential Address:	
Home Phone:	Work Phone:	Mobile Number:

Surname:	Given names:	
Authorised to Approve: Collection of child: Yes <input type="checkbox"/> No: <input type="checkbox"/> Excursions: Yes <input type="checkbox"/> No: <input type="checkbox"/>		
Medication: Yes <input type="checkbox"/> No: <input type="checkbox"/> Emergency medical treatment: Yes <input type="checkbox"/> No: <input type="checkbox"/>		
Alternative emergency authorised Nominee: Yes <input type="checkbox"/> No: <input type="checkbox"/>		
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 <input type="checkbox"/> No: <input type="checkbox"/>	Ambulance Cover: Yes <input type="checkbox"/> No: <input type="checkbox"/>
Are your children Immunised? (1) Yes <input type="checkbox"/> No: <input type="checkbox"/>	(2) Yes <input type="checkbox"/> No: <input type="checkbox"/>
(3) Yes <input type="checkbox"/> No: <input type="checkbox"/>	(4) Yes <input type="checkbox"/> No: <input type="checkbox"/>
(5) Yes <input type="checkbox"/> No: <input type="checkbox"/>	(6) Yes <input type="checkbox"/> No: <input type="checkbox"/>

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? Yes No:

Details: _____

If there are no relevant court orders, a non-resident biological parent can be contacted in an emergency and is entitled to some information about their child. However, **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? Yes No:

When? _____

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

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? Yes No:

How many? _____

Travel and Excursions must be approved and authorised by the In Home Care Manager, then signed by the parent/ Guardian before any travel can commence.

Please state any other important information regarding your children. _____

Photo/Video Permission

Our Service follows the **National Model Code and Guidelines** for taking images or videos of children released by ACECQA 1 July 2024. Educators can document children's progress through photos and videos, but these can only be stored and used in specific ways (e.g., for family sharing or inclusion in a program). Personal devices used for taking photos or videos of children must comply with the **National Model Code and Guidelines**. Additionally, any photos or videos taken must be **deleted** once they have been **shared with the family or included in the educator's program**. This ensures that the privacy and security of the children are maintained, and the images/videos are not stored longer than necessary.

Regulation 183 of the Education and Care Services National Regulations requires that records and documents be stored securely and retained for specific periods:

Incident/illness/injury records: Kept until the child turns 25.

Death records: Kept for 7 years after the child's death.

Other child-related records: Kept for 3 years after the last day the child was in care.

Provider/staff records: Kept for 3 years after the last day of service.

Other general records: Kept for 3 years from creation. All records must be stored securely to protect sensitive information.

Permission for Photography:

I give permission for my child to be photographed for internal use, such as for programming and documentation purposes.

Yes No

Permission for Videography:

I give permission for my child to be videoed for documentation and educational programming purposes.

Yes No

See policy numbers 8.5 and 8.6.1 in the NRCS Policy & Procedures Manual for more information.

QA2 – Child Protection Policy

I (the undersigned parent/carer/guardian): _____

Authorisations and Permission - (please initial each point)

Have read this form and consent to the enrolment of (hereafter the 'child')

1. Understand that the person/s nominated as parent/carer are authorized to enroll, cancel enrolment, release, and authorize release of the child.
2. I agree to comply with Services Australia requirements regarding childcare subsidy claims in relation to the service.
3. I understand that there is a In Home Care parent service levy of **\$6.15** per hour per family included in the Fee.
4. I agree to pay full fees until I provide my Educator, or the IHC Office, with written confirmation of my CCS approval.
5. I understand that the educator acts as an agent of this service and is authorized to charge fees on behalf of this service.
6. I understand that my weekly Gap Fee (Childcare Fee less any CCS entitlement) will be collected by our third-party payment gateway, redPAY, via direct debit payment. Acceptable payment methods include bank account, debit card, or credit card (VISA and Mastercard accepted)
7. I understand that there is a 1.9% surcharge if using a credit card.
8. I understand that there is an \$8.00 fee payable for any dishonored payments.
9. 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.
10. I agree to pay any fee underpayments resulting from reduction or cancellation of my CCS entitlements.
11. 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.
12. I understand that it is necessary to personally sign my child in and out of childcare, either digitally or on paper, recording the exact time for each session used. I agree to verify the paper timesheet/e-timesheet at end of week accepting the charges.
13. I agree to provide 14 days' notice to the Educator if I wish to change the Childcare Deed/Contract (days and times of care). I understand that requests to vary childcare bookings are subject to availability.
14. I agree (except for the first week of care) to give my Educator 14 days' notice of termination of the Childcare Deed, or pay full fees in lieu of notice.
15. I agree that in the case of accident or injury, the Educator will contact me/emergency contact 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.
16. Where the IHC educator is required to use the family vehicle to transport children, I agree to ensure that they are provided with evidence of vehicle registration, insurance and that state and territory legal requirements for passenger transport are followed.
17. If I cannot be contacted, I agree to allow the Educator to administer an appropriate dose of Paracetamol to my child should he or she be suffering from a fever.
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, if no parent or any other authorized nominees can be contacted. I agree to pay any associated medical and ambulance costs. (Parents residing in NSW are encouraged to take out Ambulance Insurance).
20. I understand that In Home Care eligibility will be reviewed every 6 months and that I am obliged to advise of any change in circumstances which may affect my eligibility for care.
21. 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.
22. 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.
23. I understand that I must follow my Family Management Plan (hours of care) issued by QLD and NSW In Home Care Support Agency

I, the parent/carer/guardian 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.

Booked Hours																
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Total Hours	
Child	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish		

Before & After School Care (minimum 3 hr) during school term only																
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun		Total Hours	
Child	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish		

Vacation Care																
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:

In Home Care Subsidy

- The Childcare Subsidy for IHC is based on the Services Australia family hourly rate cap of \$38.87 per hour (indexed annually).
- The percentage of the subsidy to which the family is entitled is based on the family’s combined adjusted taxable income and is up to 90% of the cap or hourly fee, whichever is lowest.
- Families are required to pay the remainder of fee (known as the Gap Fee).
- The number of subsidised hours of care per fortnight a family is entitled to is determined by the Child Care Subsidy activity test result.
- A family may be eligible for up to 100 hours per fortnight

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

The Educator hourly fee (incl Educator Superannuation Guarantee) is:	\$
Plus an Administration levy of per hour per family.	\$
Total Fee	\$

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

Total Fee	Family CCS %	Less Subsidised Fee	Estimated Gap Fee per week
\$	%	\$	\$
\$	%	\$	\$
\$	%	\$	\$
\$	%	\$	\$

Public Holidays

Will childcare be required during public holidays? Yes No
 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 of Entitlements will be issued to the email address of the paying parent.

Office Use Only

Educators Approved:			
Family Management Plan Received? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
CRN Numbers Received? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Direct Debit Details? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
CCS%? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Date:			