



East Brisbane Community Centre

# EAST BRISBANE IN HOME CARE SERVICE

## FAMILY ENROLMENT FORM

### PARENT 1 (PRIMARY CARER)

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_

☎ Home: \_\_\_\_\_ ☎ Work: \_\_\_\_\_

☎ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/Place of Study: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C: \_\_\_\_\_

Work Status:

F/time  P/time  Seeking work

None  Studying

Country of Birth: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

### PARENT 2

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_

☎ Home: \_\_\_\_\_ ☎ Work: \_\_\_\_\_

☎ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/Place of Study: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C: \_\_\_\_\_

Work Status:

F/time  P/time  Seeking work

None  Studying

Country of Birth: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

### FAMILY ELIGABILITY

- Work Related
- Study
- Three or more children under school age
- Child Disability
- Parent Disability
- Non-standard working hours/shift work
- Rural or remote area
- No other child care service can meet child care needs
- Other - Please Describe \_\_\_\_\_

### FAMILY MEDICARE NUMBER

Number: \_\_\_\_\_

#### Doctors Details

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Persons nominated by you as emergency contacts need to be readily contactable and be quickly able to take responsibility for your child in your absence.

Emergency Contact Name 1: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

I give permission for this person to take responsibility for my child/ren in an emergency.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Address: \_\_\_\_\_  
Relationship to child/ren: \_\_\_\_\_  
I give permission for this person to take responsibility for my child/ren in an emergency.  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**FAMILY INFORMATION**

Do you have any religious or cultural beliefs you would like us to consider? \_\_\_\_\_  
Child/ren 1<sup>st</sup> Language: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_  
Dietary: \_\_\_\_\_  
Celebrations: \_\_\_\_\_  
Other: \_\_\_\_\_

**Health of Parent/s and Regular Visitors**

Does any parent or regular visitor have a physical or psychological condition that the carer needs to be aware of?  
Yes  (please provide details)                      No   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD DETAILS**

Family Name: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address (If different from above): \_\_\_\_\_  
Gender                      Male  Female   
Custody Order            Yes  No   
Court Order              Yes  No   
In the case of custody or court orders a current copy must be supplied to EBCC IHC.  
Parent agrees to inform EBCC IHC of any changes to custody or court orders. Yes  No   
Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CARE DETAILS**

Date Care To Commence: \_\_\_\_\_ Carer: \_\_\_\_\_  
Booked Hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**CHILD'S MEDICAL HISTORY**

Is your child currently fully immunized? Yes  No   
Are you a conscientious objector? Yes  No   
Please provide a copy of Conscientious Objection.  
Please tick any of the following diseases your child has had:  
German Measles             Measles             Mumps             Chicken Pox   
Whooping Cough             Other : please provide details

Please provide details of any serious illnesses your child suffers from or has suffered from in the past

Does your child have any special needs? Yes  (please provide details) No

Does your child require ongoing medication? Yes  (please provide details) No

Does your child have any language or learning difficulties? Yes  (please provide details) No

### CHILD INFORMATION

Please list names and ages of siblings:

Are there any toys/comforters your child particularly likes? \_\_\_\_\_

Is your child afraid of anything in particular? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ At what age?: \_\_\_\_\_

What methods of toilet training do you use with your child? \_\_\_\_\_

What is your child's regular sleep routine?

During the day? \_\_\_\_\_ During the night? \_\_\_\_\_

How do you help your child sleep? \_\_\_\_\_

Has someone other than a family member cared for your child previously? \_\_\_\_\_

How does your child react to being away from you? \_\_\_\_\_

How does your child relate to other adults/children? \_\_\_\_\_

Is there any other information about your child you would like to include?

### CHILD CARE BENEFIT INFORMATION

Does your child attend another approved Child Care Service? Yes  (if yes please give details) No

Service Name and Attendance Details: \_\_\_\_\_

**Please note: It is the parent's responsibility to inform the In Home Care office if you no longer wish to claim the multiple child percentage.**

*The information provided to the service on this form is collected in order to place your child with an appropriate carer and to ensure that your child receives the best possible care. It is collected according to State Government legislative requirements and for the purpose of the Commonwealth Government Child Care Census. This information is made available to any care provider who cares for the child/ren as well as to the coordination unit. In special circumstances it may also be made available to the CEO of EBCC and members of the management committee if requested. All parties agree to keep this information confidential unless required to do otherwise by a court of law.*

## PARENT/GUARDIAN ENROLMENT AGREEMENT

I \_\_\_\_\_ give consent to the following (*strike out if not agreed to*)

1. I agree that in the event of my child/ren becoming ill or injured whilst in care I authorize the carer or coordinator to obtain the necessary medical, dental, hospital and/or ambulance services in an emergency
2. where I or other authorized persons cannot be contacted.
3. I agree to the payment of medical expenses obtained for my child/ren in an emergency situation.
4. I agree to the administration of a local or general anaesthetic (only if considered medically necessary and I cannot be contacted in an emergency.)
5. I agree to give two weeks notice if I no longer require care.
6. I agree to advise the carer of any reason for my child/ren absence from care.
7. I agree that should my child/ren have an infectious or contagious disease or illness at any time, I will advise the Carer and it will be at the discretion of the carer whether she/he continues to provide care for my child/ren. Should the Carer decline to care for my child/ren due to them having a contagious illness, I agree that I shall be responsible for my child/rens care at that time.
8. I agree to sign a permission form for any medication to be administered to my child/ren.
9. I agree if I cannot be contacted and should my child/ren body temperature exceed 37.5°C, that the administration of one initial dose of paracetamol should be administered (as per the service policy).
10. I agree that my school age child may arrive or depart from the home alone with my written permission.
11. I agree that the service admin levy is to be withheld by the service from the Child Care Benefit payment and I agree to pay the parent portion of the total fee to the carer on the agreed date. I acknowledge that the service has notified me that I am required to pay my fees on the first day that care occurs for the week.
12. I agree that the service shall collect monies on my behalf from the appropriate government agency and I authorize those monies to be disbursed to the carer on my behalf.
13. I agree to certify and record the actual hours of attendance of my child/ren daily on the appropriate attendance record. (timesheet

14. I agree that the carer will provide me with information regarding any excursions or regular outings away from the home (as per the service policies), and I will sign a permission form before excursions or regular outings take place.
15. I agree that I have been advised, in writing (via the service handbook), procedures that enable parents to raise concerns about the conduct of the service that affect them, information as to the service's philosophy/goals/objectives, the role of coordinators and carers, the process for selecting carers and monitoring the quality of care provided by them, parents rights and responsibilities and service's policies and practices.
16. I agree to abide by the policies as outlined in the handbook and I understand my responsibilities.

**AUTHORISATION TO APPLY EXTERNAL SKIN PREPARATIONS**

I give permission for the carer to apply:

- Insect Repellent                      Yes  No  \_\_\_\_\_ (parent signature)
- Antiseptic                              Yes  No  \_\_\_\_\_ (parent signature)
- Zinc and Castor Oil cream        Yes  No  \_\_\_\_\_ (parent signature)
- Cornstarch Powder                 Yes  No  \_\_\_\_\_ (parent signature)
- Baby wash (ie:infacare)            Yes  No  \_\_\_\_\_ (parent signature)
- 30+ Sunscreen                        Yes  No  \_\_\_\_\_ (parent signature)

Are you aware of any allergic reaction by your child to any of the above skin preparations?

Yes  No  \_\_\_\_\_ (parent signature)

I declare that the information I have provided in this enrolment form is true and correct.

**Parent/Guardian**

**Witness**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_