



Enrolment Form for Umina Kids Club

Child's given names: _____ Surname: _____
Other names by which the child is known as: _____
Any former names of the child: _____
Date and place of birth: _____
Sex of the child: _____
Address: _____
Childs Child Care Benefit CRN: _____

Mother's name: _____ Surname: _____
Other names known as: _____ D.O.B: _____
Any former names: _____
Address: _____
Phone number: _____ Mobile: _____
Occupation and business name: _____
Business address: _____
Business phone number: _____
E mail address: _____
Parents Child Care Benefit CRN: _____

Father's name: _____ Surname: _____
Other names known as: _____ D.O.B: _____
Any former names: _____
Address: _____
Phone number: _____ Mobile: _____
Occupation and business name: _____
Business address: _____
Business phone number: _____
E mail address: _____
Parents Child Care Benefit CRN: _____

Names and ages of other children in the family: _____

Child's position in the family: _____
Cultural / Ethnic group your child is from: _____
Languages spoken by your child: _____
Any other cultural information you would like to share that we may be able to incorporate in the children's program of experiences: _____

Any information regarding your child's religion and or cultural background you think would be of benefit to us. Please include practices that should be observed at the centre to the greatest extent possible: _____

Days your child will attend the Centre: _____
Hours your child will use: _____ am to _____ pm
Date your child will commence: _____

If we cannot contact you in an emergency, who do you wish us to call?

Name: _____ Relationship: _____
Address: _____
Phone (Home): _____ Phone (Work): _____
Mobile: _____ Email: _____

I Authorise the above named person to collect my child from the centre **Yes No**
I Authorise the above named person to give consent to administer medication. **Yes No**
I Authorise the above named person to give consent to educators to take my child outside Umina Kids club premises. **Yes No**

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Address: _____
Phone (Home): _____ Phone (Work): _____
Mobile: _____ Email: _____

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The centre staff will not allow children to leave the centre with an adult unless their name is on this form.
Photo identification will be required by any persons picking up your child who is unfamiliar to the staff.

Description of the family circumstances of your child or details of any court order affecting custody of your child: _____

Medical Details

Your Child's Doctor: _____ Phone: _____
Address: _____
Your Child's Dentist: _____ Phone: _____
Address: _____
Medicare Number: _____ Health Fund: _____

Immunisation Information.

As Stated by the N.S.W Public Health Act 2010, a child cannot be enrolled in an Early Childhood Education service unless the parent/guardian has provided documentation that shows the child:

- Is fully vaccinated for their age;
- Has a medical reason not tot be vaccinated;
- Has a parent/guardian who has a conscientious objection to vaccination or;
- Is on a recognised catch-up schedule if their child has fallen behind with their vaccinations.

What evidence has been provided: (Immunisation History Statement or Conscientious Objection Form): _____

A child who is not immunised must be excluded for the prescribed period of time during any outbreak of vaccine preventable disease within the centre.

Immunisation Clinics are conducted at the following locations**Gosford Area**

Woy Woy Community Health Centre	Phone: 43 448432
Kariong Neighbourhood Centre	Phone: 43 401724
Kincumber Community Health Centre	Phone: 43 692355
Child and Family Health Gosford	Phone: 43 287900

Does your child suffer from epilepsy, asthma or any other specified medical condition? Yes/No

If yes please provide all necessary information as required by the Medical Conditions Policy (Attached to this enrolment form).

Is your child on regular medication? Yes/No

If yes please give details i.e. Name of medication, condition medication is used for, dosage required and how it is to be administered. _____

Has your child had any previous childhood infectious diseases	Yes	No
If yes please give details	_____	

Please give details of your child's previous accident history. _____

Habits and Likes

Sleep

Time of getting up in the morning _____ Bedtime (night) _____
Length of daytime sleep _____ Bedtime (day) _____
Anything else we should know regarding your child's sleep patterns:

Food

Foods allergic to _____
Foods not allowed _____
Foods disliked _____
Feeds self _____ Feeds self with some assistance _____ Needs assistance with feeding _____
Feeds self using utensils _____
Times your child eats at home: Breakfast _____ Morning tea _____
Lunch _____ Afternoon tea _____ Dinner _____
Time bottles are given _____
Anything else we should know regarding your child's food _____

Toileting

Is your child toilet trained? Yes No Currently training
If your child is toilet training please fill in one of our toilet training forms.
Does your child have any toileting problems? _____

Clothing and dressing procedures

Is there anything we should know about if we are dressing your child regards to your culture or you child's likes or dislikes? Yes No If yes please give details

Special Needs

How do you expect your child to react when starting? _____
Suggested ways we can support your child during the settling in process _____

Are there any aspects of your child's behaviour you feel the staff should know about?

Is your child scared of anything? _____
What is something your child really likes? _____

Has your child attended any other children's service? _____
Is your child currently enrolled at any other children's service? Yes No

If yes what days and hours does your child attend _____

What would you like your child to achieve from attending the centre?
Short Term _____
Long Term _____

Any special requirements concerning your child (this may be regarding culture, religion, disability or special need or any other needs of your child not already mentioned on this form

Do any other siblings attend another service or before and after school care? Yes No
Would you or a family member like to come in or contribute to the program a skill, interest, or
talent you have. Yes No If yes please give details of what you or the family
member would like to share

We would love for you to become involved in the centre. If there is anything you would be able to come in and share with the children please feel free to do so at any time. It could be reading a story, singing a song, playing an instrument, doing some gardening, talking about a hobby, speaking in another language, doing some cooking etc. etc.

Every six-eight weeks the preschool puts out a newsletter, the newsletters contain information on what is happening at the preschool, policy updates, reminders, tips, recipes and many other things. We usually email copies of the newsletter to each parent. If you would like to suggest other ways for this information to be passed on to you please let us know.

Below you will find The Family Page.

This document is very important in the settling of each child. We ask that you complete this for your child, either with them, or for them, so that it can become a part of their school life representing a large piece of their home life. It is important to the staff at Umina Kids Club that your child feels comfortable and welcome in the centre.

We thank you in advance for completing this Family Page.

Family Page

Child's name:

Place photo of
siblings, or pet, or
friends here.

Place a photo of
your child here.

This is: _____



My Family.

This is ME. I am _____ old

I am good at....

Things I like to do with my family.

Place a photo
of the family
here.

Names and ages of people in my family..

My favourite toys are...
My favourite toys are...



Dealing with Infectious Diseases Policy

Aim

Umina Kids Club will minimise the spread of potentially infectious diseases between children, and the Service, by excluding children, educators/staff, and visitors, who may have an infectious disease or are too ill to attend the Service.

Legislative Requirements

Education and Care Services National Law Act 2010
Education and Care Services National Regulation 2014
National Quality Standards 2011
Work Health and Safety Act 2011
Work Health and Safety Regulations 2011
Public Health Act and Regulation (NSW) 1991

Who is affected by this policy?

Child; Parents; Family; Educator; Staff; Management; Visitors; Volunteers.

Implementation

To minimise the spread of Infectious disease between children, educators/staff and visitors, **Umina Kids Clubs** will:

- exclude from care and notify the local Public Health Unit and provide details of any known or suspected persons with any of the following vaccine preventable diseases:
 - Diphtheria
 - Poliomyelitis
 - German Measles
 - Tetanus
 - Measles
 - Mumps
 - Whooping Cough
 - Chicken Pox
- exclude a child with any of the following symptoms which might indicate they have a potentially serious illness:
 - vomiting,
 - rash, especially if purplish or haemorrhaging spots (possibly meningococcal) or blistering (possibly staphylococcal),
 - headache,
 - stiffness of the neck,
 - aversion to light (photophobia),
 - drowsiness or any unusual state of consciousness or behaviour,
 - convulsion or epileptic seizure.
 - severe pain anywhere (including toothache),
 - swelling of the lips, mouth, tongue, throat, neck or airways,
 - hives,
 - asthma, wheezing, or any difficulty breathing,

- exclude a child with any of the following symptoms which might indicate they have an infectious illness:
 - diarrhoea,
 - generalised rash,
 - enlarged or tender lymph glands,
 - severe cough with fever,
 - head lice, nits, scabies, ringworm, impetigo, or mouth ulcers not yet treated,
 - mouth ulcers due to herpes simplex virus or coxsackie virus,
 - infection or yellow or green discharge of the eyes or ears,
 - if any other infectious disease is suspected.
- Exclude children, educators/staff, volunteers or visitors who have infectious diseases other than listed above in accordance with the NHMRC Recommended Minimum periods of exclusion.
- Ensure all educators/staff and persons working at the Service conform to all infectious disease policies.
- Isolate the child from other children. Make sure the child is comfortable, and is supervised by an educator/staff member.
- Contact the child's parents/guardians or, if they are unable to be contacted, an authorised nominee for emergencies as listed on the enrolment form. Inform the parents/guardian or authorised nominee of the child's condition, or suspected condition, and ask that the child be picked up from the Service as soon as possible.
- Ensure all bedding, towels, clothing, etc., which has been used by the child is disinfected – these articles should be washed separately and, if possible, aired in the sun to dry.
- Ensure all contact toys are separated and disinfected.
- Ensure all eating utensils are separated and sterilised.
- Information will be available in relevant community languages when required.
- Inform all families of the presence of an infectious disease in the Service.
- The Service will ensure confidentiality of any personal or health related information obtained by the Service, in relation to any children, educators/staff, children's parents/guardian and families.
- If a child has been unable to attend the Service because of an infectious illness, when the child has fully recovered the family must obtain a certificate from their doctor which specifically states the child is not infectious and is able to attend care.

If a child has not been immunised, they may be excluded from care during outbreaks of some infectious diseases, even if their child is well, depending on advice from the Public Health Unit.

The Approved Provider/Nominated Supervisor will ensure that this policy is maintained and implemented at all times.

Sources

Education and Care Services National Law Act 2010
 Education and Care Services National Regulation 2014
 Guide to the National Quality Standard 2013
 NSW Work Health and Safety Act 2012
 Work Health and Safety Regulations 2011
 Staying Healthy in Child Care 5th Edition 2012
 Immunise Australia www.immunise.health.gov.au Retrieved: October 2014
 Public Health Act and Regulation (NSW) 1991

Review

The policy will be reviewed annually. Review will be conducted by management, employees, parents and any interested parties.

Reviewed: October 2015

Date for next review: October 2016

Medical Conditions Policy

Aim

The aim of **Umina Kids Club** is to effectively care for and manage children with Medical Conditions including asthma, diabetes, or a diagnosis that the child is at risk of anaphylaxis, in accordance with the Education and Care Services National Regulations.

Legislative Requirements

Education and Care Services National Regulation 2014
Education and Care Services National Law Act 2010
National Quality Standards 2013

Who is affected by this policy?

Educators, Staff, Families, Child, Management.

Implementation

The management of medical conditions at **Umina Kids Club** is of the utmost importance to our Service. This policy requires certain parties to perform certain duties when it comes to medical conditions.

Parent/Guardian Duties:

If a child is enrolled at the Service who has a diagnosed medical condition the parent/guardian needs to do the following:

1. Provide a medical management plan for their child
2. In consultation with the Service develop a risk minimisation plan:
 - Ensuring risks are assessed and minimised
 - Ensuring practices and procedures in relation to safe handling, preparation, consumption and service of food are developed and implemented.
 - Ensuring practices and procedures to notify parent/guardian of any known allergens that pose a risk to the child, and developing and implementing strategies for minimising the risk.
 - Developing practices and procedures to ensure that all Staff can identify the child, the child's medical management plan and the location of the child's medication.
 - Developing practices and procedures to ensure that the child does not attend the Service without medication prescribed by the child's medical practitioner.
3. In consultation with the Service develop a communications plan to ensure that:
 - Staff members and volunteers are informed about the medical management plan and risk minimisation plan of the child. This must be specific to the child enrolling.
 - Any changes to the medical plan, risk minimisation plan and communication plan and how this is to occur. Meetings should be planned at least quarterly to update and revise the information between the family and the service. The date should be set from one meeting to the next.

GUIDELINES FOR CHILDREN AT RISK OF ANAPHYLAXIS

- Parents of a child at risk of anaphylaxis have been provided with a copy of the services Dealing with Medical Conditions Policy including severe allergy and anaphylaxis, asthma and diabetes.
- Ensure that no child that requires an EpiPen is left at the service without an EpiPen. EpiPen must be kept in an easy identifiable place and that it is within the storage and use by date as required by manufacturer. Parents must supply the service or carer with a complete EpiPen Kit. The use by date is recorded on the allergy lists in each child's room.
- EpiPen is stored in a container in a location that is easily accessible to adults, inaccessible to children and away from direct sources of heat. Other medication that is used to counteract anaphylaxis signs and symptoms needs to be stored as per manufacturers instructions.
- Ensure an ASCIA anaphylaxis action plan is filled out with the family in conjunction with a medical practitioner. Once completed this should be displayed in a prominent position as well as with the epi-pen.

Parents will need to notify the service or carer if there are changes and provide an updated and signed action plan.

http://www.allergy.org.au/images/stories/anaphylaxis/2013/ASCIA_Action_Plan_Anaphylaxis_EpiPen_Personal_2013.pdf

- The service's emergency action plan for the management of anaphylaxis is in place and all staff/educators (where applicable) understand the plan.
- Parent/guardian's current contact details are available.
- Information regarding any other medications or medical conditions (e.g. asthma) is available to staff.
- Some common triggers of Anaphylaxis include food, bites and stings, medication and other (including latex).

In relation to the child at risk from food related allergies:

This child should only eat food that been specifically prepared for him/her. Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions. Some parents may choose to provide food for their child.

Approved Provider Duties: How this service will manage the enrolment and care provided for a child with a medical condition.

If a child is enrolled at the Service who has a medical condition, the Approved Provider needs to do the following:

1. Inform the Nominated Supervisor, Educators, Staff and volunteers of how to manage the medical condition. This will be done through a meeting with all relevant stakeholders and any additional support information/workers. The meeting must take place prior to the child commencing care.
2. Seek additional information and complete a risk assessment if the medical condition has not been managed by the service previously. This may include resources sought by services such as KU inclusion support.
3. Implement the risk measures identified in the risk assessment to reduce the incident of reactions within the care environment and make the service as safe as possible for the child.
4. Develop a risk minimisation plan in consultation with the child's parent/guardian
5. Develop a communications plan in consultation with the child's parent/guardian
6. Ensure all staff sign, that they have read the child's medical management plan, risk minimisation plan, and communications plan.
7. Seek permission from the child's family, should the action plan need to be displayed in clear view of others using the service, i.e.: not confidentially.
8. Seek additional service action plans for the generic management of that medical condition which may be displayed within the service.
9. Only permanent educators will be involved in the management and administration of the required medication for the child concerned.
10. Educators will be provided the opportunity for further resources and support information so that they feel confident in the management of the medical condition.
11. Action plans which include an epi pen must be displayed both with the epi pen and in all care environments used (i.e.: Indoor and outdoor). All other action plans should be confidential in the child's main care environment, this may be in the child's medication file.

The Approved Provider/Director/Nominated Supervisor will ensure that this policy is maintained and implemented at all times.

Sources

Education and Care Services National Regulation 2014
Education and Care Services National Law Act 2010
Guide to the National Quality Standards
Australasian Society of Clinical Immunology and Allergy

Review

The policy will be reviewed annually. Review will be conducted by management, employees, parents and any interested parties.

Reviewed: April 2013, October 2015

Date for next review: October 2016