



Alice Springs  
Family Day Care

Shop 8, Cinema Complex, Leichhardt Terrace, Alice Springs NT 0870  
 PO Box 1764, Alice Springs NT 0871 ABN 17 545 918 172 Provider No:  
 555001695s  
 telephone (08) 8952 3406 facsimile (08) 8952 3010 email  
[office@asfdc.org.au](mailto:office@asfdc.org.au)

## FAMILY ENROLMENT FORM

<b>FAMILY DETAILS</b>	
Parent/Guardian: <small>(must be the parent/guardian claiming the CCB entitlement)</small>	
Surname:	First Name:
Date of Birth:	Customer Reference No.:
Street Address:	
Postal Address:	
Home Phone Number:	Mobile:
E-Mail: <small>(Please print clearly)</small>	
<b>Are you: (please circle)</b>  <div style="display: flex; justify-content: space-around;"> <span>Married</span> <span>De Facto</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Divorced</span> <span>Separated</span> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <span>Single</span> </div>	<b>Are you currently: (please circle)</b>  <div style="display: flex; justify-content: space-around;"> <span>Employed full-time</span> <span>Studying</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Employed part-time</span> <span>Seeking Work</span> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <span>Unemployed</span> </div>
If employed, please complete the following:	
Occupation:	Place of Employment:
Work Phone No:	
Country of Birth:	Primary Language:
Cultural Background:	
How you like to receive your Child Care Benefit (CCB) statement:	
Email	Post

<b>How you like to receive the Scheme's newsletter and any notices</b>	
Email	Post

<b>Partners Details:</b>	
<b>Surname:</b>	<b>First Name:</b>
<b>Street Address:</b>	<b>Postal Address:</b>
<b>Home Phone Number:</b>	<b>Mobile:</b>
<b>E-mail:</b>	
<b>Are you currently: (please circle)</b>	
<b>Employed full-time</b>	<b>Studying</b>
<b>Employed part-time</b>	<b>Seeking Work</b>
<b>Unemployed</b>	
<b>If employed, please complete the following:</b>	
<b>Occupation:</b>	<b>Place of Employment:</b>
<b>Work Phone No:</b>	
<b>Country of Birth:</b>	<b>Primary Language:</b>
<b>Cultural Background:</b>	

<b>Are you claiming a Child Care Benefit or Child Care Rebate Entitlement?</b>	
<b>Yes</b>	<b>No</b>
<b>Who do the children live with?</b>	
<p>If parents do not live together please provide a copy of a Parenting Plan or Court Orders that relate to access for the child/ren, if applicable. If no arrangements are in place, please provide information as to informal access arrangement or agreed arrangements between the parents:</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<b>Are there any domestic/family violence orders in place?      Yes / No</b>	
<b>If yes, please provide a copy of the Order.</b>	
<b>Are there any family circumstances that we should know about?</b>	
<b>*please note this includes custody order.</b>	
.....	
.....	
.....	

<b>CHILD/RENS DETAILS:</b>	
<b>Child's Surname:</b>	<b>First Name:</b>
<b>Date of Birth:</b>	<b>Gender: Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Current Age:</b>	<b>Customer Reference Number (CRN):</b>
<b>Pre-school/School Attending:</b>	
<b>Child's Surname:</b>	<b>First Name:</b>
<b>Date of Birth:</b>	<b>Gender: Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Current Age:</b>	<b>Customer Reference Number: (CRN)</b>
<b>Pre-school/School Attending:</b>	
<b>Child's Surname:</b>	<b>First Name:</b>
<b>Date of Birth:</b>	<b>Gender: Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Current Age:</b>	<b>Customer Reference Number: (CRN)</b>
<b>Pre-school/School Attending:</b>	
<b>Child's Surname:</b>	<b>First Name:</b>
<b>Date of Birth:</b>	<b>Gender: Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Current Age:</b>	<b>Customer Reference Number: (CRN)</b>
<b>Pre-school/School Attending:</b>	
<b>Do you have Children in another child care service? YES/NO</b>	
<b>If yes, please give details</b>	
.....	
.....	

**CARE DETAILS**

**Proposed Commencement Date:**            /        /

(Please circle one)

<b>Full time</b>	<b>Part Time</b>	<b>Casual</b>	<b>Shift</b>
35 hrs. +	less than 35 hrs.		

<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>Times</b>						
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

**Location of care preferred:** .....

**Are there any school or pre-school pickups/drop-offs required?    YES / NO**

**If yes, please supply details**

.....

.....

**EMERGENCY CONTACTS** (other than parents/guardians. MUST BE LOCAL TO THE AREA)

<b>Name :</b>	<b>Relationship to child:</b>
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<b>Home Phone Numbers:</b>	<b>Work:</b>
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<b>Name :</b>	<b>Relationship to child:</b>
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<b>Home Phone Numbers:</b>	<b>Work:</b>
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**Who has permission to collect your child/ren from the Educators home?**

(Other than parents/guardians. MUST BE LOCAL TO THE AREA)

<b>Name:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Relationship:</b>

MEDICAL INFORMATION	
Family Doctor:	Telephone:
Dentist:	Telephone :
Medicare No:	
<b>Ambulance Subscription: YES / NO</b> <i>If no, in the event of an accident that requires transport to hospital by ambulance, you would be required to pay the account.</i>	

<b>Are your child/ren's immunisations up to date?</b>	<b>YES / NO</b>
<i>*Please note you will be required to supply a copy of immunisation records before your child/ren can be placed with an Educator.</i>	
Does your child require any regular medications?	<b>YES / NO</b>
If yes, please supply details ..... .....	
Does your child suffer from any allergies?	<b>YES / NO</b>
If yes, please supply details ..... .....	

Please provide any relevant details about your child/ren that will assist us in placing them with an Educator, or that would assist the Educator in the provision of care for your child, including your expectations of the care environment. ..... ..... ..... .....
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**AUTHORISATIONS AND INDEMNITIES (please read carefully before signing)**

1. I hereby authorise our Family Day Care Educator or staff of the Scheme, to seek medical/dental treatment in the case of a serious injury and agree to accept and pay the account.
2. I give my consent for the Family Day Care Educator/Staff to take my child on limited outings away from the Educator's home. I understand that outings may not be within walking distance and that private or public transport may be used.
3. If any circumstances changes between the parents of the children, I will disclose that information to the Family Day Care Educator and Alice Springs Family Day Care.
4. I acknowledge that if there are no Court Orders in place to prevent a parent contacting the child/ren, Alice Springs Family Day Care and the Educator cannot prevent that parent from contacting or removing the child/ren from the Educator's premises, nor can Alice Springs Family Day Care prevent that parent from registering with Alice Springs family Day Care.
5. I acknowledge that I must complete the "Parent Leave and Educator Agreement" form when my child/ren will be absent. I understand that there may be implications for the Child Care Benefit or Child Care Rebate.
6. I acknowledge that there may be implications for the Child Care Benefits or Child Care Rebate if I have used up the 42 approved absence days and have no supporting documentation (erg sick certificate).
7. If anyone other than the people listed on this registration form are to collect my child/ren, I agree to notify the Family Day Care Educator in advance.
8. I give permission for my child's photo to be used by my Educator and/or the scheme for the purposes of Quality Assurance requirements, advertising and promotion of the scheme, features in the newsletter etc.
9. I hereby request that the Family Day Care Educator deny access to my child by ....., however I understand that they will not endanger themselves or other occupants of the home.

I agree that all information on this Family Registration form is true and accurate to the best of my knowledge.

Parent's signature

Date:            /        /

Witness signature:

Date:            /        /

**How did you hear about Alice Springs Family Day Care? (please circle)**

Television Advertising

Radio Advertising

Newspaper advertising

Talked to a Present Educator

Heard from a friend

Website

Other (details please).....