

MARANGAROO FAMILY CENTRE

"KIDS ON THE MOVE" 4 YEAR OLD PROGRAMME

PRIVACY STATEMENT

The Marangaroo Family Centre "Kid's On The Move" 4 Year Old Programme is required to collect personal and health information from or about families within the following forms:

- . Kid's On The Move Enrolment Form
- . Attendance Register
- . Accident/Illness Reports
- . Authorisations to Give Medications
- . Medical Certificate
- . Health Care Plans
- . Confidential Declaration for Visitors Screen Form

This information is required to ensure the health and safety of your child whilst in our Programme and to meet legislative requirements as documented in the Community Services (Child Care) Regulations 1988.

The information you provide is used by the Programme Staff who need to access the information to meet the above requirements and may also be disclosed to the following authorities :

- . Child Care Service Board Licensing Officers
- . Department for Community Development Officers (Child Care Act 1972 & Child Welfare Act 1947 WA Section 29)

All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

You are entitled to access personal and private information kept about you and your family upon request and may ask for inaccurate information to be up-dated or corrected.

In accordance with Community Services (Child Care) Regulations/Licensing requirements, ALL details on the enrolment form must be completed prior to your child attending the programme.

For further information, please contact the Programme Co-ordinator on 9342 5303.

KINDY GROUP RED/BLUE/GREEN

MARANGAROO FAMILY CENTRE

"KIDS ON THE MOVE"
4 YEAR OLD PROGRAMME

ENROLMENT FORM

CHILD

Surname/Family Name _____
First Name(s) _____
Male/Female _____ Date of Birth _____
Address _____
Phone Number _____
E-Mail Address _____

PARENT/GUARDIAN

Mother/Father/Guardian (Please Circle)

Surname/Family Name _____
First Name _____
Address _____
Telephone (H) _____
(Work/Mobile) _____
Employer _____

Mother/Father/Guardian (Please Circle)

Surname/Family Name _____
First Name _____
Address _____
Telephone (H) _____
(Work/Mobile) _____
Employer _____

**DETAILS OF GUARDIANSHIP AND CUSTODY AND TERMS OF ANY SPECIFIC
CUSTODY OR ACCESS PROVISION**

BACKGROUND INFORMATION

Main Language Spoken at Home _____

Cultural/Religious/Dietary information relevant to child :

Names and Ages of Brothers and Sisters :

Information Relevant to Safety and Care of Child

Allergies _____

Present Health

Regular Medical Attention or Medication	Yes _____	No _____
Asthma or Recurrent Chest Infections	Yes _____	No _____
Fits	Yes _____	No _____
Skin Problems	Yes _____	No _____
Eyesight Problems	Yes _____	No _____
Other Chronic Health Problems	Yes _____	No _____
Other (Specify)	Yes _____	No _____

Please Note : Any medication required by your Child must be given to our staff. All Medication must be labelled with the child's name and dosage required. A Medication authority form must be signed by a parent/guardian for any medication to be given.

Previous Illnesses or Operations

Is your child allergic to bee stings? Yes___ No___ Unknown ___
If yes, what action should be taken if your child is stung by a bee whilst attending a session?

Is your Child Toilet Trained? Fully _____ Part _____

We would prefer your Child to wear a Pull-Up Nappy if not fully trained.

Immunisation

Copy on File Yes _____ No _____

Child's Doctor

Name _____
Address _____
Telephone _____

Medicare Number _____ Reference No. _____

I hereby give permission to the Centre to call medical advice in case of emergency and agree to pay any expenses incurred for medical treatment and transport.

Signed _____ Date _____
Name _____

PERSONS AUTHORISED TO COLLECT THE CHILD FROM KINDY PREMISES

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

**PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY
(OTHER THAN A PARENT OR GUARDIAN)**

Surname/Family Name	_____
First Name(s)	_____
Address	_____
Relationship to Child	_____
Telephone (Home)	_____
(Work)	_____
(Mobile)	_____

Do you give permission for your child to be photographed/videoed on special occasions to be displayed in the kindy room? Yes _____
No _____

For example Birthdays, Incursions

Do you give permission for your child's photograph to be used in advertising for the Centre and its programmes including displays at shopping centres, presentations at Community events and our website. These photos will be visible to the general public but will not include names or ages? Yes _____
No _____

Do you agree to participate in all Fundraising events Yes _____
OR I would prefer to pay a Fundraising Levy each Term Yes _____

Do you agree to the fee structure? Yes _____ No _____

I acknowledge that part of the Programme activities includes displaying children's names. Examples :

Note Envelopes, Sign In/Out, Birthday Chart, Roll Call, Newsletters

Parent/Guardian Signature _____ Date _____

KINDY SESSION PREFERENCE - please number 1 to 3

Kindy Blue : Wednesday AM & Friday PM

Kindy Red : Wednesday PM & Friday AM

Kindy Green: Tuesday AM & Thursday PM

Office Use Only :

Date Enrolled	_____
Birth Certificate Attached	_____
Immunisation Record Attached	_____
Visitors Screen Form Attached	_____
MFC Membership Form	_____
Acceptance Letter Given	_____
Parent Info & Policies Given	_____
"What I Need to Bring" Given	_____

MARANGAROO FAMILY CENTRE INC.

APPLICATION FOR MEMBERSHIP

I/We _____

Of _____

hereby apply for membership of the Marangaroo Family Centre Incorporated.

I understand by becoming a member I/We :

- (i) Have voting rights at the Annual General Meeting
- (ii) Encourage people to use the resources provided without discrimination.
- (iii) Are able to attend any Committee Meeting/s to discuss issues, but will not have a voting right at these meetings.

Signed

As a user of the Marangaroo Family Centre, every family is required to complete this form. Completion of this form does not obligate you in any way to join our Committee.

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Office Use Only

Date Received :

Received at Committee Meeting dated :

Accepted _____

Added to Membership Register _____

CONFIDENTIAL DECLARATION

VISITORS SCREEN FORM

This form is for persons requiring access to Marangaroo Family Centre Parent Roster Programme who are not employees of the Centre.

1. I declare that I **do not have** any convictions, circumstances or reasons that might preclude my working with or near children.

2. I declare that **I do have** convictions, circumstances or reasons that might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below.

I certify the accuracy of the above information. I am aware that I may be required to provide a police clearance if it is considered necessary to verify the information.

Name _____ Date _____

Signature _____

Address _____

Telephone _____

Marangaroo Family Centre Inc.