

Thank you for enrolling your child/children at the Waves Crèche.

Please read the following information carefully.

Waves Crèche

Waves Crèche is owned and operated by the City of Kingston.

Children from 8 weeks to 8 years can spend time in the Waves Crèche. During school holidays there are six spots per session for school age children aged up to 8 years.

Each child can be cared for a maximum of 4 hours per session, and 15 hours per week.

Registered by the Department of Education and Early Childhood Development (DEECD), to care for 21 children per hourly session, Waves Crèche is open:

- Monday to Friday from 8.30am to 12.30pm

These sessions are only available for patrons of the Waves Leisure Centre.

On arrival at crèche, parents will be required to sign the attendance book and state who will be collecting their child. Children will not be allowed to leave the Centre with persons other than those you have authorised on the enrolment form.

In the event of an emergency all children will be evacuated to the Chesterville Road car park and can be collected from this point. Parents must sign their child out from the attendance record at this point.

Bookings and cancellations

Members can book up to 7 days in advance. Casuals can book 2 days in advance.

To cancel your bookings please notify Customer Service at least 24 hours in advance.

It is essential you arrive and depart according to your booked times.

What to Bring to Waves Crèche

- A healthy snack for morning tea of fruit, dried fruit or vegetables only.
- Bottle or a drink.
- A favourite toy or dummy.
- A bib for feeding.
- A change of clothes.
- Nappies or spare underwear for toilet trainers.
- A coat for outdoor play (cold weather).
- A hat and sunscreen for outdoor play (warm weather).
- A pram or stroller for infants/younger children.
- If your child requires nappy rash creams or medication please notify staff on arrival and they will ensure they are kept out of reach of any children.
- Asthma and anaphylaxis action plans and medication.

Please ensure all items are labelled with your child's name.



Child Care Health

Children who are ill or who have any contagious conditions are not permitted to attend the Waves Crèche.

The period of exclusion from the crèche will be at the discretion of the supervisor, doctor's certificate notwithstanding.

When a child becomes ill after admission, parents will be notified immediately, and arrangements made for the child to be taken from the crèche, as soon as possible. All parents must ensure that the crèche knows where you can be contacted at all times, and all emergency contacts are listed with current phone numbers.

With all infectious and communicable diseases, every effort is made to make the sick or infectious child comfortable, and the child remains in close observation at all times, until he/she is removed from the crèche.

- a) The health and safety of children using the crèche is of primary concern to all staff and parents. As the centre does not have separate facilities for the care of sick children, parents are asked not to send children who are ill. The Carer/Provider will not permit entry of a child into the Child Care Centre if he/she has any of the following conditions:
- A FEVER of more than 38°C.
 - BEEN PRESCRIBED ANTIBIOTICS for an acute illness. Your child should be kept at home for at least 24 hours.
 - DIARRHOEA
 - VOMITING
 - CONTAGIOUS CONJUNCTIVITIS: This is an infection of the eyes, characterised by redness, a yellow discharge and watering. This condition requires specific medical treatment.
 - IMPETIGO (SCHOOL SORES): This is a contagious skin infection characterised by crusted sores which usually appear first on the face area. The condition requires specific medical attention and your child should be kept at home until the sores have healed.
 - PEDICULOSIS (HEAD LICE)
 - COLD SORES (HERPES SIMPLEX)

- HAND FOOT AND MOUTH DISEASE is a highly contagious infection. It consists of small lesions which tend to spread quickly on the side of the tongue or inside the mouth around the cheek region. Also lesions appear on the hands, feet and legs and occasionally they may appear on the buttocks.
 - IN ACCORDANCE WITH THE VICTORIAN HEALTH DEPARTMENT REGULATIONS CHILDREN MUST ALSO BE EXCLUDED FROM THE CENTRE IF THEY HAVE ANY OF THE FOLLOWING DISEASES: **Chicken Pox; Diphtheria; Viral Hepatitis; Leprosy; Measles; Meningococcal Infection; Mumps; Pediculosis (Infestation of Lice); Whooping Cough; Poliomyelitis; Ringworm; Rubella (German Measles); Scabies; Streptococcal Infections; Tuberculosis; Typhoid and Paratyphoid Fever** (First Schedule of the Infectious Diseases Regulations 1984)
 - **This policy has been based on State Health Department – Exclusion List.**
- b) If child does have and infectious disease, parents are asked to notify Supervisor, so that other Crèche users can be informed about illness.

In the event of a child having been diagnosed with any Infectious disease the centre will post a notice informing parents/guardians of details of when the infected child attended the centre and the disease diagnosed for a period of seven days.

Behaviour Management

Where necessary, staff will guide and redirect a child to another activity if he/she is seen to be causing harm or stress to the safety and well being to the themselves and other children in attendance at the Crèche.

Staff will use verbal communication with the child, however in the event communication fails, the parent or guardian will be notified, and asked to take child out of Crèche facility immediately, until strategies for managing behaviour is agreed upon between Crèche staff and parent/guardian.

Arrival and Collection of Children

- All parents must pre pay at reception before entering the crèche.
- Parents are asked to adhere to their booking times, to enable the Crèche to operate smoothly during transitional times, and to meet Children's Services Act 1996, and Children's Services Regulations 2009.
- On arrival parents are asked to sign in all children on the attendance record, and sign out all children on departure from the Crèche.
- Each child must be signed in and out on a separate line in the attendance book.

Uncollected Children

- a) Any child not collected at the nominated time but still within normal operating hours of the Crèche and Leisure Centre will be charged a late collection fee of \$5.00 for every fifteen minutes the child is left at the centre.
- b) Any child not collected at the nominated time, and still in attendance after the Crèche and Leisure Centre closes, will remain in the care of the Centre staff until alternate arrangements can be made. The parent/guardian will be charged a late collection fee of \$5.00 for every fifteen minutes. The Emergency Contact(s) as named on the enrolment form will be contacted and asked to collect the child. If the Emergency contact(s) are unavailable Victoria Police will be notified and requested to assist locating the parent/guardian and/or emergency contacts.
- c) In the event of the parent/guardian and/or emergency contact(s) being unable to collect the child, the child will remain in the care of centre staff, until arrangements can be made to collect the child. The parent/guardian will incur all costs associated with the care of the child.

Failure to collect the child after 24 hours will result in the child being handed over to a field officer from Department of Human Services (Victoria).

Thank you in advance for following these guidelines.

Confidential parent/teacher enrolment form

City of Kingston



* Information Required by Children's Services Regulations 1998

Waves Leisure Centre, 111 Chesterville Road, Highett 3190
Telephone: 9553 1038 Facsimile: 9553 1271

Child care admission date: / /

► Child

Name of child _____ Date of birth: / /

Address: _____ Suburb: _____ Postcode: _____
First name Last name

Male Female Country of birth: _____ Language spoken at home: _____

Telephone (H): _____ Telephone (M): _____ Telephone (W): _____

► Parent/guardian with whom the child resides

MOTHER: _____ Relationship: _____
First name Last name

Country of birth: _____ Occupation: _____

Telephone (H): _____ Telephone (M): _____ Telephone (W): _____

► Parent/guardian with whom the child resides

FATHER: _____ Relationship: _____
First name Last name

Country of birth: _____ Occupation: _____

Telephone (H): _____ Telephone (M): _____ Telephone (W): _____

► Parent/guardian/other (if applicable)

Name: _____ Relationship: _____
First name Last name

Address: _____ Suburb: _____ Postcode: _____

Country of birth: _____ Occupation: _____

Telephone (H): _____ Telephone (M): _____ Telephone (W): _____

► Age and sex of brothers and sisters

Age: Sex: Age: Sex: Age: Sex:

► Doctor/medical service

Name: _____ Address: _____ Phone: _____

► **Medicare** No.: _____ **Ambulance** No.: _____

► Any medical history or past illnesses?

Provide further details: _____

Any dietary restrictions? _____

Any allergies (including medication, food and drink?) _____

Has your child been diagnosed as at risk of anaphylaxis? _____

► General health and special needs – Your child has a problem with: (tick box)

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Lack of Energy |
| <input type="checkbox"/> Behaviour | <input type="checkbox"/> Slight | <input type="checkbox"/> Bladder Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Personality | <input type="checkbox"/> Pants Wetting | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Over Excitement | <input type="checkbox"/> Pants Soiling | <input type="checkbox"/> Speech/Talking |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Physical Skills | <input type="checkbox"/> Frustration | <input type="checkbox"/> Kidney/Disorder |

Any other medical conditions (please specify) _____

General health: Good Fair Poor Does your child have a daytime sleep? Yes No A.M. or P.M.

Any excessive fears? _____ Any pets? _____

Has your child previously attended Kindergarten Playgroup Day Care

► **Photography**

Are you willing to have your child photographed to appear in videos, newspapers and other publications? Yes No

I agree for the photo's to appear in crèche programming documents including a portfolio photo albums/boards to be displayed and kept at the crèche. Yes No

► **Is your child immunised against the following**

Immunisation	2 months	4 months	6 months	12 months	18 months	4 to 5 years
DTP (Diphtheria/Tetanus/Pertussis)						
OPV (Oral Polio Vaccine—Sabin)						
MMR (Measles, Mumps, Rubella)						
Hib-TITER or Hib-PedvaxHIB						
Meningococcal C						

Has the child's health record been sighted by a staff member? Yes No

Staff name: _____ Date: _____

► **Access and custody arrangements**

Yes No Who has legal custody of the child?

Name: _____ Address: _____

Relationship: First name Last name Telephone (W): _____

Telephone (H): _____ Telephone (M): _____

If you are a lone parent, is access available to other parent?

N.B. Please provide copy of any court order for custody, access or any useful information regarding custody of child.

► **Persons who have lawful authority to collect the child from the centre and to authorise the taking of the child outside the premises by staff**

Name	Address	Telephone/mobile	Relationship
1			
2			
3			

► **In the event of accident, injury, trauma or illness, please advise the following**

Name	Address	Telephone/mobile	Relationship
1			
2			

► **Persons who have lawful authority to consent to medical treatment and/or request or permit the administration of medication to the child**

Name	Address	Telephone/mobile	Relationship
1			
2			

► **Parent/guardian signature:** _____ **Date:** _____

I hereby authorise the centre to seek necessary emergency medical, hospital, dental or ambulance services or treatment in the event of illness or accident occurring to my child. (This will be at my expense).

I/We have read and understand Waves Leisure Centre's Crèche Fee Policy, Terms and Conditions.

► **Parent/guardian signature:** _____ **Date:** _____

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer. A full copy of our Privacy Policy may be obtained from the Kingston website: <http://www.kingston.vic.gov.au> or from one of our Customer Service Centres.