

Greater Hume Children Services

“leading innovative and inclusive early childhood services”



Family Registration

Welcome

We welcome your enquiry about our service. Greater Hume Children Services is a flexible, professional home based child care service where children are provided with quality care and education in a warm, friendly, environment. Our flexible childcare options cater for full-time, part-time, casual, overnight care, weekend care, before and after school and vacation care.

Educators are registered, trained and supported by the experienced and highly qualified coordination unit staff.

Greater Hume Children Services includes the services of:

- **Family Day Care** where children are provided with education and care in a home environment with a registered educator.
- **Family Day Care In Venue Care** where a venue or premises other than a home can be licensed. FDC In Venue care must be approved by the Department of Education and Training and can only be approved where there is a demonstrated unmet demand for childcare.

Greater Hume Children Services is sponsored by The Greater Hume Shire and has been operating in the Greater Hume Shire since 1994. The service now operates in Albury, Federation, Tumbarumba, and Urana Shires and in Victoria in Wodonga, Rutherglen and Benalla Shires. The service has a proud record of quality assurance and complies with the requirements of The Australian Children's Education and Care Quality Authority (ACECQA). We look forward to working in partnership with you and your family and value your input and feedback wherever possible.

Steps to Register with Our Service (refer to Family Handbook)

As part of our registration process all families need to complete the following requirements:

1. Contact the Greater Hume Children Services Office: T: (02) 6026 3877.
2. Contact the Department of Human Services (formerly known as Family Assistance Office) T: 136150 if you wish to claim Child Care Benefit or Child Care Rebate. You will need to complete the CCB eligibility test for each child. See Family Handbook.
3. Complete the Family Registration Form and return to our office.
4. Have a face to face or phone interview with one of the office support staff so we can best match you with one or more educators where possible.
5. Provide us with your child's birth certificate and immunisation history statement (*refer the Handbook for Families*).
6. Inform the office when you will start childcare and with which educator.

Please find all documents and more information about our service at our website: www.ghchildren.com.au or call our service if you would like any further information or assistance.

[Join us on Facebook](#) to keep up with what is happening.

Greater Hume Children Services Privacy Policy

The personal information provided to the service is collected for the purpose of placing Children with Greater Hume Children Services and meeting statutory requirements. Access to this information is limited to use by Greater Hume Children Services employees & other authorised persons. Supply of the requested personal information is mandatory.

Delay in providing all requested information may impact on the inability of our service to place your child.

All personal information will be stored according to Greater Hume Children Services Governance and Management of the Service Policy Incorporating Confidentiality of Records.



Parent/Guardian Details

Customer Reference Number (CRN) of parent registered for family payments at Dept. Human Services		CRN:
Person/s who live with the child:	Parent/guardian 1 /parent registered for family payments	Parent/guardian 2
First name:		
Surname:		
Former names:		
Relationship to child:		
Date of birth:		
Residential address:		
Town:		
Postal address: (if different from above)		
Town:		
Home phone:		
Mobile phone:		
Email address:		
Employment status:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Non regular/casual	<input type="checkbox"/> Pension or benefits <input type="checkbox"/> Student <input type="checkbox"/> Unemployed/home duties
Work/study place:		
Work/study phone:		
Occupation:		
Country of birth:		
Ethnic origin:		
Primary language:		
Other siblings using another service: (please inform your educator so the correct % can be applied to your fees)	Child's name:	Service:
	Child's name:	Service:
Are you or your partner a registered Family Day Care Educator: <input type="checkbox"/> Yes <input type="checkbox"/> No (must answer) (if you are you are not able to claim Child Care Benefit or Child Care Rebate against your fees)		

Other Information:

Child Details (please copy/reprint this page for additional child/ren)

Child's CRN: <small>(Customer Reference No. This is different to the parent's CRN)</small>	1. CRN	2. CRN
Child's full name:		
Residential address: <small>(if different to parent/guardian 1/2)</small>		
Biological mother full name: <small>If different from parent/guardian 1/2 add details to other contacts (page 3)</small>		
Biological father full name: <small>If different from parent/guardian 1/2 add details to other contacts (page 3)</small>		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:		
School attending:	Year started:	Year started:
Pre-school attending:	Year started:	Year started:
	Full day Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	Full day Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>
	Half day Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	Half day Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>
Country of birth:		
Ethnic origin:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Mixture of Both <input type="checkbox"/> Other please specify:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Mixture of Both <input type="checkbox"/> Other please specify:
Primary language		
Religious / cultural requirements:	Details:	Details:
Is there a court order affecting the custody of child:	<input type="checkbox"/> Yes if Yes a copy must be provided <input type="checkbox"/> No	<input type="checkbox"/> Yes if Yes a copy must be provided <input type="checkbox"/> No
Is your child fully immunised:	<input type="checkbox"/> Yes copy of immunisation history statement <input type="checkbox"/> No see Family Handbook	<input type="checkbox"/> Yes copy of immunisation history statement <input type="checkbox"/> No see Family Handbook
Does your child have any diagnosed medical conditions: <small>E.g. Asthma/diabetes/risk of anaphylaxis</small>	<input type="checkbox"/> Yes Details: If 'YES' a copy of management plan from child's doctor must be provided and discussed with the Service Manager/ Responsible Person prior to commencing care. A communications plan will be developed with your educator. <input type="checkbox"/> No	<input type="checkbox"/> Yes Details: <input type="checkbox"/> No
Do you suspect that your child has an undiagnosed condition: <small>E.g. Asthma/diabetes/risk of anaphylaxis</small>	<input type="checkbox"/> Yes Details: <input type="checkbox"/> No	<input type="checkbox"/> Yes Details: <input type="checkbox"/> No
Disability:	Date of diagnosis:	Date of diagnosis:
Allergies /cultural requirements/special dietary requirements:		
Regular medication:		

Authorised Persons (over 18 years of age)

The persons listed may be contacted to collect your child in an emergency if parents/guardians are not available and under GHCS policy and procedures can give authorisations for the child including authorising excursions and medications.

	1. Contact	2. Contact
Relationship to child:		
Name:		
Street address:		
Town:		
Home phone:		
Mobile:		
Work phone:		
Work place:		
Email address:		
(Must provide as a PIN will be emailed for electronic signature. See Family Handbook)		

Medical Information

Family doctor:		Phone:
Address:		Ambulance cover held: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare number:		Health fund:

Parent Declaration and Agreement

I have read and accept parent/guardian conditions and responsibilities as stated in Greater Hume Children Services Handbook for Families.

All information and terms and conditions are available on our website: or contact our office T: (02) 6026 3877

By completing and returning this registration form you are agreeing to the terms and conditions of Greater Hume Children Services. Please make any comments below e.g. *no children's photos*.

Comments:

How did you hear about our service?

Parent/guardian name:

Date: