

# Child's Confidential Record



City of Casey Kindergartens

If you need help completing this form, please contact the City of Casey on 9705 5200.

**Name of kindergarten:** \_\_\_\_\_

**Child's kindergarten year:**  3 year old  4 year old

## 1. Child's details

Given name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female

Child's home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

What is the main language your child speaks? \_\_\_\_\_

Cultural background (if applicable): \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander heritage?  No

Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

## 2. Parent(s) details

### Who is considered a parent?

By law, the definition of a parent includes:

- a biological parent
- a person who has parental responsibility for the child under a decision or order of the court.

### Who is not considered a parent?

A person cannot be considered a parent if they have not obtained parental responsibility for the child under a decision or order of a court. This includes:

- a parent's partner (non-biological parent)
- a family member
- another carer

**Your details – (parent 1) The person completing this form must be one of the child's parents.**

I am completing this form as a parent of the child. The details I provide below will be my own.

Given name: \_\_\_\_\_

Surname: \_\_\_\_\_

What is your relationship to your child:  Mother  Father  Other: \_\_\_\_\_

Does your child live with you?  Yes  No If no what is your address?

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

What is your country of birth: \_\_\_\_\_

What is the main language you speak? \_\_\_\_\_ **If not English**

What year did your child arrive in Australia? \_\_\_\_\_

What year did you arrive in Australia? \_\_\_\_\_

What year did parent 2 arrive in Australia? \_\_\_\_\_

Do you need an interpreter?  Yes  No

### Your contact details – (parent 1)

Provide as many contact details as possible

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### Your education and employment details – (Parent 1)

The Department of Education and Training (DET) is providing extra funding to kindergartens to deliver more resources to help your child start school on track.

You do not have to give this information, but we strongly encourage you to do so. The DET will use this information to help direct funding to the kindergartens that need it the most. Any information you provide will be kept private and anonymous. Find out more about this [Early Childhood Reform](#) on the DET website.

### What is the highest year of primary or secondary school you have completed?

- Year 9 or equivalent or below  Year 10 or equivalent  
 Year 11 or equivalent  Year 12 or equivalent

If you have never attended school, tick 'Year 9 or equivalent or below.'

### What is the level of the highest qualification you have completed?

- No non-school qualification  Certificate I to IV (including trade certificate)  
 Advanced Diploma/Diploma  Bachelor degree or above

Have you had a paid job in the last 12 months  Yes  No

### If yes, what is your occupation group?

#### Managers:

- Chief Executives, General Managers, Legislators  Farmers and Farm Managers  
 Specialist Manager  Hospitality, Retail and Service Managers

#### Professionals

- Arts and Media Professionals  Business, Human Resource & Marketing Professionals  
 Design, Engineering and Science Professionals  Education Professionals  
 Health Professionals  ICT Professionals  
 Legal, Social and Welfare Professionals

#### Technicians and Trade Workers

- Engineering, ICT and Science Technicians  Automotive and Engineering Trades Workers  
 Construction Trades Workers  Food Trades Workers  
 Electrotechnology and Telecommunications Trades Workers

Skilled Animal and Horticultural Workers

Other Technicians and Trade Workers

**Community and Professional Service Workers**

Health and Welfare Support Workers

Carers and Aides

Hospitality Workers

Protective Service Workers

Personal Service Workers

Sports

**Clerical and Administrative Workers**

Office Managers and Program Administrators

Personal Assistants and Secretaries

General Clerical Workers

Inquiry Clerks and Receptionists

Numerical Clerks

Clerical and Office Support Workers

Other Clerical and Administrative Workers

**Sales Workers and Machinery Operators, Drivers and Labourers**

Sales Agents

Machinery Operators, Drivers and Labourers

Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers

**Parent 2**

If Parent 1 is the only parent / a single parent, tick this box and move to section 3.

Given name: \_\_\_\_\_

Surname: \_\_\_\_\_

What is the relationship of this parent to your child:  Mother  Father  Other: \_\_\_\_\_

Does your child live with this parent?  Yes  No

If no what is this parent's address?

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

What is this parent's country of birth: \_\_\_\_\_

What is the main language this parent speaks? \_\_\_\_\_

Does this parent need an interpreter?  Yes  No

**Parent 2 contact details**

Provide as many contact details as possible

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Parent 2 Education and employment details – (Parent 2)**

What is the highest year of primary or secondary school parent 2 has completed?

Year 9 or equivalent or below

Year 10 or equivalent

Year 11 or equivalent

Year 12 or equivalent

If parent 2 has never attended school, tick 'Year 9 or equivalent or below'.

**What is the level of the highest qualification parent 2 has completed?**

No non-school qualification

Certificate I to IV (including trade certificate)

Advanced Diploma/Diploma

Bachelor degree or above



Has parent 2 had a paid job in the last 12 months  Yes  No

If yes, what is the occupation group of Parent 2?

**Managers:**

- Chief Executives, General Managers, Legislators
- Specialist Manager
- Farmers and Farm Managers
- Hospitality, Retail and Service Managers

**Professionals**

- Arts and Media Professionals
- Design, Engineering and Science Professionals
- Health Professionals
- Legal, Social and Welfare Professionals
- Business, Human Resource & Marketing Professionals
- Education Professionals
- ICT Professionals

**Technicians and Trade Workers**

- Engineering, ICT and Science Technicians
- Construction Trades Workers
- Electrotechnology and Telecommunications Trades Workers
- Skilled Animal and Horticultural Workers
- Automotive and Engineering Trades Workers
- Food Trades Workers
- Other Technicians and Trade Workers

**Community and Professional Service Workers**

- Health and Welfare Support Workers
- Hospitality Workers
- Personal Service Workers
- Carers and Aides
- Protective Service Workers
- Sports

**Clerical and Administrative Workers**

- Office Managers and Program Administrators
- General Clerical Workers
- Numerical Clerks
- Other Clerical and Administrative Workers
- Personal Assistants and Secretaries
- Inquiry Clerks and Receptionists
- Clerical and Office Support Workers

**Sales Workers and Machinery Operators, Drivers and Labourers**

- Sales Agents
- Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers
- Machinery Operators, Drivers and Labourers

**3. Court orders**

Are there any:

- court orders concerning the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?
- details of court orders relating to the child’s residence or the child’s contact with a parent or other person?

- No
- Yes, please attach copies

You must provide the kindergarten with updated or amended court orders, parenting orders or parenting plans if they are changed.

- If these documents change, I will provide updated versions to my child's kindergarten.

## 4. Authorised Contacts

This section is for you to authorise other people to act on your behalf in certain circumstances.

Instructions:

- List the details of those persons who you authorise as contacts for your child
- Only include people who are over 16 years of age and who are not already listed as parents
- You can list more than one person
- The list may be amended at any time
- An additional copy of this page can be obtained from the educator
- Please complete all fields.

### Contact 1

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

**Please tick the boxes below to confirm the level of authorisation you give to this person**

**This authorised person contact can:**

- collect my child
- be notified of an emergency involving my child if a parent cannot be contacted
- consent to medical treatment for my child
- consent to administration of medication to my child
- authorise an educator to take my child outside the education and care service

### Contact 2

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**This authorised person contact can:**

- collect my child
- be notified of an emergency involving my child if a parent cannot be contacted
- consent to medical treatment for my child
- consent to administration of medication to my child
- authorise an educator to take my child outside the education and care service

### Contact 3:

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

#### This authorised contact can:

- collect my child
- be notified of an emergency involving my child if a parent cannot be contacted
- consent to medical treatment for my child
- consent to administration of medication to my child
- authorise an educator to take my child outside the education and care service

#### Person between the ages of 16 years and 18 years authorised to collect only

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

#### This authorised person contact can:

- collect my child

## 5. Immunisation and Health

### Immunisation

To confirm your child's enrolment at kindergarten you must provide a:

- Current *Immunisation History Statement* from the Australian Childhood Immunisation Register.
- the statement must show that your child is up to date with all vaccinations that are due for their age, or that they are able to receive
- The Medicare logo and Australian Government crest must be present and identifiable to be considered a valid Immunisation History Statement

Documents we **cannot** accept:

- Status Certificates from your doctor
- Statutory declarations
- Overseas immunisation documents
- Homeopathic immunisation documents
- The child's *Health Record* (blue book) or Health & Development Record (green book)
- Conscientious objection and vaccination objection on non-medical grounds

Immunisation History Statements can be requested at any time by contacting Medicare:

- Phone 1800 653 809
- Email: [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Visit the Medicare website
- Visit your local Medicare or Centrelink office
- You can [download your child's Immunisation History Statement](#) using your myGov account.
- A Translating and Interpreting Service is available by calling 131 450, Monday to Friday from 8:30am to 4:45pm.

If you cannot obtain the vaccinations or documents required, please contact us. In some cases, your children may be able to start kindergarten while you obtain the required documents.

A copy of the child's Immunisation History Statement is attached:  Yes  No

Does your child have a sibling who is not fully immunised or under 12 months of age?  Yes  No

## Medical

**Does your child have any medical conditions?**

No  Yes, if yes complete the following information

**My child has been:**

- |  |  |
|--|--|
| <input type="checkbox"/> diagnosed as being at risk of anaphylaxis | <input type="checkbox"/> prescribed an adrenaline auto-injector device |
| <input type="checkbox"/> diagnosed with asthma                     | <input type="checkbox"/> diagnosed with epilepsy                       |
| <input type="checkbox"/> diagnosed with diabetes                   | <input type="checkbox"/> diagnosed with another condition              |

**If yes to any of the above, you must provide an Action Plan specific to your child's condition. Your child's doctor can provide this plan. Attach the plan to this form**

**Does your child have any diagnosed allergies?**

- No, if no move to section 3
- Yes, if yes complete an *Allergy Management Plan* available from your Kindergarten and attach it to this form.

If your child has a diagnosed medical condition or allergy, it is important that you ask your kindergarten for a copy of our guidelines for your child's condition. This will help you understand how we will support your child. The educators will also complete a Risk Minimisation & Communication Plan (RMCP) with you.

**Does your child have any dietary restrictions?**

- No
- Yes, if yes list your child's dietary restrictions

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**Does your child have a Medicare number?**

Yes  No

If yes, please provide the number: \_\_\_\_\_

**Details of your child’s doctor and maternal & child health centre**

Name of doctor: \_\_\_\_\_  
Name of medical service: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Name of maternal & child health centre: \_\_\_\_\_

Do you authorise the educator to communicate with your maternal & child health centre to support your child’s health and wellbeing?  Yes  No

**6. Additional needs**

The City of Casey is committed to providing an environment that values and respects the needs of all children to fully participate.

**Additional needs your child may have:**

- My child has an additional health care need, a medical condition or a diagnosis that is relevant to their education and care.
- I have concerns regarding my child’s development.
- I believe my child may need other additional support or guidance to participate fully in the program.
- There are special cultural or religious considerations required for my child and/or family.

Please provide details and attach any supporting documentation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child linked to other professional services?

Examples include a paediatrician, an early intervention service, National Disability Insurance Scheme therapists, Preschool Field Officers, Inclusion Support Facilitator:

- Yes  No

If yes, please provide details

- 1. Professional service name:  
Contact name and details:
- 2. Professional service name:  
Contact name and details:

Do you authorise the educator to communicate with these services to support the child’s health and wellbeing?  Yes  No

**7. School readiness Allied Health Professional Support**

The City of Casey receives funding form the Department of Education& Training to support your child’s readiness for school next year. The funding will enable your child to receive support from Allied Health Services which may include speech therapy, occupational therapy, psychology and social work.

To provide your consent for an Allied Health professional to support your child, please indicate your level of consent below.





- Observe my child in the group setting with the kindergarten
- engage directly with my child within the kindergarten
- provide me with recommendations for referral to other health professionals or agencies
- communicate with kindergarten educators about my child to support my child's health and wellbeing

## 8. Filming and photography consent

Consent from parents is required for City of Casey educators to use digital platforms to document the child's learning and/or support children's engagement and continuity of learning.

**Storypark** is an externally provided program that educators use to document the children's learning and development. Documentation on Storypark is stored on an external server. Parents are provided with a login and can view their child's documentation online at any time. The documentation usually includes images of the children while learning through play both individually and in small groups. Before parents are granted access to this digital platform, additional consent is required from parents agreeing to Storypark's terms and conditions.

**Microsoft Teams** is a communication platform that can include chat and video meetings. Educators can use Microsoft Teams to connect online with each other community members, children and families.

### Parent Consent Conditions

- The child's learning and development will be uploaded to Storypark and photographs, videos and audio may be used electronically and in hardcopy
- Documents and photographs that are accessible to educators, parents and City of Casey staff will not be shared outside of the children's service without parent consent
- Parents are responsible for creating their own individual Storypark profile. The name that is used to create this profile will be visible to all other parents in the Community Tab. If parents do not wish for their name and surname to be visible, this can be modified by using initials only
- Parents are requested to be mindful that community comments are visible to all families using Storypark and are therefore requested to maintain positivity when commenting on posts
- When parents receive online images that include other children, they cannot forward these images or use them without the permission of the other families concerned
- Parents are required to be present when educators conduct online engagement with children in the child's home
- Children present in the kindergarten may be visible on screen during online support visits between City of Casey staff and educators
- Screenshots and electronic recordings will not be taken by parents, educators or staff during online engagement without additional consent from all parties
- All parties will ensure illegal material is not transmitted online at any time
- Parents will not show any other person other than the child and parent who may be present in the parent's residence during live online communication
- Parents, staff and educators will ensure children are protected from accidentally hearing or seeing conversations with educators about the development and progress of the child
- Parents must not share the links to Storypark with any other person
- The educators and City of Casey may take photos and videos of my child in attendance at events
- Educators cannot always prevent members of the public or other families from taking photos parents or children at events
- Parents will be asked for additional consent to use an image that is not covered by the points above
- Parents can withdraw their consent at any time

Do you agree to the conditions above  Yes  No

**In addition to agreeing to the above consent conditions parents may provide further consent for the following**

- Photos of my child may be uploaded to Storypark for programming purposes, and where photos of my child appear in groups of children these may be seen by other parents
- The educator may supervise children to participate in online engagement with intergeneration partners (programs where children interact with people of varied age groups)
- Educators may conduct online engagement between my child and other children in attendance at other City of Casey kindergartens during group times.
- I can nominate two additional people, over 16 years of age, to have access to the child's documentation on Storypark. These people will need to provide an email address.

## 9. Sunscreen

Educators will supervise children to apply sunscreen in accordance with SunSmart Victoria Guidelines.

For more information about how we use sunscreen to protect your child, please ask for a copy of the *Weather Protection Guidelines* at your child's kindergarten This authorisation remains valid until such time that the parent notifies the educator in writing of change.

I authorise educators at the kindergarten to apply the sunscreen I have provided for my child

- Yes  No

I authorise educators to apply sunscreen provided by the kindergarten if I have not provided sunscreen for my child.  Yes  No

## 10. Funded Kindergarten program

### Important information regarding your child's funded kindergarten program.

The Victorian Government provides funding to support children to access a high-quality kindergarten in the two years before they start school. The funding is a contribution towards meeting the cost of the kindergarten program.

**From 2023, the Victorian Government is making kindergarten programs free for three and four year old children – saving you and your family up to \$2,500 per year for their program. Free Kinder is a critical component of Victorian Government's Best Start, Best Life reform.**

Your child can only be funded for a kindergarten place at one service at any one time and only for one year in a Three-Year-Old Kindergarten program and one year in a Four-Year-Old Kindergarten program (unless your child is assessed as being eligible for a second year of Four-Year-Old Kindergarten by your child's kindergarten teacher).

In 2023, your child is enrolled to attend our Three-Year-Old or Four-Year-Old Kindergarten program and we will be claiming kindergarten funding for your child to support the costs of the kindergarten program.

Early Start Kindergarten gives eligible children 15 hours of free kindergarten a week for two years before starting school. To be eligible, your child must be from a refugee or asylum seeker background, identify as Aboriginal or Torres Strait Islander, or your family has had contact with child protection. Eligible children can also access free Four-Year-Old Kindergarten through the Early Start Kindergarten Extension Grant.

**Please fill in the fields below to acknowledge that your child is accessing their Three-Year-Old or Four-Year-Old funded kindergarten place in 2023.**

If your child will be attending another service that offers a funded kindergarten program, you must tell that service that you are receiving a funded kindergarten place at our service.

<b>Name of Kindergarten</b>	
<b>Date</b>	
<b>Child Name</b>	
<b>Parent Name</b>	
<b>Signature</b>	
<b>Confirmation</b>	I confirm that my child will be accessing their funded kindergarten place at this service in 2023

### 11. Declaration and consent

I \_\_\_\_\_ (print full name) the parent completing this form

- declare that the information in this *Child's Confidential Record* is true and correct and undertake to immediately inform the educators at the service in the event of any change to this information
- understand that during an emergency or drill where evacuation is necessary that the child may need to leave the service under the direction and supervision of the educators
- authorise the Person with Management and Control, the Nominated Supervisors or educators at the service to seek necessary medical treatment for the child from a registered medical practitioner, hospital, dental or ambulance that includes the transportation of the child by an ambulance from the service in the event of an emergency. I agree that all associated medical expenses will be my responsibility
- understand the conditions under which I am enrolling the child and abide by the fee payment terms

Parent full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form version date: 25/11/2021

#### Privacy Statement

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Council's Privacy Policy is available from our website [www.casey.vic.gov.au/council/your-council/privacy](http://www.casey.vic.gov.au/council/your-council/privacy) and all Council Customer Service Centres. For further Information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website [www.casey.vic.gov.au/council/contact/feedback-form](http://www.casey.vic.gov.au/council/contact/feedback-form) or by calling on 9705 5200.

**12. Child's Confidential Record checked/updated by the educator (Educator Use Only):**

**Anaphylaxis:**

Parent provided with a copy of the *Anaphylaxis Management Guidelines* Date \_\_\_ / \_\_\_ / \_\_\_  
 Anaphylaxis Management Plan and RMCP attached Date \_\_\_ / \_\_\_ / \_\_\_

**Asthma:**

Parent provided with a copy of the *Asthma Management Guidelines* Date \_\_\_ / \_\_\_ / \_\_\_  
 Completed Asthma Action Plan and RMCP attached Date \_\_\_ / \_\_\_ / \_\_\_

**Epilepsy:**

Parent provided with a copy of the *Epilepsy Management Guidelines* Date \_\_\_ / \_\_\_ / \_\_\_  
 Completed Epilepsy Action Plan and RMCP attached Date \_\_\_ / \_\_\_ / \_\_\_

**Diabetes:**

Parent provided with a copy of the *Diabetes Management Guidelines* Date \_\_\_ / \_\_\_ / \_\_\_  
 Completed Diabetes Action Plan and RMCP attached Date \_\_\_ / \_\_\_ / \_\_\_

**Allergies:**

Parent provided with a copy of the *Allergy Management Guidelines* Date \_\_\_ / \_\_\_ / \_\_\_  
 Parent provided with a *City of Casey Allergy Management Plan* Date \_\_\_ / \_\_\_ / \_\_\_  
 Completed *City of Casey Allergy Management Plan* and RMCP attached: Date \_\_\_ / \_\_\_ / \_\_\_

**Dietary Restrictions:**

Completed Dietary Restrictions form attached: Date \_\_\_ / \_\_\_ / \_\_\_

**Health Records Regulation 162 (g)**

The child's health record has been sighted.....  Yes  No

**Immunisation:**

A copy of the child's *Immunisation History Statement* is attached to this record .....  Yes

**Completion of Child's Confidential Record (CCR)**

The CCR has been accurately completed by the parent and all attachments have been filed and stored in accordance with relevant Guideline procedures.....  Yes

Educator full name: \_\_\_\_\_

Educator signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Educators may customise this list to suit their own needs. eg: Family induction, door security procedures, introductions, educators informed of enrolment, sign in/out procedures explained, specific medical requirements actioned, immunisation status updated, allergies, photo non-consent lists updated, curriculum process discussed with the family.

Task	Date completed
Child's start date ___ / ___ / ___	
Exit Date:	