



Instructions for New Families

Step 1 – Register for My Family Lounge

- To register an account, go to the My Family Lounge login screen at:
<http://www.telopeapnc.org.au/services/before-and-after-school-care/>
- Select the **Register** button

A screenshot of the 'Parent Sign-In' form. It features the 'my FAMILY Lounge' logo at the top. Below the logo, the text 'Parent Sign-In' is centered. There are two input fields: 'Email' and 'Password'. At the bottom, there are two buttons: 'Sign-In' and 'Register'.

- Enter your given name, surname, email address and confirm your email address
- Press **Register**

A screenshot of the 'Register' form. The title 'Register' is at the top left. Below it are four input fields: 'Given Name*', 'Surname*', 'Email*', and 'Confirm Email*'. At the bottom, there are two buttons: 'Register' (highlighted with a red box) and 'Cancel'.

- You will receive an email asking you to complete your registration.
- Select the **Complete Registration** button



Complete Registration

Hi Andrea,

You have been registered to use the My Family Lounge service.

My Family Lounge is Australia's leading service subscribed to by child care services around Australia used to provide online child portfolios and enrolment management in a secure environment.

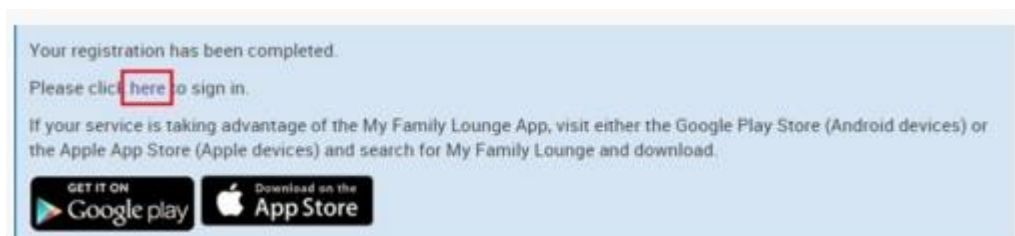
To complete the registration process, click on the button below to set a password and to start using My Family Lounge:

[Complete Registration](#)

- To complete the registration process, create and confirm a password
- Accept the **Terms and Conditions** then select **Complete Registration**

A screenshot of the "Complete Registration" form. It features two password input fields labeled "Password*" and "Confirm Password*", each with a strength indicator. Below the fields is a "Terms and Conditions" section with a checked checkbox and the text "I understand that my use of this service is governed by the Terms and Conditions." A purple "Complete Registration" button is highlighted with a red box at the bottom of the form.

- Select the **Click Here** option to log into your newly created account using your email address and password



Step 2 – Enter Contact Details

- Enter your details for all mandatory fields including your name, relationship to the child, at least one phone number and address details
- Select **Yes** if you wish to create a user account
- Select **Add Another Contact** if you wish to add another parent or carer as a contact or select **Save & Next** to continue

Step 2. EDIT CONTACT

Special Contact: Primary Contact (dropdown) Relation: (dropdown)

First Name: (text) Last Name: (text)

Email: (text)

Confirm Email: (text)

You must provide at least 1 contact phone number

Mobile No.: (text) Home No.: (text)

Work No.: (text) Building: (text)

Street Address: (text) Suburb: (text)

State: (text) Postcode: (text)

CRN: (text) DOB: (text)

Would you like a user set up for this contact? Yes No

ADD ANOTHER CONTACT SAVE & NEXT CANCEL



Step 3 – Add Child Details

- Enter your child details
- Select authorisations you wish to have for the child
- Select **Priority of Access** (if eligible)
- Select **Save**

ADD CHILD DETAILS

Please provide us with the child's details.

Tick the box if the child is unborn

First Name	<input type="text"/>	Last Name	<input type="text"/>
DOB	<input type="text"/> 	Gender	<input type="text" value="Select"/> 
Do you have a Customer Reference Number (CRN) issued by the Government relating to you being registered for child care benefits for this child? *			
		<input type="radio"/> Yes	<input type="radio"/> No
Does your child have any special considerations we need to take into account for their enrolment? *			
		<input type="radio"/> Yes	<input type="radio"/> No
Does your child have a diagnosed disability? *			
		<input type="radio"/> Yes	<input type="radio"/> No

Additional Information

Please provide any information you feel the service should know about the child, eg, allergies, languages, additional needs etc.

Authorisations

Contact Name	Collection	Emergency	Excursion	Medical
Andrea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADD PRIORITY OF ACCESS

CANCEL

SAVE

Step 4 – Add Waitlist Details

- Select the service type you require – this will be Before School Care, After School Care or Occasional Care (for casual bookings)
- Select the centre name (Telopea Park School P&C Before and After School Program)
- Enter your preferred start date and number of days you wish your child to attend
- Select your preferred days
- Select any days that do not suit you (this is not mandatory)
- Enter any comments if required
- Select **Save**

ADD WAITLIST DETAILS

Select which child/children you are requesting days for *

Max

Step 1. Please select the service type you require:

<input type="checkbox"/> Long Day Care/ Kindergarten/ Preschool	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Vacation Care	<input type="checkbox"/> Occasional Care
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Step 2. Please select centres from the dropdown that match your service type selection: *

Telopea Park School P&C Before and After School Program

Selected Service(s):

Step 3. Please specify days for your child:

Preferred start date * No. of Days * Select Will you accept less days? Y N

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Preferred days *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days that do not suit me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 4. Please enter any comments on flexibility:

APPLICATION DATE 19-01-2016

- You should then see this information screen (parent dashboard) with your booking request listed

The screenshot shows a web application interface for a parent dashboard. The browser tabs include 'enhanced.com.au', 'Walcha Council', 'Register - My Family Lounge ...', and 'QKEnrol'. The main content area is divided into several sections:

- CONTACTS:** A table with columns: NAME, RELATION, CONTACT TYPE, ADDRESS, CONTACT NO., EMAIL, USER, EDIT. One record is shown: Test Test, Other, Primary Contact, [Redacted], [Redacted], [Redacted], Trus, Edit.
- CHILD:** A table with columns: CHILD NAME, STATUS, DOB, Due Date, AGE, EDIT, DELETE, Enrolment information. One record is shown: Test Junior Test, Active, 01-01-11, -, 4Y 9M, Edit, [Redacted], Start Enrolment.
- CASUAL BOOKINGS:** A section with the text: 'Non repeating, instant booking is available for the enrolled children. No records found.'
- OFFER:** A section with the text: 'No records found.'
- RECURRING BOOKING REQUESTS:** A section with a legend and a table.

Legend: Requested, Not Requested, Not Requested But Flexible, Change to Existing Booking

CHILD NAME	START DATE	APPLICATION DATE LAST UPDATED	SIBLING CARETYPE	SERVICE	DAYS LESS	M	T	W	T	F	S	S	FLEX NOTES	EDIT	DELETE
Test Junior Test	27-01-16	A: 30-10-2015 U: _____	REG	---	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Edit	[Redacted]

- You can now log out
- You will receive a 'successful waitlist request created confirmation' email that will be followed by a 'letter of offer' email (the latter may take a couple of days)

Step 5 – Accept Your Offer

- If you receive a successful offer email, it will invite you to log back in and accept the offer within a certain timeframe
- Log back in using your email address and password
- Select **View Offer**

OFFER

Legend

Offered
 Not Offered
 Change to Existing Booking

CHILD NAME	START DATE	STATUS	CARE TYPE	CENTRE NAME	DAYS	M	T	W	T	F	S	S	OFFER EXPIRY ACCEPTED DATE	
Test Junior	27-01-16	Open	REG		1								06-11-15	View Offer
Test	5:27-01-16													

- Accept or decline the offer.
- If you accept, you will be prompted to complete the enrolment form

Active 04-02-16 5:11 PM Edit View Enrolment

TELOPEA PARK SCHOOL P&C BEFORE AND AFTER SCHOOL PROGRAM

Letter of Offer
Date Submitted: 25-01-16

We are offering your child a place at the following centre:

Centre: Telopea Park School P&C Before and After School Program
 Care Type: BSC
 Start Date: 1/02/2016
 Days Offered: Mon,Wed,Fr

Step 6 – Complete Enrolment Form

- Select the centre name (Telopea Park School P&C Before and After School Program) at the top right of the screen
- The first part of the enrolment form will be pre-populated with information that you have previously provided

Main Contacts

Primary Guardian	(This person's details are used to claim government subsidy)	Secondary Guardian	
Given Name *	<input type="text" value="Marge"/>	Given Name *	<input type="text" value="John"/>
Last Name *	<input type="text" value="Citizen"/>	Last Name *	<input type="text" value="Citizen"/>
Relation to child *	<input type="text" value="Mother"/>	Relation to child *	<input type="text" value="Father"/>
Email address *	<input type="text" value="abc@hotmail.com"/>	Email address *	<input type="text" value="def@hotmail.com"/>
You must provide at least 1 contact phone number *		You must provide at least 1 contact phone number *	
Mobile number	<input type="text" value="0431111111"/>	Mobile number	<input type="text" value="0411222222"/>
Home number	<input type="text"/>	Home number	<input type="text"/>
Work number	<input type="text"/>	Work number	<input type="text"/>
Building	<input type="text"/>	Building	<input type="text"/>
Street Address *	<input type="text" value="20 Citizen Street"/>	Street Address *	<input type="text" value="20 Citizen Street"/>
Suburb *	<input type="text" value="Narrabundah"/>	Suburb *	<input type="text" value="Narrabundah"/>
State *	<input type="text" value="ACT"/>	State *	<input type="text" value="ACT"/>
Post Code *	<input type="text" value="2604"/>	Post Code *	<input type="text" value="2604"/>
Date of Birth *	<input type="text" value="8/06/1967"/>	Date of Birth	<input type="text" value="20/06/1967"/>
Do you have a CRN ? *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	<input type="text" value="32xxxxxxxxx"/>		
CRN and Date of birth are required to receive any government funds			

- Complete the mandatory information for each contact

Authorisation Collection Emergency
Excursion Medical

Work Status*

Place of Work*

Country of Birth*

Primary language spoken at home*

Are you of Aboriginal and Torres Strait islander decent?* Yes No

Are you the parent who will pay the accounts* Yes No

Would you like to receive newsletters and other communications via email?* Yes No

Please provide email address.

Emergency Contact Name*

Emergency Contact Phone Number*

Authorisation Collection Emergency
Excursion Medical

Work Status*

Place of Work*

Country of Birth*

Primary language spoken at home*

Are you of Aboriginal and Torres Strait islander decent?* Yes No

Are you the parent who will pay the accounts* Yes No

Would you like to receive newsletters and other communications via email?* Yes No

Emergency Contact Name*

Emergency Contact Phone Number*

- Select **Add Contact** if you would like to provide additional contacts

Additional Contacts

Add Contact

Please enter below additional contacts for this child's enrolment. This may include emergency contacts when you are not available to be contacted or additional people we need be aware of who may drop off or pick up this child.

Contact - ✕

Given Name Last Name Relation to child

Email address

Phone numbers : You must provide at least 1 contact phone number

Mobile number Home number Work number

Building Street Address Suburb

State Post Code

Authorisation Collection Emergency Excursion Medical

- Select **Add Medical Contact** if you would like to provide medical contacts

Medical Contacts

Add Medical Contact

Contact - ✕

Given Name Last Name or Practice Name Relation to child

Email address

Phone numbers : You must provide at least 1 contact phone number

Mobile number Home number Work number

Building Street Address Suburb

State Post Code

Authorisation Emergency Medical

Medical Insurance Yes No

- Provide additional child information, including consents

Child Information

Given Name * Last Name * Gender

Primary Language Secondary Language Date of Birth *

Cultural Background Child Primarily Lives with

Medicare Number

Do you have a CRN ? Yes No
 I acknowledge that I have no CRN to provide in this form and as a result will not have CCB and other Government payments made to my account to reduce my out of pocket expenses.

Family Permits Photographs * Yes No
 I agree that if my child has been injured, or becomes ill whilst at the service or otherwise in care, and if the Director/Coordinator thinks it is necessary, he/she will seek:

Urgent medical, dental or hospital treatment or ambulance service * Yes No

I give consent to the carrying out of appropriate medical, dental or hospital treatment * Yes No

I give consent for my child to have their face painted or hair decorated with coloured hair spray as part of programmed activities. * Yes No

I give consent for my child to be videoed or photographed for the purposes of publicity and/or promotions for the centre. This includes noticeboards, newsletters and the website. * Yes No

I give consent for my child to watch G or PG movies or play G or PG computer/video games. * Yes No

I give consent for my child to participate in nature walks within a radius of 3 km from the centre. * Yes No

- Provide information on any medical conditions or dietary restrictions, court/parenting orders and additional information
- **Upload** action plans or court orders if required

Medical Condition & Dietary Restriction

Type	Title	Severity	Treatment	Add
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If Anaphylactic or severe, **Upload Action Plan**

Does your child have any special considerations we need to take into account for their enrolment? Yes No

Does your child have a diagnosed disability? Yes No

Court / Parenting Orders

If there any Court / Parenting orders, please **Upload orders**

Additional Information

Please provide any information you feel the service should know about the child e.g. language, religion, additional needs etc

Please provide any information you feel the service should know about the child (Maximum 255 characters).

- Provide information on immunisations – either upload a medical immunisation form or exemption, or select **Yes** or **No** for each immunisation

It is a regulatory requirement to obtain the immunisation status of each child

If your child is not immunised, it is a requirement to provide a letter or exemption from your doctor

Upload exemption

Otherwise, please complete dates of when your child has received immunisations below:

Immunisation	0m	2m	4m	6m	12m	18m	4yr
13vPCV		NotSt ▼	NotSt ▼	NotSt ▼	NotSt ▼		
23vPPV						NotSt ▼	NotSt ▼
DTPa		NotSt ▼	NotSt ▼	NotSt ▼		NotSt ▼	NotSt ▼
HepA					NotSt ▼		
HepB	NotSt ▼	NotSt ▼	NotSt ▼	NotSt ▼	NotSt ▼		
Hib		NotSt ▼	NotSt ▼	NotSt ▼	NotSt ▼		
Influenza				NotSt ▼			
MenCCV					NotSt ▼		
MMR					NotSt ▼		NotSt ▼
OPV/IPV		NotSt ▼	NotSt ▼	NotSt ▼			NotSt ▼
Rotavirus		NotSt ▼	NotSt ▼	NotSt ▼			
VZV						NotSt ▼	

The service needs to sight either the child's Maternal Health record or the Medicare Immunisation record.

Please upload the Medicare Immunisation form below or alternatively you can bring the form to the office

Service sighting health record **Upload Medical Immunisation Form**

- Note the information on direct debit payments. You will need to complete the form that has been emailed to you and attach it to your enrolment form when you hand in your signed version

Other General Questions

Direct Debit Request

Our preferred method of payment is direct debit. Please print out and complete the direct debit form, attach to your signed enrolment form and hand into the office prior to your child commencing care.

- Once all questions are completed, select the **Submit** button
- Your child is now enrolled



Main Contacts
Additional Contacts
Medical Contacts
Child Information
Immunisations
Other General Questions

Save&Close Cancel
Save Print
Submit

Step 7 – Print Enrolment Form

- To finalise your enrolment, select **Print** from the parent dashboard

CHILD							Add Child
CHILD NAME	STATUS	DOB	Due Date	AGE	EDIT	DELETE	Enrolment information
	Active	10-08-06	-	9Y 5M	Edit		View Enrolment Print
	Active	04-02-10	-	5Y 11M	Edit		View Enrolment Print

- Review your details and if correct, sign the enrolment form and hand this, together with your direct debit form, to the office
- A signed enrolment form **MUST** be received before we can accept your child into care

Signature

Guardian 1:

Signature : _____

Date : ___ / ___ / _____

Name : _____

Guardian 2:

Signature : _____

Date : ___ / ___ / _____

Name : _____

Director/Coordinator :

Signature : _____

Date : ___ / ___ / _____

Name : _____

Further Information

If you need further information or help with using My Family Lounge, please ring Julie on 0404 034 277.