

Child Care Enrolment Form

3+ pre kinder

Occasional Child Care



Enrolment date:.....

OFFICE USE ONLY

- Pick up details
- Emergency Contact name provided
- Immunisation Proof supplied
- Medical Management Plan (if applicable)
- Declaration Signature
- Birth Certificate supplied
- Privacy Information signed

Deposit Paid: \$..... Date:.....

Receipt No.

Commencement Date:Enrolment Cancelled:.....

- A/C settled Enrolment filed
- Kids Wizz

*A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found on page 3. The licensed children's service provider must collect the child's enrolment information in this form, as required by the Children's Service Regulations 1998 (Regulations). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to supply answers to assist in providing relevant children's services.*

Information about the Child

Family Name: Date of Birth: *Sex M F
(Please tick)

Given Names: Usually called:

Home Address:

Language spoken at home:

IMPORTANT - EMAIL:

We would like to send all correspondence via email from 2015. This includes fee invoices, events and general communication.

I would like to be included on the email list for centre newsletters & events. YES NO

*Is the child of Aboriginal and/or Torres Strait Island origin? (please tick)

- No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
- Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

*Does the child have a developmental delay or disability/impairment including intellectual, physical or sensory?

- Yes No (please tick)

Information about the child's parents or guardians

Mother	Father
Name	Name
Address: as for child or:	Address: as for child or:
Telephone/s – Home Work Mobile	Telephone/s – Home Work Mobile
Does the child live with the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)	Does the child live with the father? <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)
*Place of Employment:	*Place of Employment:

*Occupation:	*Occupation:
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address: as for child or:	Address: as for child or:
Telephone/s – Home Mobile	Telephone/s – Home Mobile
Work	Work
Does the child live with this guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>	Does the child live with this guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>

Collecting the child from the children’s service

Your consent is required for another person to collect your child from the children’s service on your behalf. There may also be times when your child suffers an accident, injury, trauma or illness and we cannot contact you. To deal with these situations the child’s service should notify one of the following people who are authorized to collect and care for your child in the event of an accident, injury, trauma or illness or you are unable to pick up your child. Please list the details of those people who can collect your child and can be notified when your child has suffers an accident, injury, trauma or illness in the table below.. (This list may be added to or changed throughout the year.)

Name	Name
Address: as for child or:	Address: as for child or:
Telephone/s – Home Work Mobile	Telephone/s – Home Work Mobile
Name	Name
Address: as for child or:	Address: as for child or:
Telephone/s – Home Work Mobile	Telephone/s – Home Work Mobile

Court orders relating to the child

Are there are Court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? No, please go to next section

Yes, please complete the following:

1. Bring the **original** Court order/s for staff to see and a copy to attach to this enrolment form.
2. If these orders –
 - a) change the powers of a parent/guardian to –
 - Authorise the taking of the child outside the service by a staff member of the service
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child
 - Collect the child from the service, AND/OR
 - b) Give these powers to someone else,
please describe these changes and provide the contact details of any person given these powers.

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The *Children’s Services Regulations 2009* refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the child and the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the *Children’s Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Child’s medical and health information

Name Doctor/Medical Service Telephone.....

Address Doctor/Medical Service

Ambulance Subscription Number..... Medicare No.

Maternal & Child Health (MCH) Centre

Does your child have a child health record? Yes No (please tick)

If yes, please provide to the service for sighting.

Child health record means a record that documents a child’s health & development assessments and immunizations

Name and position of person at the centre who has sighted the child’s health record.

SIGNED:.....DATE:.....

Child’s Immunisation Record

Has the child been immunized? Yes No (please tick)

If yes, provide details by –

- Attaching a copy of the Immunisation Record from the Child Health Record Book OR
- Attaching a copy of the Immunisation Record printout from local government OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register

***Other Information**

If there is anything else that the children’s service should know about the child (eg, excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.) this is as follows –

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Does your child have any special needs? Yes No (please tick)

If **YES**, please provide details of any special needs and any management procedures to be followed with the respect to the special needs.

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Does your child have any allergies or sensitivity? Yes No (please tick)

If **yes**, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

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ANAPHYLAXIS

Has your child been diagnosed at risk of anaphylaxis? Yes No

Does your child have an auto injection device (eg EpiPen or Anapen) ? Yes No

Has the anaphylaxis medical management plan been provided to the service Yes No

Has a risk management plan been completed by the service in consultation with you? Yes No

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does the child have any other medical conditions ? (eg, asthma, epilepsy, diabetes, etc that are relevant to the care of your child) Yes No (please tick)

If **yes**, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

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Does the child have any dietary restrictions? Yes No (please tick)

If **yes**, the following restrictions apply –

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Declaration and consent to emergency medical treatment

I, (print full name)

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the child care service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate seeking emergency medical treatment for the child from a medical practitioner, hospital or ambulance service.

.....
Signature

.....
Date

Acknowledgements & Consents:

I,.....(parents full name)

Being the parent/guardian of(child's full name)

- I agree to staff displaying my child's Asthma and/or Allergy triggers, anaphylaxis management plan, diabetes and or epilepsy management plan in the child care room. (if applicable)
- I agree to have my child's dietary restrictions on display in the room. (if applicable)
- I agree to respect the privacy of other families who attend the program. I will not discuss or divulge information regarding a child or family attained by attendance in the program.
- I understand that if I do not collect my child on time, staff will contact me first and then the emergency contact numbers recorded on this form.
- I understand that if I do not collect my child on time that a late collection fee of \$1.00 per minute will apply as per the centre's policy and procedures.
- I understand fees are compulsory and are to be paid in advance by the due date. I understand that a late fee of \$25.00 will be charged to my account if they are not paid by this date.
- I understand that I am required to provide my child with an appropriate sun smart hat for my child to wear during Term 1 and 4.
- I will apply 30+ sunscreen to my child before the commencement of the session during Term 1 and 4.
- I give permission for the centre staff to photograph my child for the purpose of centre displays and for child development.
- I agree for photos of my child to be included on the centre's website, including the centre's Facebook page.
- I agree to have my child's name and birthday on display in the room.
- I hereby agree to my child accompanying staff on a local walk/excursion in the immediate vicinity of the centre or to be evacuated from the centre in the case of an emergency or drill. I understand that the educator:child ratios will be maintained.
- I give permission for staff to inspect my child's hair for pediculosis (headlice)
- I acknowledge that I will receive documents via email relating to the Child Care Program's and Iramoo Community Centre.
- I understand that the information collected will remain private and confidential within the centre and will only be disclosed to other persons or agencies as permitted by both parents and the authorized parent/guardian, or otherwise authorized by the law.
- I declare I have informed and obtained the consent of persons listed as emergency contacts for their personal details to be collected and used by the centre.
- I understand that each application will be assessed on an individual basis.
- I will not send my child to the program with any nut products or food items containing nuts, including nutella & peanut butter.
- I agree that any monies outstanding to Iramoo Community Centre will be paid in accordance with the fee policy. Should I/we not meet these payments I understand that a debt collector will be contacted by the centre to recover these funds and that I/we will be charged all costs owing including any costs incurred to recover these monies.

Signed:.....Date:.....

Proprietors are reminded of their requirements to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment forms.

Privacy Collection Statement

Personal information will only be disclosed in accordance with the Privacy Act.

This means that personal information may be disclosed -

- For the purposes for which Iramoo Community Centre has advised that it is being collected, and for related purposes that the individual would reasonably expect,
- Where the consent of the individual has been given to do so,
- As required by law, or
- Under other circumstances where permitted under the Act.

Confidentiality of enrolment records

The proprietor of the Children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or the education of the child, to manage medical treatment of the child, where expressly authorized by the parent or prescribed in the Children's Services Regulations 2009 (regulation35(1) (d-e))