





City Council

2017 CHILD CARE ENROLMENT FORM

Enrolment Date:

A parent or guardian who has lawful authority in relation to the child/ren must complete this form. A brief explanation of lawful authority is found at the end of this form.

It is essential that <u>prior</u> to commencement of care, the following information is <u>complete and up to date</u>. Please notify the centre of any change of address, phone number or care arrangements - thank you.

| Please notify the cent | tre of any | change o | of address, p | hone numb | er or (| care arrangem | ents - than | k you. | |
|--------------------------------------------------|------------|----------------------------|---------------|-------------|-----------------|---------------------|-------------|------------------|-------|
| Information about the o | | child/ren Given Name(s) | | (c) | Preferred names | | | D | |
| Family Name | | G | iven name(| s) | Pi | ererrea manne | S | Date of Birth | M/F |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| Home Address | | | | | | | | | |
| Email Address | | | | | | | | | |
| Country of birth: | | | | La | ngua | ges spoken in | the home | : | |
| Is this child/ren of a | borigina | l or Torre | s Strait Isla | nder origir | ? [| No | Yes | | |
| Information abou | ut the c | hild/ren | 's parent: | s or quar | dian | s | | | |
| Parent 1/Guardian: | | | | | | | hild 3 Yes | ⊓ No ⊓ | |
| Full Name: | | T | | | | | | | |
| Address: | | | | | | | | Destanda | |
| □ as per child/ren OR | | | | 1 | | | | Postcode: | |
| Telephone: | | Home: | | Mobile: | | T | Business: | | |
| R/ship to Child/ren: | | | | | | □ Male | □ Fem | ale | |
| Does the child live was this Parent/Guardian | | □ No | □ Yes | | | | | | |
| Parent 2/Guardian: | Same de | tails for c | child 1 Yes | No □ ch | ild 2 ` | Yes □ No □ c | hild 3 Yes | □ No □ | |
| Full Name: | | | | | | | | | |
| Address: ☐ as per child OR | | | | | | | | Postcode: | |
| Telephone: | | Home: | | Mobile: | | | Business: | | |
| Relationship to Chil | | | | | | □ Male | □ Fem | ale | |
| Does the child live version this Parent/Guardian | | □ No | □ Yes | | | | | | |
| Family Health/Do | | | | □ No □ ch | nild 3 | Yes □ No □ | | | |
| Name of Doctor/Medical Serv | | | | | | | | | |
| Address of Doctor/Medical Serv | /ice: | | | | | | | Postcode: | |
| Telephone: | | | | | Med | dicare Numbe | r: | | |
| Maternal & Child He (MCH) Centre: | alth | | | | • | | | | |
| | | | | | | | | aro | ondah |

| Additional Authorised Authorised for child 1 | • | • | \ <i>\</i> | , , | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|--|--|--|
| I authorise the following pers when a child has an accident contacted. To deal with these people who are authorised to or to authorise administration | t, injury, trauma or illn e situations Child Car o collect and care for t | ess and the page will attempt the child after a | arents or go to notify on accident, ir | uardians cannot be e of the following njury, trauma or illness | | | |
| In the table below please list This list may be added to or entered to provide photo ID before authorise an educator to take | changed throughout t ore collecting your ch | he year. Any p ild/ren. These | erson who contacts a | is unknown to staff will re also authorised to | | | |
| Full Name: | | | | | | | |
| Address: | Postcode: | | | | | | |
| Telephone: | Home: | Mobile: | | Business: | | | |
| Relationship to Child/ren: | | | □ Male | □ Female | | | |
| | | | | | | | |
| Full Name: | | | | | | | |
| Address: | Postcode: | | | | | | |
| Telephone: | Home: | Mobile: | | Business: | | | |
| Relationship to Child/ren: | | | □ Male | □ Female | | | |
| | | | | | | | |
| Full Name: | | | | | | | |
| Address: | Postcode: | | | | | | |
| Telephone: | Home: | Mobile: | | Business: | | | |
| Relationship to Child/ren: | | | □ Male | □ Female | | | |
| Court orders relating to the | e child | | | | | | |
| Are there any court orders relati the child/ren or access to the child | • | responsibilities, c | r authorities | of any person in relation to | | | |
| No ☐ go to the next section | Yes □ please comple | ete the following | j: | | | | |
| If these court orders: | order/s for staff to see and | | to this enrol | ment form: | | | |
| | powers of a parent/guardi orise the taking of the chil | | Service by a | staff member of the | | | |
| servi | ce; | | • | | | | |
| consent to the medical treatment of the child/ren request or permit the administration of medication to the child/ren | | | | | | | |
| | ct the child/ren from child lowers to someone else, | care, AND / OR | | | | | |
| Please describe these changes a | | tails of any perso | n given thes | e powers: | | | |
| | | | | | | | |
| | | ······ | | | | | |



Immunisation

Under the 'No Jab, No Play' legislation which is effective from 1 January 2016 all children enrolling into an Early Childhood Service must obtain evidence that all children are:

- Fully up to date with immunisation OR
- On a vaccination catch up program OR
- Are unable to be fully immunised for medical reasons.

'Conscientious objection' is not an exemption under the 'No Jab, No Play' legislation

If you do not have a copy of your child's Immunisation History Statement, they can be requested at any time by contacting Medicare:

- Ph 1800 653 809
- Email acir@medicareaustralia.gov.au
- Visit the Medicare website or MyGov website to print a copy of Immunisation History Statement
- Visit your local Medicare office

| Child 1 Name: | | | |
|---------------------------------------------------------------------------------------------|----------------------|-------------------------|------------------------------|
| Immunised currently up to date? | □ No | □ Yes | |
| Child at primary school? | □ No | □ Yes | |
| Immunisation History Statement attached | □ No | □ Yes | |
| Medical exemption attached | □ No | □ Yes | |
| Catch up program attached | □ No | □ Yes | |
| Name of Educator at the children's service Statement: | who has | s sighted the o | child's Immunisation History |
| Name: | | | (Child Care Educator) |
| Child 2 Name: | | | |
| Immunised currently up to date? | □ No | □ Yes | |
| Child at primary school? | □No | □ Yes | |
| Immunisation History Statement attached | □ No | □ Yes | |
| Medical exemption attached | □ No | □ Yes | |
| Catch up program attached | \square No | □ Yes | |
| Name of Educator at the children's service Statement: | who has | s sighted the o | child's Immunisation History |
| Name: | | | (Child Care Educator) |
| Child 3 Name: | | | |
| Immunised currently up to date? | □No | □ Yes | |
| | | = V | |
| Child at primary school? | □ No | □ Yes | |
| - · · · · · · · · · · · · · · · · · · · | | ⊔ Yes □ Yes | |
| Child at primary school? | | | |
| Child at primary school? Immunisation History Statement attached | □No | □ Yes | |
| Child at primary school? Immunisation History Statement attached Medical exemption attached | □ No □ No □ No | □ Yes □ Yes □ Yes | child's Immunisation History |



Anaphylaxis & Other Medical Information

In the case of anaphylaxis you will be provided with a copy of the services 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.

| Has your child been diagnosed at risk of anaphylaxis? No Yes Does your child have an auto injection device (eg EpiPen®)? No Yes Has the anaphylaxis management plan been provided to the service? No Yes Does your child suffer any allergies or sensitivities? No Yes Does your child have any special needs? No Yes Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child Soes your child have any dietary restrictions No Yes Wo Y | Child 1 Name: | | | | | |
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| Does your child have an auto injection device (eg EpiPen®)? | | □No □Yes | | | | |
| Has the anaphylaxis management plan been provided to the service? Has the risk management plan been completed by the service in consultation with you? Does your child have any special needs? Does your child have any special needs? Does your child have any special needs? Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes | | | | | | |
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| Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) | | | | | | |
| diabetes etc that are relevant to the care of your child) | | | | | | |
| Does your child have any dietary restrictions | | □No □Voc | | | | |
| If you have answered yes to any of the above questions, please provide details. Child 2 Name: | , , | | | | | |
| Child 2 Name: Has your child been diagnosed at risk of anaphylaxis? Does your child have an auto injection device (eg EpiPen®)? Has the anaphylaxis management plan been provided to the service? Has the risk management plan been completed by the service in consultation with you? Does your child suffer any allergies or sensitivities? Does your child have any special needs? Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No □Yes Child 3 Name: Has your child been diagnosed at risk of anaphylaxis? Does your child have any other medical conditions please provide details. Child 3 Name: Has your child have any auto injection device (eg EpiPen®)? Has the anaphylaxis management plan been provided to the service? No □Yes Does your child suffer any allergies or sensitivities? Does your child have any special needs? Does your child have any special needs? Does your child have any special needs? Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No □Yes | Does your child have any dietary restrictions | | | | | |
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| Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) □No □Yes | · · · · · · · · · · · · · · · · · · · | | | | | |
| diabetes etc that are relevant to the care of your child) □No □Yes | Does your child have any special needs? | □No □Yes | | | | |
| • | · · · · · · · · · · · · · · · · · · · | | | | | |
| • | diabetes etc that are relevant to the care of your child) | □No □Yes | | | | |
| | Does your child have any dietary restrictions | $\square \text{No } \square \text{Yes}$ | | | | |

| If you have answered yes to any of the above questions please provide details. | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--|--|--|--|
| | | | | | | |
| Please provide a copy of all relevant medical management procedures of plan (Action Plans) for any 'yes' responses to the above questions. | | | | | | |
| If there is anything else that Child Care should know about your child/ren (eg. Excessive fears favourite activities, attending other early childhood services, etc. | 5, | | | | | |
| | | | | | | |
| 1 3 | Yes | | | | | |
| Sunscreen Protection | Yes | | | | | |
| The Cancer Council of Victoria recommends all children are protected by SPF 30+ sunscreen wear sunsmart clothing including wide brimmed hats, as part of general skin-protection strate from 1 st September to 30 th April. | | | | | | |
| Parents are asked to: provide a labelled hat & suitable clothing apply SPF 30+ sunscreen to their child prior to their arrival at Child | Care | | | | | |
| Please refer to the Child Care Sun Protection policy displayed in Child Care for more information | tion. | | | | | |
| I give permission for Child Care Educators to apply SPF 30+ sunscreen to my child/ren, which have supplied, as required. | h I | | | | | |
| Signature Dat | | | | | | |
| Declaration and Consent to Emergency, Medical, Hospital, Ambulance and Dental Treatment | | | | | | |
| I, | d/ren, | | | | | |
| Signature Dat | | | | | | |



Electronic Newsletter Do you wish to receive a copy of our electronic newsletter? □No □Yes *Please ensure you have included your email address on page one of our enrolment form Nappy Cream I give permission for Maroondah Leisure Educators to apply nappy cream to my child when required . □No □Yes □N/A Checklist Families using the service for the first time must provide the children's supporting documents prior to the first day of attendance at Child Care. This includes but is not limited to, copies of: □Immunisation History Statement or Medical Exemption attached □Legal orders (where applicable) □ Asthma or Anaphylaxis Management plans (where applicable) □ Management plans for other medical conditions (where applicable)

Privacy Collection Statement Regarding Enrolment Form

depending on weather, spare change of clothes, sunscreen.

Label all of your Child/ren's belongings before attending Child Care

The information will not otherwise be disclosed except as required by law e.g., State Government departments and agencies.

□ If a child is in nappies please ensure they arrive in a clean fresh nappy before your session starts
 □ Where applicable please provide nappies, Healthy snack (nut free), water bottle, Hat or jacket

If you fail to provide this information (ie information on the enrolment form) your child's enrolment may not be processed.

Council is committed to complying with the provisions of the Information Privacy Act 2000 and the Health Records Act 2001. Your child's information will be collected and used in accordance with the Information Privacy Principles and Health Privacy Principles. Parents are able to access their child's information. Council has appointed a Privacy Officer to assist in the implementation of the legislation in addition to handling any enquiries. Council's Privacy Officer may be contacted at: privacy@maroondah.vic.gov.au

Confidentiality of enrolment records

Child Care must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 Part 4.7 Regulation 181 (a-e).

Lawful Authority Parents

Please ensure you:

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 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.



Our commitment to child safety

Maroondah Leisure Child Care Services are committed to child safety.

We want children to be safe, happy and empowered. We support and respect all children, as well as our staff and volunteers.

We are committed to the safety, participation and empowerment of all children.

We have zero tolerance of child abuse, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures.

We have legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.

Maroondah Leisure Child Care Services is committed to preventing child abuse and identifying risks early, and removing and reducing these risks.

Maroondah Leisure Child Care Services has robust human resources and recruitment practices for all staff and volunteers.

Maroondah Leisure Child Care Services is committed to regularly training and educating our staff and volunteers on child abuse risks.

We support and respect all children, as well as our staff and volunteers. We are committed to the cultural safety of Aboriginal children, the cultural safety of children from a culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability.

We have specific policies, procedures and training in place that support our leadership team, staff and volunteers to achieve these commitments.

If you believe a child is at immediate risk of abuse phone 000.

