

## 2016 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 prior to commencement of care, the following information is complete and up to date.**

Please notify the centre of any change of address, phone number or care arrangements - thank you.

### Information about the child/ren

Family Name	Given Name(s)	Preferred names	Date of Birth	M/F
1.				
2.				
3.				

Home Address			
Email Address			
Country of birth:		Languages spoken in the home:	
Is this child/ren of aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### Information about the child/ren's parents or guardians

<b>Parent 1/Guardian: (please circle)</b>			
Full Name:			
Address: <input type="checkbox"/> as per child/ren <b>OR</b>			Postcode:
Telephone:	Home:	Mobile:	Business:
R/ship to Child/ren:			<input type="checkbox"/> Male <input type="checkbox"/> Female
Does the child live with this Parent/Guardian?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

<b>Parent 2/Guardian: (please circle)</b>			
Full Name:			
Address: <input type="checkbox"/> as per child <b>OR</b>			Postcode:
Telephone:	Home:	Mobile:	Business:
Relationship to Child:			<input type="checkbox"/> Male <input type="checkbox"/> Female
Does the child live with this Parent/Guardian?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

### Family Health/Doctor/Medical Service

Name of Doctor/Medical Service:			
Address of Doctor/Medical Service:			Postcode:
Telephone:		Medicare Number:	
Maternal & Child Health (MCH) Centre:			

**Additional Authorised Nominees/Emergency Contacts (Apart from parent or guardian)**

I authorise the following persons to collect my child/ren from the service. There may be times when a child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations Child Care will attempt to notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness or to authorise administration of medication or medical treatment to the child.

**In the table below please list the details of those people you authorise to collect your child.**

This list may be added to or changed throughout the year. Any person who is unknown to staff will need to provide photo ID before collecting your child/ren. These contacts are also authorised to authorise an educator to take the child/ren outside of the premises if required.

<b>Full Name:</b>			
<b>Address:</b>			<b>Postcode:</b>
<b>Telephone:</b>	Home:	Mobile:	Business:
<b>Relationship to Child/ren:</b>			<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Full Name:</b>			
<b>Address:</b>			<b>Postcode:</b>
<b>Telephone:</b>	Home:	Mobile:	Business:
<b>Relationship to Child/ren:</b>			<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Full Name:</b>			
<b>Address:</b>			<b>Postcode:</b>
<b>Telephone:</b>	Home:	Mobile:	Business:
<b>Relationship to Child/ren:</b>			<input type="checkbox"/> Male <input type="checkbox"/> Female

**Court orders relating to the child**

Are there any **court orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child/ren or access to the child/ren?

No  go to the 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 court orders:
  - (a) change the powers of a parent/guardian to:
    - authorise the taking of the child/ren outside the Service by a staff member of the service;
    - consent to the medical treatment of the child/ren
    - request or permit the administration of medication to the child/ren
    - collect the child/ren from child care, AND / OR
  - (B) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

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## **Immunisation**

Under the 'No Jab, No Play' legislation which is effective from 1 January 2016 all children enrolling into an Early Childhood Service will have to 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](mailto: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 who has sighted the child's Immunisation History Statement:*

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               No       Yes

*Name of Educator at the children's service who has sighted the child's Immunisation History Statement:*

Name: \_\_\_\_\_ (Child Care Educator)

**Child 3 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 who has sighted the child's Immunisation History Statement:*

Name: \_\_\_\_\_ (Child Care Educator)

**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.

**Child 1 Name:** \_\_\_\_\_

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

If you have answered **yes** to any of the above questions please provide details.

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**Child 2 Name:** \_\_\_\_\_

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

If you have answered **yes** to any of the above questions please provide details.

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**Child 3 Name:** \_\_\_\_\_

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

If you have answered **yes** to any of the above questions please provide details.

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**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.

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### **Photography**

I give permission for my child/ren’s photo to be taken by staff to be used for:

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| -Child Care program documents, including observations and display boards.     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| -Council publications, including websites, e-communications and social media. | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

### **Sunscreen Protection**

The Cancer Council of Victoria recommends all children are protected by SPF 30+ sunscreen and wear sunsmart clothing including wide brimmed hats, as part of general skin-protection strategies from 1<sup>st</sup> September to 30<sup>th</sup> 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.

*I give permission for Child Care Educators to apply SPF 30+ sunscreen to my child/ren, which I have supplied, as required.*

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**Signature**

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**Date**

### **Declaration and Consent to Emergency Medical, Hospital, Ambulance and Dental Treatment**

I, \_\_\_\_\_ (print full name) a person with lawful authority of the *child/ren*, referred to in this enrolment form:

- declare that the information on this enrolment form is true and correct and undertake to immediately inform Child Care in the event of any change to this information;
- agree to collect or make arrangements for the collection of the *child/ren*, referred to in this enrolment form if he/she becomes unwell whilst in care;
- consent to the Proprietor or Educators at Child Care to seek medical treatment for the *child/ren*, from a medical practitioner, hospital or ambulance service.
- have read and understand Child Care Fee Policy, Terms and Conditions.

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**Signature**

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**Date**

## 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)

Please ensure you:

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

If a child is in nappies please ensure they arrive in a clean fresh nappy before your session starts

Where applicable please provide nappies, **water bottle**, hat or jacket depending on weather, spare change of clothes, sunscreen.

### Privacy Collection Statement Regarding Enrolment Form

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

*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.*