

# **2017 CHILD CARE ENROLMENT FORM**

| Fn | ro | lment | Date: |
|----|----|-------|-------|
|    |    |       | Date. |

|  | e child<br>Given    | Name(s)          | Pr              | eferred names  | _         | Date of   | M/F   |
|--|---------------------|------------------|-----------------|----------------|-----------|-----------|-------|
| Family Name                                    | Given               | ivaine(3)        |                 | ererreu mannes |           | Birth     | 101/1 |
|  |                     |                  |                 |                |           |           |       |
| Home Address                                   |                     |                  |                 |                |           |           |       |
| Email Address                                  |                     |                  |                 |                |           |           |       |
| Country of birth:                              |                     |                  | Languag         | es spoken in   | the home: |           |       |
| Is this child of aborigina                     | al or Torres Strait | Islander origin? | P □ No          | □ Y            | es        |           |       |
| Parent 1/Guardian:                             |                     |                  |                 |                |           |           |       |
| Full Name:                                     |                     |                  |                 |                |           |           |       |
| Address:  as per child OR                      |                     |                  |                 |                |           | Postcode: |       |
| Telephone:                                     | Home:               | Mobile:          |                 |                | Business: |           |       |
| R/ship to Child:                               |                     |                  | □ Male □ Female |                |           |           |       |
| Does the child live with this Parent/Guardian? | □ No                | □ No □ Yes       |                 |                |           |           |       |
| Parent 2/Guardian:                             |                     |                  |                 |                |           |           |       |
| Full Name:                                     |                     |                  |                 |                |           |           |       |
| Address:                                       |                     |                  |                 |                |           | Postcode: |       |
| ☐ as per child <b>OR</b>                       | Home:               | Mobile:          |                 |                | Business: |           |       |
| □ as per child <b>OR</b> Telephone:            |                     |                  |                 |                |           | 1.        |       |
| •  |                     |                  |                 | ☐ Male         | Fema      | ale .     |       |

| Name of                               |                  |     |
|---------------------------------------|------------------|-----|
| Doctor/Medical Service:               |                  |     |
| Address of Doctor/Medical Service:    | Postcoo          | de: |
| Telephone:                            | Medicare Number: |     |
| Maternal & Child Health (MCH) Centre: |                  |     |

I authorise the following persons to collect my child 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. They are also authorised to authorise an educator to take the child outside the education and care premises.

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. These contacts are also authorised to authorise an educator to take the child outside of the premises if required.

| Full Name:   |               |         |        |           |  |
|--|---------------|---------|--------|-----------|--|
| Address:   | Postcode:     |         |        |           |  |
| Telephone:   | Home:         | Mobile: |        | Business: |  |
| Relationship to Child:   |               | □ Male  |        | □ Female  |  |
|  |               |         |        |           |  |
| Full Name:   |               |         |        |           |  |
| Address:   | Postcode:     |         |        |           |  |
| Telephone:   | Home:         | Mobile: |        | Business: |  |
| Relationship to Child:   |               |         | □ Male | □ Female  |  |
|  |               |         |        |           |  |
| Full Name:   |               |         |        |           |  |
| Address:   | Postcode:     |         |        |           |  |
| Telephone:   | Home: Mobile: |         |        | Business: |  |
| Relationship to Child:   |               | □ Male  |        | □ 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 or access to the child?  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 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 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: |               |         |        |           |  |
|  |               |         |        |           |  |

## **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 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

# Please note however that The Rings is exempt from the legislation as the law <u>does not apply</u> to:

enrolment in primary or secondary school

children attending an outside school hours care service (after school care, before school care, vacation care)

enrolments of school children in long day care, family day care or occasional care

casual occasional care services that offer care of no more than 2 hours per day and no more than 6 hours per week (for example, crèches at gyms and shopping centres) playgroups.

If your child is immunised please complete details below:

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's Name:  |              |                     |                       |
|--|--------------|---------------------|-----------------------|
| Immunised currently up to date?                          | □ No         | □ Yes               |                       |
| Child at primary school?                                 | $\square$ No | □ Yes               |                       |
| Immunisation History Statement attached                  | $\square$ No | □ Yes               |                       |
| Medical exemption attached                               | □ No         | □ Yes               |                       |
| Catch up program attached                                | □ No         | □ Yes               |                       |
| Name of Educator at the children's service<br>Statement: |              | o organica are orma | ·                     |
| 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's 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 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) $\square$ No Does your child have any dietary restrictions □No □Yes If you have answered yes to any of the above questions, please provide details. If there is anything else that Child Care should know about your child (eg. Excessive fears, favourite activities, attending other early childhood services, etc. Nappy Cream I give permission for Maroondah Leisure Educators to apply nappy cream to my child when □No □Yes □ N/A required.

| I give permission for my child's photo to be taken by staff to be used for:  |              |                         |  |  |  |  |
|--|--------------|-------------------------|--|--|--|--|
| -Child Care program documents, including observations and display boardsCouncil publications, including websites, e-communications and social media.   | □ No<br>□ No | □ Yes                   |  |  |  |  |
|  |              |                         |  |  |  |  |
| Checklist  |              |                         |  |  |  |  |
| Families using the service for the first time must provide the children's supporting to the first day of attendance at Child Care.   | docume       | ents prior              |  |  |  |  |
| This includes but is not limited to, copies of:  |              |                         |  |  |  |  |
| <ul> <li>□ Immunisation History Statement or Medical Exemption attached</li> <li>□ Legal orders (where applicable)</li> <li>□ Asthma or Anaphylaxis Management plans (where applicable)</li> </ul>   |              |                         |  |  |  |  |
| ☐ Management plans for other medical conditions (where applicable)   |              |                         |  |  |  |  |
| Please ensure you:   |              |                         |  |  |  |  |
| □ Label all of your Child'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, Healthy snack (nut free), water bottle and a spare change of clothes  |              |                         |  |  |  |  |
|  |              |                         |  |  |  |  |
|  |              |                         |  |  |  |  |
| I, (print full name) a lawful authority of the <i>child</i> referred to in this enrolment form:  | a person     | with                    |  |  |  |  |
| <ul> <li>declare that the information on this enrolment form is true and correct and under immediately inform Child Care in the event of any change to this information;</li> <li>agree to collect or make arrangements for the collection of the <i>child</i> referred to form if he/she becomes unwell whilst in care;</li> <li>consent to the Proprietor or Educators at Child Care to seek medical treatment a medical practitioner, hospital, or ambulance service.</li> <li>In the case of an emergency and for training purposes I authorise the taking of the premises of the service by a staff member</li> </ul> | in this e    | enrolment<br>child from |  |  |  |  |
|  |              |                         |  |  |  |  |

Date

Signature

#### **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.

Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - 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.

## CHILD SAFE SERVICE

#### 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.