



CHILDCARE ENROLMENT FORM

Please note: It is essential that prior to commencement the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please notify the centre of any change of address, phone number or care arrangements.
Thank you for your cooperation.

LicId 13116
Enrolment
date:

Child Details

Child's First Name: _____ Surname: _____	
Home Address: _____ P/C: _____	
Date of Birth: ____/____/____ Sex: M / F Language(s) spoken at home: _____	
Is the child of Aboriginal and/or Torres Strait Islander descent? Yes / No	

Parent or Guardian Details

Mother's Full Name: _____ Country of Birth: _____	
Home Address: _____ P/C: _____	
Telephone: H _____ W _____ Mobile _____	
Does the child live with the mother? Yes No (Please circle)	
Email address: _____ Occupation: _____	

Father's Full Name: _____ Country of Birth: _____	
Home Address: _____ P/C: _____	
Telephone: H _____ W _____ Mobile _____	
Does the child live with the father? Yes No (Please circle)	
Email address: _____ Occupation: _____	

Court Orders Relating to the Child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No Proceed to the next page. Yes Please complete the following:-

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. a) If these orders affect the powers of a parent or guardian of the child to:
 - Authorise the taking of the child outside the service by a staff member of the services?
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication of the child;
 - Collect the child;
- b) Give these powers to someone else;

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

The Information Below Is Guardian Information – NOT EMERGENCY CONTACT INFORMATION

Guardian's Full Name (not emergency contact): _____	
Home Address: _____	
Telephone: H _____ W _____ Mobile _____	
Does the child live with the guardian? Yes No (Please circle)	

Emergency Contact Person other than parent

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations the children's service should notify the following person who is authorised to collect and care for the child. Identification must be produced on request from staff.

Name: _____
Address: _____
Telephone: H _____ W _____ Mobile _____
Relationship to the child: _____

Details of Other People who can collect the Child

Your consent is required for other people to collect the child from the children's service on your behalf, please list these details below.

In the event that the child is not collected and the parent/s or guardian/s cannot be contacted, the children's service will also use this list to arrange someone to collect the child. This list may be added to throughout the year. Identification must be produced upon request from staff.

Name: _____
Address: _____
Telephone: H _____ W _____ Mobile _____
Name: _____
Address: _____
Telephone: H _____ W _____ Mobile _____
Name: _____
Address: _____
Telephone: H _____ W _____ Mobile _____
Name: _____
Address: _____
Telephone: H _____ W _____ Mobile _____
Name: _____
Address: _____
Telephone: H _____ W _____ Mobile _____

Medical and Health Information

Name of Doctor/Medical Services: _____
Address: _____
Telephone: _____ Ambulance Subscription: Yes No
If the details of a medical practitioner are not listed above Outlets Co-operative Neighbourhood House Ltd shall nominate Complete Family Care as the Practise of your medical practitioner. The practise address is 471 Melbourne Rd Newport with the contact phone number of 9391 0033. If you do not approve of this nominated service please fill in your medical practitioner details accordingly. As part of our compliance with DHS all children's enrolment forms must have a nominated doctor service.
Name of Maternal Child Health Nurse/Centre _____
Does the child have an allergy, sensitivity, medical condition or needs (please indicate below and proceed to complete the next section: _____

Does the child have any allergy or anaphylaxis? Yes No (please circle)
Does your child have an auto injection device (epipen) Yes No (please circle)

If yes, the following management procedures are to be followed (a copy of the management plan must be attached):
***An individual management plan is required by this service and must be signed by the medical practitioner who is treating your child. It will be attached to this enrolment form. More information can be found at www.education.vic.gov.au/anaphylaxis**

Does the child have Asthma Yes No (Please circle)

If yes, the following management procedures are to be followed (a copy of the management plan must be attached):

Does the child have any other medical conditions and needs (eg epilepsy, diabetes, etc), which are relevant to the children's service?

Yes No (Please circle)

If yes, the following management procedures are to be followed (a copy of the management plan must be attached which has been signed by the medical practitioner treating your child):

Does the child have any dietary or cultural restrictions or sensitivities? Yes No (Please circle)

If yes the following restrictions apply: _____

Sunscreen Protection

In line with the Anti-Cancer Council of Victoria recommendations, the children's service suggests all children are protected by SPF 30+ sunscreen when exposed to sunlight. In conjunction with Outlets Co-operative Neighbourhood House's Sun Smart Policy, we ask that each parent apply SPF 30+ sunscreen to their child prior to their arrival at the children's service. Copies of our Sun Smart Policy are available on request.

Yes **reapply** SPF 30+ sunscreen, which I have supplied, to my child as required when going outside during September through to and including April or use the sunscreen supplied at the centre as outlined in the policy

No **do not** reapply SPF 30+ sunscreen to my child.

_____ **Print Name**

_____ **Signature**

_____ **Date**

Photograph Permission

From time to time Outlets Co-operative Neighbourhood House may require photographs be taken of children at the centre for promotional material relating to the centre. These photos may be used in such things as Newsletters, Reports, Displays and Newspapers.

By signing below your signature gives us permission to photograph and use these pictures as outlined above. Further, your signature hereto also states that you understand that only first names will be used in these publications (if at all) and all other personal information will be withheld.

If you wish for the inclusion of other details (such as age and surname or video footage to be used for the same purpose as mentioned above) you will give consent by providing a separate letter authorising the release of this information.

_____ **Print Name of Parent/Guardian**

_____ **Signature**

_____ **Date**

Confidential (Information for bodies which provide funding to this service)

From time to time DEECD (Office for Children and Early Childhood Development) seeks information on the characteristics of families who use this children's service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following:

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

Yes No

Does either parent have a disability?

Yes No

Is the family a single parent family?

Yes No

Please note that all names are kept confidential by the service and are not used for this purpose

Additional information which may be useful

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, etc) please provide details:

Immunisation Record

Has the child been immunised? Yes No (please circle)

Sighted by:

(Staff members position)

Date Sighted:

Declaration

I _____
Print Full Name

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

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's 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 s/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- In the event of an emergency/illness/accident, I consent to medical, hospital or ambulance services for my child if the centre is unable to contact parents or emergency contacts
- Have read, understand and agree to follow the fee payment structure and policies which are in place at the centre.

Signature:

Date:

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 relationship between 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 Service 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 control of the child.

Confidentiality of enrolment records

Outlets Co-operative Neighbourhood House Ltd acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in Outlets Co-op Neighbourhood House's children's service, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians and the child enrolled in the program. By completing this form Outlets Co-op accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are Outlets Co-operatives authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and Outlets Co-operative Neighbourhood House's Privacy Policy. Outlets will ensure this information is not divulged to another person unless necessary for the care or education of your child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed by the Childrens Service Regulations 2009 (reg 35(1) (d-e))