

ENROLMENT DETAILS**Outlets Co-operative Ltd****Enrolment Date:** _____**LicId 10171, LicId 9798 LicId 3944**

This form must be completed by a parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is contained at the end of this form. Questions marked with an asterisk * are not required by the Children's Services Regulations 1998, but you are encouraged to answer these assist in providing relevant children services.

Information about the CHILD

Family Name: _____	Date of Birth: _____	*Sex: M <input type="checkbox"/>	F <input type="checkbox"/>
		(Please tick)	
Given Name: _____	Usually called: _____		
Home Address: _____			
Language(s) spoken in the home: _____			
*Is the child of Aboriginal and / or Torres Strait Islander descent?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
(Please tick)			

Information about the child's parents or guardians

Mother	Father
Name _____	Name _____
Address – as per child or: _____	Address – as per child or: _____
Telephone / s (H) _____ (W) _____	Telephone / s (H) _____ (W) _____
(Mobile) _____	(Mobile) _____
Does the child live with the mother? <input type="checkbox"/> Yes <input type="checkbox"/> (Please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please tick)

Guardian (if applicable)	Guardian (if applicable)
Name _____	Name _____
Address – as per child or: _____	Address – as per child or: _____
Telephone / s (H) _____ (W) _____	Telephone / s (H) _____ (W) _____
(Mobile) _____	(Mobile) _____
Does the child live with his guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please tick)	Does the child live with his guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please tick)

Other persons to be notified

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorized to collect and care for the child.

Name _____	Name _____
Address _____	Address _____
Telephone / s (H) _____ (W) _____	Telephone / s (H) _____ (W) _____
(Mobile) _____	(Mobile) _____
Relationship to child _____	Relationship with child _____

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Collecting the child from the children's service

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child

Details of people who can collect the child.

(This list may be added to or changed throughout the year.)

Name	Name
Address	Address
Telephone / s (H) (W)	Telephone / s (H) (W)
(Mobile)	(Mobile)

Name	Name
Address	Address
Telephone / s (H) (W)	Telephones / s (H) (W)
(Mobile)	(Mobile)

Name	Name
Address	Address
Telephone / s (H) (W)	Telephone / s (H) (W)
(Mobile)	(Mobile)

Name	Name
Address	Address
Telephone / s (H) (W)	Telephone / s (H) (W)
(Mobile)	(Mobile)

Name	Name
Address	Address
Telephone / s (H) (W)	Telephone / s (H) (W)
(Mobile)	(Mobile)

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 (go to the next section)

Yes (Please complete the following):

Bring the original court order / s for staff to see and a copy to attach to this enrolment form;

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 the medication to the child;*
- *collect the child, AND / OR*

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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Child's medical and health information	
Doctor / Medical Service: _____	Telephone _____
Address Doctor/Medical Service: _____	
MCH Contact Name & Center: _____	Telephone: _____
Does the child have any allergy or sensitivity? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If Yes, the following management procedures are to be followed (or copy of the management plan is attached):	
Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc) which are relevant to the children's service? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please tick)	
If yes, the following management procedures are to be followed (or a copy of the management plan is attached):	
Does the child have any dietary restrictions? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please tick)	
If yes, the following restrictions apply:	

Child's immunization record

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

If yes, provide the details by:

- attaching a copy of the Immunization Record from the Child Health Record book OR
- attaching a copy of the Immunization Record print out from local government OR
- Completing the table below using the child's Immunization Record to provide the dates of the immunizations received.

Immunization	2 Months	4 Months	6 Months	12 Months	18 Months	4-5 Years
<i>DTPw</i> (Diphtheria / Tetanus / Pertussis)						
<i>DTPa</i> (Diphtheria / Tetanus / Pertussis)						
<i>OPV</i> (Oral Polio vaccine – Sabin)						
PRIORITX <i>MMR</i> (Measles, Mumps, Rubella)						
<i>Hib</i> (PedvaxHIB / HibTITER)						

You may have also purchased additional immunisation for the child. If so, Please provide the dates these have been given:

Hepatitis B (Three injections)	1:	2:	3:
Childhood Pneumococcal Vaccine			
Chicken Pox			

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*** Information for bodies which provide funding to this service**

From time to time the Department of Human Services 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 questions:

* Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No Yes (Please tick)

* Does either parent have a disability? No Yes (Please tick)

* Is the family a single parent family? No Yes (Please tick)

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 children's service in the event of any change to this information;
- Agree to collect or make arrangements for 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 unable to contact parent/s or emergency contacts.

I give the care provider permission to contact a Doctor / Hospital in an emergency.

PARENTS 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 Childrens Services Regulations 1998 refer to these powers and responsibilities as "lawful authority". It is not affected by 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 Childrens 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 control of the child.

All information collected in the form will be for the purpose as advised for internal use only and as required to supply appropriate care to child mentioned on enrolment for as per the **Information Privacy Act 2000**.