



A parent or guardian who has the lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children’s services may use this form to collect the child’s enrolment information as required in regulations 31 to 35. *Questions marked with an * are not required by the regulations, but you are encouraged to answer these to assist the service in caring for your child.*

2019 ENROLMENT FORM

Please indicate which session/s you wish to book your child in to:

BEFORE SCHOOL CARE: MON TUE WED THU FRI

AFTER SCHOOL CARE: MON TUE WED THU FRI

Child’s Surname _____
 First Name _____
 *Preferred Name _____
 Address _____
 _____ State _____ Post Code _____

Date of Birth ___ / ___ / ___ Age _____ *Gender: Male Female

Language(s) spoken in the home: _____

Cultural background _____

Does the child have any cultural or religious practices you wish the educators to consider?

YES NO

Please provide Details:

*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

- No, not Aboriginal or Torres Strait Islander
- Yes, Aboriginal
- Yes, Aboriginal and Torres Strait Islander
- Yes, Torres Strait Islander

School Attending _____ *Year Level _____ *Teacher _____

Is there is anything that the children’s service should know about the child? (e.g. excessive fears, likes/dislikes, favourite activities, attending other early childhood services or early intervention service etc)

PARENT/GUARDIAN INFORMATION

Name _____

Relationship to child _____

Phone (H) _____ (W) _____

Mobile _____

Email: _____

Occupation: _____

Place of work: _____

Do you have any interests, hobbies, skills, or career you would like to share with us? _____

Cultural Background _____

Name _____

Relationship to child _____

Phone (H) _____ (W) _____

Mobile _____

Email: _____

Occupation: _____

Place of work: _____

Do you have any interests, hobbies, skills, or career you would like to share with us? _____

Cultural Background _____

Child resides with (*please tick appropriate box*)

Both Parents

Mother

Father

Guardian

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 the staff to see **and attach a copy to this form.**
2. If these orders:
 - a. change the powers of the parent/guardian to:
 - i. authorise the taking of the child outside the service by a staff member of the of the service;
 - ii. in the case of family day care service, the taking of the child outside the family day carer's residence or family day care venue by a family day carer,
 - iii. consent to the medical treatment of the child;
 - iv. request or permit the administration of medication to the child;
 - v. collect the child from the service or family day care, AND/OR
 - b. give these powers to someone else, please describe the changes and provide the contact details of any person given these powers:

EMERGENCY CONTACTS AUTHORISED TO COLLECT YOUR CHILD (NOT PARENTS/GUARDIAN)

Other persons to be notified

In the unlikely event of an accident, injury, trauma or illness where the parents or guardians cannot be contacted, children's service should notify one of the following people who are authorised to collect and care for the child after an accident, injury, trauma or illness.

(Maximum of 30 minutes from the service)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Home _____ Work _____	Phone: _____ Home _____ Work _____
Mobile _____	Mobile _____
Relationship to Child _____	Relationship to Child _____
<input type="checkbox"/> Authorised to collect <input type="checkbox"/> Administration of medication and medical treatment <input type="checkbox"/> Authorised staff to take off premises <input type="checkbox"/> Authorised Nominee	<input type="checkbox"/> Authorised to collect <input type="checkbox"/> Administration of medication and medical treatment <input type="checkbox"/> Authorised staff to take off premises <input type="checkbox"/> Authorised Nominee
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Home _____ Work _____	Phone: _____ Home _____ Work _____
Mobile _____	Mobile _____
Relationship to Child _____	Relationship to Child _____
<input type="checkbox"/> Authorised to collect <input type="checkbox"/> Administration of medication and medical treatment <input type="checkbox"/> Authorised staff to take off premises <input type="checkbox"/> Authorised Nominee	<input type="checkbox"/> Authorised to collect <input type="checkbox"/> Administration of medication and medical treatment <input type="checkbox"/> Authorised staff to take off premises <input type="checkbox"/> Authorised Nominee

CHILD'S HEALTH INFORMATION

Name Doctor/Medical Service: _____ Phone: _____

Address Doctor/Medical Service: _____

Medicare number: _____

Ambulance Cover? YES NO

Private Health? YES NO

*Maternal & Child Health (MCH) Centre: _____

Does your child have a health record? YES NO **If yes**, please provide to the service for sighting.

Child health record means a record that documents a child's health and development assessments and immunisations.

CHILD'S MEDICAL INFORMATION

Does your child have specific needs? YES NO

If YES please provide details of any special needs and any management procedure to be followed with respect to the special need.

Does your child have any other medical conditions? (E.g. asthma, epilepsy, diabetes etc that are relevant to the care of your child) YES NO

If YES please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

Does your child have any dietary restrictions? YES NO

If yes, the following restrictions apply:

Does your child have an allergies or sensitivity? YES NO

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does the child have any cultural or religious beliefs you wish the educators to consider?

YES

NO

Please provide Details:

ANAPHYLAXIS

Has your child been diagnosed as at risk of anaphylaxis? YES NO

Does your child have an auto injection device (EpiPen)? YES NO

Has the anaphylaxis medical management plan been provided to the service YES NO

Has a risk management plan been completed by the service in consultation with you? YES NO

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual management plan for your child, signed by the medical practitioner who is treating your child. This will be attached to your child's enrollment form. More information is available at www.education.vic.gov.au/anaphylaxis.

CHILDS IMMUNISATION RECORD

Has your child been immunised? YES NO

If yes, provide the details by:

- Attaching a copy of the Immunisation Record printout from local government, OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register.

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 OHSC service in the event of any change to this information.

- Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service.

- Consent to the staff of the OHSC service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OHSC service.

Signature: _____

Date: ____ / ____ / ____

PHOTOGRAPHIC CONSENT

I give authorisation for my child to be photographed by staff members and that these photos can be used in the service only (eg. may be used for displays on the wall, OHSC and individual scrapbooks).

YES NO

I give authorisation for my child to be photographed by staff members and that these photos may be used for promotional material for the service.

YES NO

I give authorisation for my child to be photographed and/or videotaped in the event of media reportage

YES NO

Signature: _____

Date: ____ / ____ / ____

MEDIA VIEWING

I give authorisation for my child to view media programs with “G” and “PG” ratings.

YES NO

Signature: _____

Date: ____ / ____ / ____

SUNSCREEN CONSENT

I give authorisation for my child to have 30+ sunscreen applied as per the service’s Sun Smart Policy.

YES NO

Signature: _____

Date: ____ / ____ / ____

POLICY AND PHILOSOPHY STATEMENT

I agree to abide by all policy and philosophy guidelines of the service.

YES NO

Signature: _____ Date: ____ / ____ / ____

BOOKINGS AND FEES

- I acknowledge that the full fees will be charged should NO notification of absence be given when my child/children are absent from either session for which they are booked.
- I acknowledge the Out School Hours Care cancellation policy and agree to give the prescribed notice periods that are required for any cancellation to my child/children's booking as per the Parent handbook.
- I understand that it is my responsibility to notify Out of Hours School Care of any changes to booking details.
- I agree to pay the scheduled fees for my child/children's bookings as per the Parent Handbook.
- **I understand that my child/children's care may be suspended if regular payments are not made or if my account is in arrears for longer than four weeks as per the Parent Handbook.**
- I understand that if my debt is six weeks outstanding, my child/children will be excluded from the service. A debt recovery agency will be used to recover monies owing and that it is my responsibility to pay any charges associated with the debt recovery.

Signature: _____ Date: ____ / ____ / ____

Confidentiality of enrolment records

The proprietor of the children's service must ensure that the 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 Children's Services Regulations 2009 (regulation 35(1)(d-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 Service Regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the 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 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.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

PRIVACY NOTIFICATION

The service named uses the enrolment form to collect personal information for the purpose of the service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of the Vacation Care Program and meet any costs incurred. I authorise the Coordinator/Acting Coordinator in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the program staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either myself or an authorised person shall collect the child as soon as practical.

I give permission for my child/children to attend either a 'G' or 'PG' rated movie when attending Vacation Care under the supervision of Staff.

I give permission for my child to have their photo taken whilst attending Out of School Care.

Signature: _____

Date: ____ / ____ / ____