

Occasional Care Child Enrolment Form

Yarraville Community Centre 2011



A parent or guardian who has 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. The licensed children's services must collect the child's enrolment information in this form, as required by the Children's Services Regulations 1998 (Regulations). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist in providing relevant children services.

Enrolment Date: _____

Information about your child

Family Name: _____

Given Names: _____

Usually Called: _____

Date of Birth: _____

Sex: Male Female

Home Address: _____

Language(s) spoken in the home: _____

*Is your child of Aboriginal and/or Torres Strait Islander origin?

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

*Does your child have a developmental delay or disability, including intellectual, sensory or physical impairment? No Yes

Information about the child's parents or guardians

Mother Name:

Address - as per child or: _____

Telephone/s: H _____

W _____

Mobile _____

Email: _____

Does the child live with the mother? _____

No Yes

Guardian Name (if applicable):

Address - as per child or: _____

Telephone/s: H _____

W _____

Mobile _____

Does the child live with this guardian? _____

No Yes

Father Name:

Address - as per child or: _____

Telephone/s: H _____

W _____

Mobile _____

Email: _____

Does the child live with the father? _____

No Yes

Guardian Name (if applicable):

Address - as per child or: _____

Telephone/s: H _____

W _____

Mobile _____

Does the child live with this guardian? _____

No Yes

Other persons to be notified

There may be times when your 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 authorised to collect and care for your child after accident, injury, trauma or illness

1. Name _____

Address _____

Telephone/s: H _____

W _____

Mobile _____

Relationship to child _____

59 Francis Street
Yarraville
Victoria 3013
--
PO Box 215
Yarraville 3013
Phone 9687 1560
Fax 9687 1166
yarracc@ycc.net.au
www.ycc.net.au



2. Name _____
 Address _____
 Telephone/s: H _____ W _____ Mobile _____
 Relationship to child _____

Any court orders relating to your 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:**

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form;
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorise the taking of your child outside the service by a staff member of the service;
 - consent to the medical treatment of your child;
 - request or permit the administration of medication to your child;
 - collect your child, AND/OR
 - b) give these powers to someone else,

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

Details of people who can collect your child.

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

Your consent is required for other people to collect your child from the children’s service on your behalf. Please list the details of those people who can collect your child below. In the event that your 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 your child.

1. Name: _____
 Address: _____
 Telephone/s: H _____ W _____ Mobile _____

2. Name: _____
 Address: _____
 Telephone/s: H _____ W _____ Mobile _____

3. Name: _____
 Address: _____
 Telephone/s: H _____ W _____ Mobile _____

4. Name: _____
 Address: _____
 Telephone/s: H _____ W _____ Mobile _____

5. Name: _____
 Address: _____
 Telephone/s: H _____ W _____ Mobile _____

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6. Name: _____

Address: _____

Telephone/s: H _____ W _____ Mobile _____

7. Name: _____

Address: _____

Telephone/s: H _____ W _____ Mobile _____

8. Name: _____

Address: _____

Telephone/s: H _____ W _____ Mobile _____

Health information

Name Doctor/Medical Service: _____

Telephone: _____

Address Doctor/ Medical Service: _____

*Maternal & Child Health (MCH) Centre: _____

Does your child have a child health record? No Yes

Child's immunisation record

Has the child been immunised No Yes

If yes provide the details by:

- attaching a copy of the immunisation Record from the Child Health Record book OR
- attaching a copy of the immunisation Record printout from Local Government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register

If yes, please provide to the service for sighting.

Name and position of person at the children's service who has sighted the child's health record:

Name: _____ Position: _____

Does your child have any special needs? No Yes

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

Anaphylaxis

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 medical management plan been provided to the service?

No Yes

Has a risk management plan been completed by the service in consultation with you?

No Yes

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 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.

More information is available at www.education.vic.gov.au/anaphylaxis

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Does the child have any allergy or sensitivity? No Yes

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

Does the child have medical conditions and needs (e.g. epilepsy, diabetes, etc.), which are relevant to the children’s service? No Yes

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

Does the child have any dietary restrictions? No Yes

If yes, the following restrictions apply:

***Other Information**

If there is anything else that the children’s service should know about your child (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc) this is as follows:

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 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.

Signature: _____ Date: _____

Authority for YCC. OCC staff to apply sunscreen supplied by YCC:

I _____ (name of parent/guardian)

give permission for OCC staff to apply as appropriate SPF 30+ broad spectrum, water resistant sunscreen to all exposed body parts of

_____ (name of child)

Signed: _____ Date: _____

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Authority for YCC. OCC staff to apply sunscreen supplied by Parent/Guardian:

I _____ (name of parent/guardian)

give permission for the OCC staff to apply as appropriate to all exposed body parts of my child, the sunscreen I have supplied, and labeled with my child’s name. It is my responsibility to ensure there is always an adequate supply of this sunscreen at YCC
OCASSIONAL CHILD CARE for

_____ (name of child)

Signed: _____ Date: _____

Authority for YCC. OCC Staff to apply Band-Aids supplied by YCC:

I _____ (name of parent/guardian)

give permission for the YCC. OCC staff to apply band aids to if required.

_____ (name of child)

Signed: _____ Date: _____

Photographs Consent

Photographs of the children at play are sometimes taken.

Are you willing to have your child’s photo taken?

- a. for display at the centre Yes No
- b. for publicity and promotion Yes No
- c. publicity and promotion on Centres homepage Yes No

Child’s Name: _____ Parents Name: _____

Signed: _____ 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 Service Regulations 1998 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.

Privacy

Yarraville Community Centre only collects information when reasonable and necessary for a providinga service or program. We are also required by law to hold this information for a certain period of timefor auditing purposes by funding bodies

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