

# OCCASIONAL CHILD CARE AND PRE SCHOOL KIDS ENROLMENT FORM

## Yarraville Community Centre 2017



**Enrolment Date:**

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.

### Information about your child

Family Name: <input style="width: 150px;" type="text"/>	Date of Birth: <input style="width: 50px;" type="text"/>	*Sex <input type="checkbox"/> M <input type="checkbox"/> F <small>(Please tick)</small>
Given Names: <input style="width: 150px;" type="text"/>	Usually Called: <input style="width: 100px;" type="text"/>	
Home Address: <input style="width: 300px;" type="text"/>		
Language(s) spoken in the home: <input style="width: 150px;" type="text"/>		
* Is your child of Aboriginal and/or Torres Strait Islander origin? (please tick)		
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander	
Email: <input style="width: 500px;" type="text"/>		

### Information about the child's parents or guardians

Parent <input type="checkbox"/> Guardian <input type="checkbox"/>	Parent <input type="checkbox"/> Guardian <input type="checkbox"/>
Name <input style="width: 150px;" type="text"/>	Name <input style="width: 150px;" type="text"/>
Address - as per child or: <input style="width: 250px;" type="text"/>	Address - as per child or: <input style="width: 250px;" type="text"/>
Telephone/s (H) <input style="width: 80px;" type="text"/> (W) <input style="width: 80px;" type="text"/>	Telephone/s (H) <input style="width: 80px;" type="text"/> (W) <input style="width: 80px;" type="text"/>
(Mobile) <input style="width: 100px;" type="text"/>	(Mobile) <input style="width: 100px;" type="text"/>
Does the child live with this Parent? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this Parent? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

### CONFIDENTIAL

#### 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:

**CONFIDENTIAL**



**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. Emergency contact will be in numerical order.

1. Name <input type="text"/> Address <input type="text"/> Telephone/s (H) <input type="text"/> (W) <input type="text"/> (Mobile) <input type="text"/>	3. Name <input type="text"/> Address <input type="text"/> Telephone/s (H) <input type="text"/> (W) <input type="text"/> (Mobile) <input type="text"/>
2. Name <input type="text"/> Address <input type="text"/> Telephone/s (H) <input type="text"/> (W) <input type="text"/> (Mobile) <input type="text"/>	4. Name <input type="text"/> Address <input type="text"/> Telephone/s (H) <input type="text"/> (W) <input type="text"/> (Mobile) <input type="text"/>

**Health information**

On the 1<sup>st</sup> of January 2016, the 'No Jab, No Play' legislation commenced. All children enrolling in early childhood education and care services need to be up to date with their vaccinations or have an approved medical exemption signed by their Doctor.

Name Doctor/Medical Service:

Telephone:

Address Doctor/ Medical Service:

\*Maternal & Child Health (MCH) Centre:

Does your child have a child health record? No  Yes  (please tick)

**Child's immunisation record**

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

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.

If No, please provide an approved exemption

**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  (please tick)

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

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 and colour photograph of 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](http://www.education.vic.gov.au/anaphylaxis)

Does the child have any allergy or sensitivity? No  Yes  (please tick)

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

Three empty rectangular boxes for management procedures.

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

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

Three empty rectangular boxes for management procedures.

Does the child have any dietary restrictions? No  Yes  (please tick)

If yes, the following restrictions apply:

Two empty rectangular boxes for dietary restrictions.

**\*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:

Three empty rectangular boxes for other information.

**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 box

Signature

Date box

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 providing a service or program. We are also required by law to hold this information for a certain period of time for auditing purposes by funding bodies.

**AUTHORITY FOR YCC CHILD CARE STAFF TO APPLY SUNSCREEN**

a) Authority for YCC OCC Staff to apply sunscreen:

I  give permission for the YCC OCC staff to apply as appropriate SPF 30+ broad spectrum, water resistant sunscreen to all exposed body parts of  (Name of child)

Supplied by centre  Supplied by parent  (Please select)

Signed:  Date:   
(Signature of parent/guardian)

**AUTHORITY FOR YCC CHILD CARE STAFF TO APPLY BANDAIDS**

b) Authority for YCC OCC Staff to apply Band-Aids (supplied by YCC):

I  give permission for the YCC OCC staff to apply band aids to  (name of child) if required.

Signed:  Date:   
(Signature of parent/guardian)

**PHOTOGRAPHS CONSENT FORM**

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 YCC website and social media pages:  Yes  No

Child's Name:

Parents Name:

Signature:  Date:

**AUTHORITY FOR YCC CHILD CARE STAFF TO APPLY NAPPY CREAM**

c) Authority for YCC OCC Staff to apply nappy cream (supplied by parent):

I  give permission for the YCC OCC staff to apply nappy cream  (name of child) if required.

Medicated cream must be recorded on the YCC medical management form.

Signed:  Date: