

Occasional Care and Pre-School Enrolment Forms

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).

Date of Enrolment: _____

Child's details

Family name: _____ Given names: _____

Preferred name: _____ Sex: Male Female Date of birth: _____

Address: _____

Suburb: _____ Postcode: _____

Cultural background: _____ Language/s spoken at home: _____

Is your child of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

Parent/guardian's details

Full name: _____ Parent/guardian's date of birth: _____

Parent's occupation: _____

Relationship to child: _____ Email address: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Does the child live with this parent/guardian? Yes No refer to court orders or plans relating to the child

Parent/guardian's details

Full name: _____ Parent/guardian's date of birth: _____

Parent's occupation: _____

Relationship to child: _____ Email address: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Does the child live with this parent/guardian? Yes No refer to court orders or plans relating to the child below.

Court orders or plans relating to the child

Are there any court orders, parenting orders or parenting plans 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 orders/plans for staff to see and a **copy to attach to this enrolment form** if these orders:

- a. Affect or 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 medication to the child;
 - collect the 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.

Do you want YCC newsletters and updates emailed?

Yes No

Collecting child from the service — authorised nominee.

Your consent is required for other people (over the age of 16) to collect the child from the children’s service on your behalf. Please list the details of those people who can collect the child below. In the event that the child is not collected and the parent/guardian cannot be contacted, these people will be contacted to arrange to collect the child. These details can be changed throughout the year.

1. Full name: _____ Relationship to child: _____
Address: _____
Mobile: _____ Home phone: _____

Permission given to authorize administration of Medication: Y/N

Permission given to authorize medical treatment: Y/N

Permission given to take child from premises: Y/N

2. Full name: _____ Relationship to child: _____
Address: _____
Mobile: _____ Home phone: _____

Permission given to authorize administration of Medication: Y/N

Permission given to authorize medical treatment: Y/N

Permission given to take child from premises: Y/N

3. Full name: _____ Relationship to child: _____
Address: _____
Mobile: _____ Home phone: _____

Permission given to authorize administration of Medication: Y/N

Permission given to authorize medical treatment: Y/N

Permission given to take child from premises: Y/N

4. Full name: _____ Relationship to child: _____
Address: _____
Mobile: _____ Home phone: _____

Permission given to authorize administration of Medication: Y/N

Permission given to authorize medical treatment: Y/N

Permission given to take child from premises: Y/N

Medical and health information

Name of child’s doctor/medical centre: _____

Phone: _____ Address: _____

Suburb: _____ Postcode: _____

Maternal and Child Health (MCH) Centre: _____

Has the child been immunised? Yes No If no, the child cannot attend until immunisation is up to date.

Please attach the child’s Medicare Immunisation Statement attached. Attached

Medicare Number: _____ Childs Ref: _____

Name of educator sighting the child’s immunisation statement: Name: _____

Position: _____ Date: _____

1. **Does your child have asthma?** Yes No

If yes, please attach a coloured copy of the asthma management plan. Attached

2. **Does your child have anaphylaxis?** Yes No

If yes, please attach a coloured copy of the anaphylaxes management plan. Attached

3. **Does your child have any allergies or sensitivity?** Yes No

If yes, please attach a coloured copy of the management plan. Attached

4. **Does your child have any medical conditions/needs?(epilepsy, diabetes, convulsions)** Yes No

If yes, please attach a coloured copy of the management plan. Attached

5. **Does your child have any dietary requirements?** Yes No

If yes, please confirm what the dietary restrictions are:

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

Yes No If yes, please comment: _____

Other information

Is there anything else that the children’s service should know about the child? (Eg. excessive fears, favourite activities, attending other early childhood services or early intervention service etc.)

Please indicate festivals your family celebrates and/or list any culture/religious practices that the educators should be aware of:

Parent involvement in the children’s programs is welcomed. What skills or interests could you share?

How did you hear about us?

- Facebook
- Instagram
- Word of mouth
- Maternal Health Nurse
- Flyer
- Internet Search
- Blog/Article
- Other YCC Service
- Local knowledge
- Other _____

Authority to apply the following products

I/we give permission for Yarraville Community Centre Occasional Child Care staff to apply the following products to my child if required:

SPF 50+ broad spectrum sunscreen supplied by YCC Sunscreen supplied by parent

Band-Aids supplied by YCC

Nappy Cream supplied by parent

Child's Name: _____ Signature: _____ Date: _____

Consent to photograph

I/we give permission for Yarraville Community Centre Occasional Child Care staff to take photographic images of my child/children to be used:

- to be taken Yes No
- for display at the centre: Yes No
- for sharing with child's friends at YCC Yes No
- publicity and promotion on YCC website and social media pages Yes No

Child's Name: _____ Signature: _____ Date: _____

Terms and conditions including consent to emergency medical treatment

I/we acknowledge that the acceptance of my/our child for admission to child care offered by Yarraville Community Centre Occasional Care/3 year old preschool program is subject to the following conditions:

I/we, _____ and _____

(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 services 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 services 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;
- consent to the transportation of the child by an ambulance service and that I will reimburse any expenses incurred by the children's service;
- understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the child care premises under the direction and supervision of staff;
- have read the requirements pertaining to the provision of child care in YCC *Occasional Childcare and Three Year Old Preschool Handbook*;
- acknowledge that I/we fully understand and agree to abide by all conditions appearing in this enrolment form and in Yarraville Community Centre's Practices and Procedures and *Occasional Childcare and Three Year Old Preschool Handbook*.

Signature: _____ Date: _____

Signature: _____ Date: _____

Information privacy

The personal information requested is required primarily for the provision of the child care service referred to on this form and will only be shared with those directly responsible for providing that service. Some of the information requested on this form is mandated by the Education and Care Service National Law. If you do not provide the information, we may not be able to deliver the service. If you would like to know more about privacy at, including your right to seek access to any information collected on this form, please see Yarraville Community Centre's privacy policy at www.ycc.net.au or contact the centre on 9687 1560.

I have read and understood the information privacy statement outlined above.

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.