

# 2019 Childcare

# **Enrolment Form**



Ш	Occasional Care
	2 ½ Plus Year Old Activity Group
	3 Year Old Activity Group
Chil	d's Name:
Child's Date of Birth:	
<u>Pare</u>	ent/Guardian Contact Details
Nan	ne:
Pho	ne:
Ema	ail:

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. 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 asterisk \* are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

Relationship to child

Information about the child		
	th:*Sex: M☐ F☐ (please tick)	
Language(s) spoken in the home:		
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)  No, not Aboriginal or Torres Strait Islander  Yes, Aboriginal and Torres Strait Islander  Yes, Torres Strait Islander		
*Does the child have a developmental delay or disal impairment?	bility including intellectual, sensory or physical  No	
Information about the child's parents or guardia	ns	
Parent	Parent	
Name	Name	
Address - as per child or:	Address - as per child or:	
Telephone/s	Telephone/s	
(H) (W)	(H) (W)	
(Mobile)	(Mobile)	
Does the child live with this parent?  No ☐ Yes☐ (please tick)	Does the child live with this parent?  No  Yes  (please tick)	
Guardian (if applicable)	Guardian (if applicable)	
Name	Name	
Address - as per child or:	Address - as per child or:	
Telephone/s	Telephone/s	
(H) (W)	(H) · (W)	
(Mobile)	(Mobile)	
Does the child live with this guardian?  No ☐ Yes☐ (please tick)	Does the child live with this guardian? No ☐ Yes ☐ (please tick)	
NO   1 es   (piease tick)	No   Tes   (blease tick)	
Other persons to be contacted in the event of an accident, injury or illness  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 authorised to collect and care for the child after accident, injury, trauma or illness.		
Name	Name	
Address	Address	
Telephone/s	Telephone/s	
(H) (W)	(H) (W)	
(Mobile)	(Mobile)	

Relationship to child

Details of people who you authorise to collect your child
Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year.

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.

Name		Name	
Address		Address	
Telephone/s (H)	(W)	Telephone/s (H)	(W)
(Mobile)		(Mobile)	
Relationship to child		Relationship to child	
Name		Name	
Address		Address	
Telephone/s (H)	(W)	Telephone/s (H)	(W)
	(**)	` ,	(**)
(Mobile) Relationship to child		(Mobile) Relationship to child	
Relationship to child		Relationship to child	
Name		Name	
Address		Address	
Telephone/s	44.0	Telephone/s	
(H)	(W)	(H)	(W)
(Mobile)		(Mobile)	
Relationship to child		Relationship to child	

#### Court orders relating to the child

Ocur orders reading to the crima		
Are there any <b>court orders</b> 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 <b>original</b> court order/s for staff to see and a copy to attach to this enrolment form;		
<ul> <li>2. If these orders: <ul> <li>a) change the powers of a parent/guardian to: <ul> <li>authorise the taking of the child outside the service by a staff member of the service;</li> <li>in the case of a 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,</li> <li>consent to the medical treatment of the child;</li> <li>request or permit the administration of medication to the child;</li> <li>collect the child from the service or family day care,</li> <li>AND/OR</li> </ul> </li> <li>b) give these powers to someone else,</li> </ul></li></ul>		
please describe these changes and provide the contact details of any person given these powers:		

### Child's medical information

Name of Doctor/Medical Service:	Telephone:	
Address of Doctor/Medical Service:		
*Maternal & Child Health (MCH) Centre:		
Does your child have any special needs?	No ☐ Yes ☐ (please tick)	
If yes please provide details of any special needs and any man respect to the special need.	agement procedure to be followed w	
Does your child have any allergies or sensitivity?	No ☐ Yes ☐ (please tick)	
<b>If yes</b> please provide details of any allergies and any management the allergy.	nent procedure to be followed with re	spect to
Anaphylaxis		
Has your child been diagnosed at risk of anaphylaxis?  Does your child have an auto injection device (eg EpiPen®)?  Has the anaphylaxis medical management plan been provided that a risk management plan been completed by the service in the service	to the service? No $\square$ Ye	es es es es es
In the case of anaphylaxis you will be provided with a copy of the service be required to provide the service with an individual medical managem practitioner who is treating your child. This will be attached to your child	ent plan for your child signed by the med	
Other medical conditions		
Does your child have any other medical conditions? (eg asthmathe care of your child)	a, epilepsy, diabetes etc that are rele No  Yes (please tick)	
In the case of asthma you will be provided with a copy of the service's required to provide the service with an individual medical management practitioner who is treating your child. This will be attached to your child	t plan for your child signed by the medica	ıl
If yes please provide details of any medical condition and any nespect to the medical condition.	management procedure to be followe	ed with
Dietary restrictions		
Does your child have any dietary restrictions? No Yes	(please tick)	
If yes, the following restrictions apply:		

### Child's immunisation record

Under the 'No Jab, No Play' legislation, before enrolling a child, early childhood education and care services must first obtain evidence that the child is up to date with all vaccinations that are due for their age, or that they are able to receive.
An Immunisation History Statement from the Australian Immunisation Register (AIR) is the only form of documentation accepted for the purpose of enrolling in an early childhood education and care service.
You can obtain a copy of your child's Immunisation History Statement from your myGov account or you can call the AIR on 1800 653 809 or visit a Medicare or Centrelink office.
Families who do not hold a Medicare card must call the AIR to request an Immunisation History Statement.
Have you provided the service with a copy of your child's Immunisation History Statement?
No ☐ Yes ☐ (please tick)
*Other information
If there is anything else that the children's service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)
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,
<ul> <li>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;</li> </ul>
<ul> <li>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;</li> </ul>
<ul> <li>consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.</li> </ul>
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 Children's Services Regulations 2009 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.

#### Confidentiality of enrolment records

Williamstown Community and Education Centre Inc. (WCEC) ensures that 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' Services Regulations 2009 (regulation 35(1) (d-e)).

### **Privacy Statement**

WCEC respects your right to information privacy. WCEC complies with relevant Commonwealth and State Privacy legislation. Information which we collect and hold is kept in accordance with the Information Privacy Act 2000. All WCEC Policies and Procedures can be found on the Centre's website.



## PHOTOGRAPH/VIDEO PERMISSION FORM

Throughout the year, staff may take a number of photographs/videos of the children participating in a variety of activities.

These photographs/videos may be used for the following purposes:

- Centre displays to demonstrate the involvement of the children
- Individual records of the children
- Special gifts for family and friends
- Centre publications and advertising materials, such as Centre newsletters, brochures, website, Facebook page, Annual Report.

Also, from time to time, the media visits the Centre to film and/or photograph our staff and centre users. The children may be included in such events.

Other parents may also photograph/video their own child, and that may incorporate your child due to the nature of the activity (generally in the background).

	I give permission for my child to have their photograph/video taken.	
	I do not give permission for my child to have their photograph/video taken.	
Parent/Guardian Name:		
Signature:		
Date:		



## **SUN SMART PERMISSION FORM**

Williamstown Community and Education Centre is a Sun Smart Centre. The Sun Smart Policy is reinforced in a positive way at the Centre through information on notice boards and print material accessible to all centre users. SPF 30+ broad spectrum, water resistant sunscreen is provided for all staff and centre users.

Parents/guardians are responsible for applying SPF 30+ to their child during the summer and daylight saving months. This must be applied 20 minutes before attending the Centre.

In the	event that sunscreen is not applied,	
	I give permission for staff to apply sunscreen to my child.	
	I do not give permission for staff to apply sunscreen to my child.	
Parent/Guardian Name:		
Signature:		
Date:		