

ENROLMENT DETAILS

Enrolment Date: _____

Information about the child

| | | |
|---|--|--|
| Family Name:..... | Date of Birth:..... | *Sex: M <input type="checkbox"/> F <input type="checkbox"/> (please tick) |
| Given Names:..... | *Usually called:..... | |
| Home Address: | | |
| Language(s) spoken in the home: | | |
| *Is the 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 | |

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

Information about the child's parents or guardians

| Mother / Guardian | Father / Guardian |
|--|--|
| Name | Name |
| Address - as per child or: | Address - as per child or: |
| Telephone/s (H) (W) (Mobile) | Telephone/s (H) (W) (Mobile) |
| Does the child live with the mother/guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Does the child live with the father / guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |
| Can collect child from program? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Can collect child from program? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |
| Can request or permit the administration of medication to the child? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Can request or permit the administration of medication to the child? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |
| Can consent to medical treatment for the child? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Can consent to medical treatment for the child? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |

Authorised Person

| | |
|--|--|
| Name | Name |
| Address | Address |
| Telephone/s (H) (W) (Mobile) | Telephone/s (H) (W) (Mobile) |
| Relationship to child | Relationship to child |
| Can collect child from program? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Can collect child from program? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |
| Can request or permit the administration of medication to the child? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Can request or permit the administration of medication to the child? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |
| Can consent to medical treatment for the child? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) | Can consent to medical treatment for the child? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |

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 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 the child outside the service by a staff member of the service;
- 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,
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service or family day care, **AND / OR**

b) give these powers to someone else,

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

.....

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.....

.....

Child's Immunisation Record

Has the child been immunised?

No Yes (please tick)

The new NO JAB NO PLAY legislation will come into effect from January 1st 2016.

NCLC will require an updated Immunisation Status Certificate to finalise your enrolment. This is a statement showing the vaccines a child has received. The most common certificate is an Immunisation History Statement from the (ACIR) Australian Childhood Immunisation register.

These can be requested at any time by contacting Medicare

Child's 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 (please tick)

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.

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

Name:.....Position:

Child's medical information

Does your child have any special needs? 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.

.....
.....
.....

Does your child have any allergies or sensitivity? No Yes (please tick)

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

.....

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

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (please tick)

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

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.....

Does the child have any dietary restrictions? No Yes (please tick)
If yes, the following restrictions apply

.....
.....

***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 style="list-style-type: none">• 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;• give 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. | |
| | |
| Signature | Date |

Confidentiality of enrolment records

The proprietor of the children’s service must ensure 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))

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.

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