

## FUNTIME ENROLMENT FORM

Enrolment date: \_\_\_\_\_

Start date: \_\_\_\_\_

Child's Details		
Enter your child's full name		
Given names	Family Name (Surname)	Preferred name
Child's Date of Birth (day/month/year)	Gender (Tick ONE box)	
____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	
Child's Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other: _____	
If your child was not born in Australia please indicate which of the following apply to	<input type="checkbox"/> Australian Citizen/ Eligible Resident <input type="checkbox"/> Overseas Resident <input type="checkbox"/> Other. Please specify: _____	
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other Please specify _____	
Is the child of Aboriginal and/or Torres Strait Islander origin? (Tick ONE box only)	<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal AND Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	

Mother and Father/Guardian's Details		
Mother/Guardian's Given names	Family Name (Surname)	Preferred name
Residential Address		
Phone:	Email address:	

Father's Given names	Family Name (Surname)	Preferred name
Residential Address (If different)		
Phone:	Email address:	
Does the child live with the parent/guardian?	Mother / Father / Guardian (Please circle and tick the option below)	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Can collect child from the program?	Mother / Father / Guardian (Please circle and tick the option below)	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Can request permit the administration of medication to the child?	Mother / Father / Guardian (Please circle and tick the option below)	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Can consent to medical treatment for the child?	Mother / Father / Guardian (Please circle and tick the option below)	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

## 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.

### Authorised Person 1's Details

Given names	Family Name (Surname)	Preferred name
Residential Address		
Phone	Email address	
	Relationship to child	
	Can collect child from the program?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Can request permit the administration of medication to the child?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Can consent to medical treatment for the child?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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### Authorised Person 2's Details

Given names	Family Name (Surname)	Preferred name
Residential Address		
Phone	Email address	
	Relationship to child	
	Can collect child from the program?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Can request permit the administration of medication to the child?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Can consent to medical treatment for the child?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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### 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:

### CHILD'S HEALTH AND WELLBEING INFORMATION

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

No (go to the next section)

Yes (**please specify in space provided below**)

## Child's Immunisation Record

Has the child been immunised? (Please tick **ONE**)

No

Yes

The NO JAB NO PLAY legislation came in to effect from 1<sup>st</sup> January 2016. - NCLC will require an updated Immunisation History Statement from the Australian Childhood Immunisation Register (IAR) to finalise your enrolment. This is a statement showing the vaccines a child has received.

**These can be requested at any time by contacting Medicare**

## Child's health information

Name Doctor/Medical Service

Phone

Address Doctor/Medical Service

Maternal & Child Health (MCH) Centre

Does your child have a health record?

No

Yes

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? (Please tick).

No

Yes

**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? (Please tick)

No  Yes

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

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](http://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

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

Does the child have any dietary/cultural restrictions?

No  Yes

**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,

- 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**

Form continues on next page ...



Course Details							
Name of Course					Total Fees	Amount Paid	Date Paid
Funtime – 3 Yr old's 3 Hours	MON	TUES	WED	THU	\$	\$	
Funtime – 3 Yr old's 5 Hours	MON		WED		\$	\$	
Booking Fee	This must be paid with all Funtime bookings, please use this section if the fee has not been paid separately.				\$20.00	\$	
Registration Fee					\$10.00	\$	
<b>Total paid at time of Enrolment</b>						\$	

### Children Services Fee Payment Selection Form

As part of the enrolment process, all families are to indicate on the below form the way in which they wish to pay their fees. (Please tick your selection below)

<input type="checkbox"/> <b>Option 1</b> The fees will be paid within 2 weeks of the commencement of the course	<input type="checkbox"/> <b>Option 2</b> A payment plan will be arranged via a NCLC Payment Agreement, whereby together we select the frequency and amount due each payment (weekly or fortnightly) and the form is signed by NCLC and the parent/guardian is agreeing to the terms set out within. It is expected that this payment plan will be adhered to as per the conditions set out within the agreement.
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**METHODS OF PAYMENT**

With card at our office or over the phone  
 Credit Card Number \_\_\_\_\_  
 Expiry Date: \_\_ / \_\_ CVV: \_\_\_  
 Name on card \_\_\_\_\_  
 Total Amount: \_\_\_\_\_  
 Cardholders Signature: \_\_\_\_\_

With cash at our office

Via Bank Deposit  
 Bank: Bendigo  
 BSB: 633 000 ACCT: 156 128 316  
 (Please use your child's first and surname as reference when making deposits)

**Your Selection**

Child's Name: \_\_\_\_\_ Program: \_\_\_\_\_ Payment Selection: \_\_\_\_\_

I, \_\_\_\_\_, have read the above options available and have selected my preferred payment option. I agree that I will make the payments for the outstanding balance as outlined above. I understand that failure to make payments by the due date \_\_\_\_\_ without prior arrangement otherwise may mean that my child will be unable to attend the program.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Fees and Payment Information as on Children Services Handbook

**Registration Fee:** This fee is for all clients enrolling in any of our Centre's programs. This is payable once per calendar year and must be paid at the time of enrolment. This covers Insurance whilst in the Centre.

**Booking Fee:** This fee associated with our program is paid at the time of enrolment and is not refundable. This fee covers administration costs.

**FEES:** Full day session from 9.30am to 2.30pm \$38

Half day session from 9.30 to 12.30pm \$24

Fees are payable per term. Payment is required at the beginning of each term and is payable at the administration office via cash, credit card or EFT bank transfer.

**Absence/Holidays:** No discount will be given for absences. To secure your child's place during extended holidays, the full term fee must be paid or the place cannot be held.

**Fee Assistance:** In special circumstances individual payment plans may be negotiated between the family and the General Manager. Please make enquiries at the office if you would like this options.

### *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))

### *Privacy Information Collected*

I understand that: In December 2000, the Victorian Government passed the Information Privacy Act 2000 to establish a regime for the responsible collection and handling of personal information in the Victorian public sector. It will come into effect from 1 September 2001 and compliance with the Principles is 1 September 2002 (s.16). This legislation will cover the Victorian Public Sector and will also apply to organisations providing funded by government departments. Narre Community Learning Centre is in receipt of Government Funding for some of the programs and services it offers. We are required to provide statistical data to the government for these funds, but all data provided is managed in line with the Information Privacy Act 2000 and its Principals.

Further details Re: the Act and the Information Privacy Principals can be found at the following link.

[http://www.dms.dpc.vic.gov.au/sb/2000\\_Act/A00814.html](http://www.dms.dpc.vic.gov.au/sb/2000_Act/A00814.html).

I acknowledge and agree to the terms described in this privacy statement:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

END OF ENROLMENT FORM