



Enrolment Form

OFFICE USE ONLY:

ROOM	
COMMENCEMENT DATE	
PERMANENT DAY/(S) <i>Circle</i>	MON TUES WED THURS FRI
IDENTITY RECORD VERIFICATION	<i>(name document sighted)</i>
IMMUNISATION RECORD SIGHTED & COPY RECEIVED	
ENROLMENT FORM RECEIVED BY:	
ENTERED INTO QIKKIDS BY:	
PROMOTIONS/NOTES	

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.

Information about your child

IMPORTANT: Please ensure Centrelink Reference Numbers (CRN) and dates of birth are included in this form. This is mandatory information for enrolment.

Family Name:	Date of Birth:.....	*Sex: M <input type="checkbox"/> F <input type="checkbox"/>
<small>(please tick)</small>		
Given Names:	Usually called:	
Country of Birth:	CRN number:	
Home Address:		
Language(s) spoken in the home:		
*Is the child of Aboriginal and/or Torres Strait Islander origin? <small>(please tick)</small>		
<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 <input type="checkbox"/>	Yes <input type="checkbox"/> <small>(please tick)</small>

Days Required *(please tick)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					

Information about the child's parents or guardians

Parent 1 / Guardian	Parent 2 / Guardian
Name:	Name:
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Email	Email
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(please tick)</i>	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(please tick)</i>
Date of birth:	Date of birth:
Occupation:	Occupation:
CRN Number:	CRN Number:

Other persons to be notified

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 centre 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 (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child

Court orders relating to the 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 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:

.....

** Please note that without a court order the centre is unable to legally withhold a child from a nominated parent or guardian*

Collecting your child

Your consent is required for other people to collect your child from the centre on your behalf. Please list the details of those people who can collect your child in the table below.

In the event that your child is not collected from the centre and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect your child.

Details of people who can collect your child *(This list may be added to or changed throughout the year)*

Name	
Address	
Home Telephone	
Work Telephone	
Mobile	
Relationship to child	

Name	
Address	
Home Telephone	
Work Telephone	
Mobile	
Relationship to child	

Child's medical and health information

Name of Doctor/Medical Service:	
Telephone:	Address:
Name of Dentist (if applicable):	
Telephone:	Address:
Does your child have any allergies or sensitivity? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes , the following management procedures are to be followed (or a copy of the management plan is attached):	
Does your child have any medical conditions and needs (eg asthma, epilepsy, diabetes, etc) we should be aware of? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes , the following management procedures are to be followed (or a copy of the management plan is attached):	
<i>(Please note: we have blank asthma plan forms available at the centre if you do not already have one)</i>	
Does your child have any dietary restrictions? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes , the following restrictions apply:	
Has your child had any childhood diseases/previous illnesses? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes , please include details:	
Is your child currently using any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes , please specify and whether there are any known side effects from this medication:	
Does your child have any additional needs? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes , please provide details of any management procedure to be followed with respect to the additional needs.	

Please note

All medication must be handed personally to a staff member (never to be left in your child's bag) and must be in the original container. Please approach a staff member if you require them to administer any prescribed medication. The centre has medication charts which families must sign and write instructions in prior to any child being administered medication.

Health cover

Ambulance cover No Yes

Private Health Fund No Yes

Healthcare card No Yes

Health Fund

Medicare Card Number Expiry Date:

Anaphylaxis

In the case of anaphylaxis you will be provided with a copy of the centre's anaphylaxis management policy. You will be required to provide the centre 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 can be found at www.education.vic.gov.au/anyphylaxis

Has your child been diagnosed at risk of anaphylaxis?	No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Does your child have an auto-injection device (e.g. epi pen)?	No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Has the <u>medical</u> management plan been provided to the centre? (Or completed in consultation with the family?)	No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Has the <u>risk</u> management plan been provided to the centre? (Or completed in consultation with the family?)	No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

Immunisation record

Has your child been immunised? Yes No (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

Other information

Does your child attend another service? Yes No (please tick)
(e.g. other childcare centre, early intervention service)

.....

Priority of Access

As an approved child care service we are required to follow the Priority of Access Guidelines as determined by the Australian Government. Please be aware that families with a higher priority will take precedence on waiting lists and allocation of places. The Priority of Access guidelines set out the following three levels of priority. Please circle the Priority that applies to you:

- Priority 1: a child at risk of serious abuse or neglect.
Priority 2: a child of a single parent who satisfies, or both parents who both satisfy, the work, training/study test
Priority 3: any other child.

Within these main Priority categories, priority will also be given to children in (please circle any that apply to you):

- Aboriginal and Torres Strait Islander families
- Families which include a disabled person
- Families on lower incomes
- Families from culturally and linguistically diverse backgrounds (e.g. non-English speaking)
- Socially isolated families
- Single parent families

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* 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.

Signature: Date:

Parent Agreements

Permission for staff to act in case of emergency or accident:

I authorise the Centre to phone my emergency contacts, if I am unable to be contacted. I give the Centre consent to seek emergency medical assistance via ambulance if necessary to the nearest hospital, doctor or dentist, along with administration of emergency medication, e.g. asthma medication, panadol, epi-pen etc. I will take responsibility for any associated costs.

Signature: Date:

Permission for photographs:

I give permission for the Centre to take photos of my child and display them within the Centre for the purposes of programming (including the centre newsletter).

Signature: Date:

Permission for publicity:

I give permission for my child's photograph to be used in community promotion and advertising of the Centre e.g. local newspapers, centre brochure, centre website.

Signature: Date:

Maintaining fees:

I agree to abide by the centre's policy of maintaining fees two (2) weeks in advance, and that I will give two weeks (14 days) written notice for the cancellation of care. I also understand that fees are to be paid for all days the child is absent or sick, and that if fees fall behind my child's place at the centre may be in jeopardy.

Signature: Date:

Sun care:

I give permission for sunscreen to be applied to my child for outdoor play.

Signature: Date:

Emergency evacuation:

In the event of an emergency evacuation/drill (e.g. fire at the centre), the children will be required to evacuate the premises and assemble at a central point of safety. The children will be fully supervised by staff. I understand this and give the centre permission for my child to leave the centre premises for emergency fire practices.

Signature: Date:

Paracetamol:

I give the centre permission for the centre to administer panadol to my child if required. (Please note that the centre will attempt to contact parents prior to giving panadol. A medication form with the amount given, dates, times, staff who administered this etc will be completed and parents are required to sign this upon collecting the children from the centre)

Signature: Date:

Head lice

I give permission for the centre to check my child's hair for head lice. I understand that if live head lice are found my child will be excluded and will not be able to return until effective treatment has commenced.

Signature: Date:

Policies:

I agree to abide by the centre policies.

Signature: Date: