



Enrolment Form

OFFICE USE ONLY:

ROOM	
COMMENCEMENT DATE	
PERMANENT DAY/(S) <i>Circle & notate if ½ days with AM or PM</i>	MON TUES WED THURS FRI
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.

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). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist in providing relevant children services.

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"/>
(please tick)		
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? (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 <input type="checkbox"/>	Yes <input type="checkbox"/> (please tick)

Days required (please tick)

*** Please include estimated arrival and pick up times ***

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					
Half Day (7 – 12:30pm)					
Half Day (12:30 – 6pm)					

Information about the child's parents or guardians

Mother	Father
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"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Date of birth:	Date of birth:
Occupation:	Occupation:
CRN Number:	CRN Number:

Guardian (if applicable)	Guardian (if applicable)
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 this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Date of birth:	Date of birth:
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 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 (H) (W)	Telephone/s (H) (W)
(Mobile)	(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:

.....

.....

.....

Collecting the child from the children’s service

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

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

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	

Details of people who can collect your child continued:

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

<p>Name Doctor/Medical Service:</p> <p>Telephone:</p> <p>Address Doctor/Medical Service:</p> <p>*Maternal & Child Health (MCH) Centre:</p> <p>*Has the child had their 3½ year old assessment? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes, provide details by attaching a copy of the 3½ year assessment from the Child Health Record book.</p>
<p>Does your child have any allergy 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):</p>
<p>Does your child have any medical conditions and needs (eg asthma, epilepsy, diabetes, etc) which are relevant to the children's service? 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):</p> <p>(Please note: we have blank asthma plan forms available at the centre if you do not already have one)</p>
<p>Does your child have any dietary restrictions? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes, the following restrictions apply:</p>
<p>Does your child have and developmental delay or disability? ? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)</p>

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.