

Child Care Enrolment Form 2018

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.*

Thank you for your cooperation.

Date of Enrolment: _____

Child Details

Child's First Name: _____ Surname: _____

Home Address: _____ P/C: _____

Date of Birth: ____/____/____ Sex: M / F Language(s) spoken at home: _____

Is the child of Aboriginal and/or Torres Strait Islander descent? Yes No (Please Circle)

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

Parent or Guardian Details

Parent/Guardian 1 : Full Name: _____ Country of Birth: _____

Home Address: _____ P/C: _____

Telephone: H _____ W _____ Mobile _____

Does the child live with the Parent/ Guardian 1? Yes No (Please circle)

Email: _____

Parent/Guardian 2 : Full Name: _____ Country of Birth: _____

Home Address: _____ P/C: _____

Telephone: H _____ W _____ Mobile _____

Does the child live with the Parent /Guardian 2? Yes No (Please circle)

Email: _____

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.

Full Name: _____

Home Address: _____ P/C: _____

Telephone: H _____ W _____ Mobile _____

Relationship to child _____

Full Name: _____

Home Address: _____ P/C: _____

Telephone: H _____ W _____ 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.

Photo Identification must be produced upon request from staff.

Name: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

Relationship to the child: _____

Name: _____

Address: _____

Telephone: H _____ W _____ Mobile _____

Relationship to the child: _____

Court orders relating to the child

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

YES NO (please circle)

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES NO (please circle)

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers of LLC cannot enforce parents' requests.

Child's medical Information

Name of Doctor/Medical Services: _____

Address: _____

Telephone: _____

*Maternal & Child Health (MCH) Centre : _____

Child's immunisation Record

Has the child been immunised? Yes No (please circle)

***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 Australia Childhood Immunisation Register.

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

Name : _____ Position : _____

Other Health Information

Is 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)

Does your child have any special need? Yes No (please circle)

If yes, please provide details of any special needs and any management procedure to be followed with respect to the special need.

Does the child have any allergies or sensitivity? Yes No (please circle)

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

Anaphylaxis

(Please circle)

Has your child been diagnosed at risk of anaphylaxis? Yes No

Does your child have an auto injection device (eg. EpiPen)? Yes No

Has the anaphylaxis medical management plan been provided to the service? Yes No

Has a risk management plan been completed by the service in consultation with you? Yes No

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)

Yes No (please circle)

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 restrictions? Yes No (Please Circle)

If yes, the following restrictions apply:

Declaration

I _____ (Print Full Name)
a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the 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
- 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

Photographs

I _____ (Print Full Name)
Parent /Carer of _____

- Give permission for photographs of my child to be taken and understand that they may be used in promotional material for LLLC. I also understand that copyright of the images belongs to LLLC
- **The photo taken will not be used following a 12 month timeframe from the time of enrolment.**

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’s Services Regulations 2009 (regulation 35(1) (d-e))

Approved Providers are reminded of their requirement to comply with the Information Privacy Act 2000, which required a Privacy Collection Statement to accompany any enrolment form.

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 parent, 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.

Sunscreen Permission Form

Date _____

Name of Child _____

Name of Sunscreen and the SPF Number _____

Your child`s care provider will:

- assist with applying sunscreen to bare surfaces including the face, tops of ears, shoulders, arms, legs and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent`s responsibility to provide sunscreen with a minimum SPF of 30+.
- assist them to put their hats and covering top on

Special instructions

- In the event that my child`s sunscreen is not readily available, my child may use the sunscreen provided by the Centre.
- I do not want my child to use any sunscreen other than the one he or she brings.

Parent/Guardian Signature