

## WINCHELSEA OCCASIONAL CARE CONFIDENTIAL ENROLMENT DETAILS

**Enrolment Date:** .....

This form must be completed by a parent or guardian who has lawful authority in relation to the child. 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.

**Information about the child:**

Family Name:	.....	Date of Birth:	...../...../.....
First Name:	.....	Sex: (please tick)	M <input type="checkbox"/> F <input type="checkbox"/>
Middle Name:	.....	Language at home:	.....
Usually Called:	.....	Country born:	.....
Home address:	..... .....	Is child Aboriginal or Torres Strait Islander	No <input type="checkbox"/> Yes <input type="checkbox"/> if yes state origin .....
CRN:	.....	Religion: (optional)	.....

Any brothers and sisters? Name	Age	Sex

Any other person living in the child's home? Name	Relationship

**Information about the child's parents or guardians:**

Mother	Father
Family Name: .....	Family Name: .....
First Name: .....	First Name: .....
Middle Name: .....	Middle Name: .....
Address: (as per child or:) .....	Address: (as per child or:) .....
Customer Reference Number (CRN) .....	Customer Reference Number (CRN) .....
Date of Birth: .....	Date of Birth: .....
Occupation: ..... Full/PartT	Occupation: ..... Full/PartT
Country born: .....	Country born: .....
Phone: (M) .....	Phone: (M) .....
(H) ..... (W) .....	(H) ..... (W) .....
Email: .....	Email: .....

Does the child live with the Mother? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with the Father? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Guardian (if applicable)	Guardian (if applicable)
Family Name: .....	Family Name: .....
First Name: .....	First Name: .....
Middle Name: .....	Middle Name: .....
Address: (as per child or:) .....	Address: (as per child or:) .....
CRN.....	CRN.....
Date of Birth: ...../...../.....	Date of Birth: ...../...../.....
Phone: (M) .....	Phone: (M) .....
(H) ..... (W) .....	(H) ..... (W) .....
Email: .....	Email: .....
Does the child live with this Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Court orders relating to the child:**

<p>Are there any <b>court orders</b> relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?</p> <p>No <input type="checkbox"/> go to the next section. Yes <input type="checkbox"/> please complete the following:</p> <p>1. Bring the <b>original</b> court order/s for staff to see and a copy to attach to this enrolment form;</p> <p>2. If these orders:</p> <p style="margin-left: 20px;">a) change the powers of a parent/guardian to:</p> <ul style="list-style-type: none"> <li>◆ authorise the taking of the child outside the service by a staff member of the service;</li> <li>◆ 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,</li> <li>◆ consent to the medical treatment of the child;</li> <li>◆ request or permit the administration of medication to the child;</li> <li>◆ collect the child from the service or family day care, AND/OR</li> </ul> <p style="margin-left: 20px;">b) give these powers to someone else,</p> <p>please describe these changes and provide the contact details of any person given these powers:</p>
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**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: .....
Phone: (M) .....	Phone: (M) .....
(H) ..... (W) .....	(H) ..... (W) .....
Email: .....	Email: .....
Relationship to child: .....	Relationship to child: .....

### Details of people who you authorise to collect you 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.

Name: .....	Name: .....
Address: .....	Address: .....
Phone: (M) .....	Phone: (M) .....
(H) ..... (W) .....	(H) ..... (W) .....
Email: .....	Email: .....
Relationship to child: .....	Relationship to child: .....

### Child's health information

Name Doctor/Medical Service:	.....
Telephone:	.....
Address Doctor/Medical Service:	.....
Maternal & Child Health (MCH) Centre:	.....
MCH Contact name:	.....

Medicare No: .....	Expiry Date: .....
Ambulance No: .....	Expiry Date: .....
Pension No: .....	Expiry Date: .....
Health Care Card No.: .....	Expiry Date: .....

Does the child have an allergy or sensitivity? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes</b> , the following management procedures are to be followed (or a copy of the management plan is attached). .....
Does the child have any medical conditions and needs (eg. epilepsy, diabetes, asthma etc) which are relevant to the children's service? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes</b> , the following management procedures are to be followed (or a copy of the management plan is attached). .....
Does the child have any dietary restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes</b> , the following restrictions apply: .....
Has your child been diagnosed at risk of <b>anaphylaxis</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes</b> , a copy of the anaphylaxis medical management plan must be attached? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <a href="http://www.education.vic.gov.au/anaphylaxis">www.education.vic.gov.au/anaphylaxis</a>
Does your child have an auto injection device (eg EpiPen®)? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Child's immunisation record

Has the child been immunised? Yes  No

Has the 'Maternal Health Book' been sighted by staff? Yes  No

If yes, provide 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 OR
- ♦ completing the table below using the child's Immunisation Record to provide the dates of immunisations received.

### 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)

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

Has your child previously attended: Kindergarten  Playgroup  Day care

Are you willing to have your child photographed to appear in videos, newspapers and other publications?

Yes  No

Please indicate festivals your family celebrate and/or list below any cultural/religious issues that the centre staff need to be aware of: Easter  Christmas  Birthdays  Mothers/Fathers day

Other, please list: .....

Any pets name: ..... type: .....

name: ..... type: .....

Do you have any special skills or a trade that could be of use to the Community House? .....

### Information for bodies which provide funding to this service:

From time to time the Department of Human Services seeks information on the characteristics of families who use this children's' service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does either parent have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the family a single parent family?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 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;
- ♦ 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's 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.