Let's Go Oshc Wandin Yallock

Child enrolment form 2017

A parent or guardian who has parental responsibility in relation to the child must complete this form. A brief explanation of parental responsibility is found at the end of this form. *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.*

Information about the child (Commencement date:)

Family Name:..... Date of Birth:..... *Sex: M F (Please tick)

Given Names:..... *Usually called:.....

Home Address: .....

Country of Birth: .....

Language(s) spoken in the home:..... CRN:.....

Child's Cultural Background: .....

*Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)

No, not Aboriginal or Torres Strait Islander — Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander — Yes, Torres Strait Islander

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

Information about the child's known parents or guardians. (Please state if child lives with guardian)

Mother/	Father
Name DOB: CRN: Occupation: Mother's Cultural background:	Name DOB: CRN: Occupation: Father's Cultural background:
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W) (Mobile) (Email)	Telephone/s (H) (W) (Mobile) (Email)
Does the child live with the mother? No Yes (please tick)	Does the child live with the father? No Yes (please tick)
Does the child live with this guardian? No Yes (please tick) CRN: Cultural background:	Does the child live with this guardian? No Yes (please tick) CRN: Cultural background:

Authorised Nominees

*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. These nominees are also authorised to **give consent to administration of medication** to the above mentioned child. They can also authorise medical treatment required due an emergency situation. This list can be added to throughout the year. Authorised nominees also have **permission to give consent to allowing your child to attend excursions or routine outings conducted by your educator.***

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child

Details of authorised nominees 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.

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child

Is the family a single parent family? Yes No (please circle one)

Court orders, parenting orders, parenting plans relating to the child
Are there any **court orders, parenting orders or plans** 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 career'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 information

Name Doctor/Medical Service: _____Telephone:_____

Address Doctor/Medical Service:_____

Medicare Number:..... Ambulance member: Yes No (please circle)

Health Care Card? Yes No (please circle)

If yes, Expiry Date: / /

Does your child have a child health record? Yes No (please circle)

If yes, please provide to the service for sighting.

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:_____

Date: / /

Child's medical information

Does your child have any special needs? No Yes (please tick)
(This includes, but is not limited to: Cultural, Religious, Dietary, Medical, Additional needs)

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? No Yes (please tick)

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

Anaphylaxis

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 by 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

Medical Conditions

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (please tick)
If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition. This also includes risk minimisations required while the child is in care, as well as plan and communication details

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Does the child have any dietary restrictions? No Yes (please tick)
If yes, the following restrictions apply:

Please note: All medical management plans must be given to your educator PRIOR to your child commencing care with the service. ANY changes to your child's condition MUST be added to the plan and discussed with your educator.

Child's immunisation record

Has the child been immunised? No Yes (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 OR
completing the table below using the child's Immunisation Record to provide the dates of immunisations received.

Immunisation (valid from March 2008)	**Birth**	**2months**	**4months**	**6 months**	**12 months**	**18 months**	**4 years**
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24 months		**18-24 months**
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

***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

---------- *(Print full name)*

I am a person with parental responsibility of the child referred to in this enrolment form,

I 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;

I 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 registered staff of the above mentioned service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, also for the transportation of the child by an ambulance service.

I agree to pay all fees incurred by any registered medical service in relation to my child.

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Signature ***Date***

Parental Responsibility

The term 'parental responsibility' is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children".

"All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". 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."

Confidentiality of enrolment records

The approved provider of the Education and Care Service must ensure the information in the child's enrolment record must not divulge or communicate directly or indirectly, to another person other than the prescribed under regulations 181 and 182 of the Educations and Care Services Regulations 2011. This includes, to the extent necessary for the education and car of the child, or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any Act or Law; or with written consent from the person providing the information

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

Permission to take photos

I..... (parent/guardian) of ..... (Child)
Do/ do not (circle one) give permission for Let's Go Oshc Wandin Yallock to take photos of my child ..... for the purpose of documentation for program planning.

I do/ do not (circle one) allow the above mention child's photo to be used for advertising purposes, including email, and used on Lets Go Oshc Wandin Yallock website and Facebook account .
(No child's name will be used)

Signed..... Date.....

Print name.....

Parent and service agreement

I..... (parent/guardian) of..... (Child)
agree to comply with government regulations for children's services, and policies and procedures set out within the Lets Go Oshc Wandin Yallock.
I understand the fee structure and agree to pay all appropriate amounts due, including penalty fees.
I give the above mentioned service permission to seek medical attention for my child if deemed necessary, and will pay any medical fees incurred due to treatment.

Signed..... Date.....

Print name: .....