

Please read and complete every section of this **ENROLMENT FORM**. The information is required under the Education and Care Services National Regulations January 2012. (Updated November 2015)

Information about the Child

Childs Name:	Date of Birth:
Family Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	Home Phone Number:

Is your child of Aboriginal or Torres strait Islander origin or descent?

<input type="checkbox"/> Yes Aboriginal	<input type="checkbox"/> Yes both Aboriginal and Torres Strait Islander
<input type="checkbox"/> Yes Torres Strait Islander	<input type="checkbox"/> No not Aboriginal or Torres Strait Islander

Language used in the child's home:

Cultural background of the child and (if applicable) the child's parents:

Any special considerations for the child, for example any cultural, religious or dietary requirements, or additional needs:

Information about the child's parents

A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order.

Parent / Mother Name:	Parent /Father Name:
Address – as per child or:	Address – as per child or:
Contact details – phone numbers, email address Phone Work: Mob: Email:	Contact details – phone numbers, email address Phone Work: Mob: Email:

Authorisations in relation to the child

I authorise the approved provider, nominated supervisor or an educator to

- Seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service
- Seek transportation of the child by an ambulance service
- Take the child on excursions or regular outings after completion of all required documentation

Signed:

Parent

There may be an occasion when neither parent can be contacted and a person with authority given by the parent is required to undertake one or all of the following roles.

1. Information about any person who is to be notified in an emergency involving the child if any parent of the child cannot be immediately contacted	
Name:	Name:
Address :	Address:
Contact details Phone Work: Mob: Email:	Contact details Phone Work: Mob: Email:
I authorise the persons listed in this table to be notified in an emergency Signature:	
2. Information about any person who has been authorised by the parent to collect the child from the education and care service – an authorised nominee.	
Name:	Name:
Address:	Address:
Contact details Phone Work: Mob: Email:	Contact details Phone Work: Mob: Email:
I authorise the persons listed in this table to collect the child from the education and care service Signature:	
3. Information about any person who is authorised to consent to medical treatment, or to authorise administration of medication to the child	
Name:	Name:
Address:	Address:
Contact details Phone Work: Mob: Email:	Contact details Phone Work: Mob: Email:
I authorise the persons listed in this table to consent to medical treatment, or to authorise administration of medication to the child Signature:	
4. Information about any person who is authorised to authorise an educator to take the child outside the education and care services premises.	
Name:	Name:
Address :	Address :
Contact details Phone Work: Mob: Email:	Contact details Phone Work: Mob: Email:
I authorise the persons listed in this table to authorise an educator to take the child outside the education and care services premises. Signature:	
This page may be duplicated and attached to the enrolment form for additional authorisations.	

Court Orders, Parenting Orders or Parenting Plans – relating to the child

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

No, go to the next section Yes, please complete the following:

1. The original court order, parenting order or parenting plan and a copy of this must be brought to the service. The staff will sight the original document and initial and date and attach a copy to this enrolment form.

Signature of staff member:

Date:

2. If these orders change the powers of the parent AND OR give these powers to another person in relation to the following:

- to collect the child from the education and care service – an authorised nominee.
- to consent to medical treatment, or
- to authorise administration of medication to the child
- to authorise an educator to take the child outside the education and care services premises

Please describe these changes and provide contact details of any person given these powers:

3. If these orders relate to the child's residence or the child's contact with a parent or parents or any other person please provide the details:

Health Information of the child

Child's registered medical practitioner or medical service

Name:

Address:

Phone:

Child's Medicare Number if available:

Details of any specific healthcare needs of the child including

- Specific health care needs
 Medical condition
 Allergies – including where child has been diagnosed as at risk of anaphylaxis

Does your child have a medical management plan, anaphylaxis plan or risk minimisation plan in relation to the above?

- Anaphylaxis Management Plan
 Medical Management Plan - including Asthma
 Risk management plan – to be developed by parent(s) and service after initial enrolment
 Other:

Please provide a copy to the service and it will be attached to the enrolment form.

Details of any dietary restrictions for the child:

Is your child's immunisation status current No Yes

Attach Immunisation History Statement (Available from Medicare – including online)

The child's health record has been sighted by a staff member or service provider. No yes

This document will verify the child's date of birth.

Signature: Date:

Staff member:

Confidentiality and Privacy

The early years' service uses this enrolment form to collect personal information to comply with current regulations and for the purpose of program enrolment. The information will be shared with the cluster manager – for operational purposes (fee collection, government data collection, program management). The information will not be disclosed to any other party as required by law.

Declarations Please tick

- Yes No I / we declare that the information in this enrolment form is **true and correct** and undertake to immediately inform the children's service if any changes occur to this information.
- Yes No I / we agree to collect or make arrangements for the collection of the child if they become **unwell** at the service.
- Yes No I / we are aware of and agree to comply with centre and cluster manager **policies** – copies available at the service.
- Yes No I / we agree that the child may be **photographed** or videoed for use in the program.
- Yes No I / we agree that the child may be included in photographs/ videos taken at the service by other parents when photographing their own children.
- Yes No I / we agree that the child may be included in photographs or videos at the service to be used for publicity and promotion of the service.
- Yes No I / we agree to pay all **fees, additional costs and charges** related to the child's enrolment and attendance at the children's service including for example related medical costs.
- Yes No I / we have read the Code of Conduct policy and agree to abide by the principles, practices and consequences set out within.
- Yes No I / we give consent for the approved provider, nominated supervisor or an educator to take my child off the licensed premises in order to practice the Emergency Evacuation Procedure.

Name of parent: Date:

Signature of parent:

Name of parent: Date:

Signature of parent:

Office Use only:

Form initially checked by: Date:

Form amended and noted by: Date:

Form amended and noted by: Date: