

2017 Centre Name:

 Please tick: 3yo 4yo

Please read and complete every section of this **ENROLMENT FORM**. The information is required under the Education and Care Services National Regulations (Version: 1 June 2014).
 An authorisation is given where a person who has legal responsibility for a child gives permission to another person to do something or to make a decision on that person's behalf.

Information about the Child

Child's Name:	Date of Birth: <small>Attach copy of Birth Certificate or other documentation that verifies birth date.</small>
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:

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

Information about each known parent of the child

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 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 4 roles.

- 1. Information about any person who is to be notified of an emergency involving the child if a parent of the child cannot be immediately contacted**

Name:	Name:
Address:	Address:
Contact details Phone:	Contact details Phone:

I authorise the persons listed in this table to be notified in an emergency Signature:

2. Information about any person who is an authorised nominee – a person who has been given permission by the parent to collect the child from the education and care service.

Name:	Name:
Address:	Address:
Contact details Phone:	Contact details Phone:

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:	Contact details Phone:

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:	Contact details Phone:

I authorise the persons listed in this table to authorise an educator to take the child outside the education and care services premises. Signature:

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:

- 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. Do these orders change the powers of the parent AND/OR give these powers to another person in relation to:
- Collecting the child from the education and care service – an authorised nominee.
 - Consenting to medical treatment, or
 - Authorising administration of medication to the child
 - Authorising an educator to take the child outside the education and care services premises
- If so, please describe these changes and provide contact details of any person given these powers:

3. Provide details of any court orders relating to the child's residence or the child's contact with a parent or other person:

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

Attach your child's medical management plan and or anaphylaxis medical management plan plus a risk minimisation plan to be followed in relation to the conditions outlined above?

- Anaphylaxis Management Plan
 - Medical Management Plan
- Plus:
- 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

Tick box for type of verification provided by parent:

- Australian Childhood Immunisation Register Immunisation History Statement provided by Medicare
- Immunisation status certificate from a medical doctor or local council immunisation service.
- Immunisation Exemption Medical Contraindication form signed by Doctor - children who cannot be vaccinated for a medical reason
- Grace period eligibility assessment form. Date up to date immunisation record required (16 week grace period)
- Child enrolled in service prior to 1 January 2017.

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

Signature:

Staff Member

Date:

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 only be shared 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)	
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I / we agree to collect or make arrangements for the collection of the child if they become unwell at the service.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I / we are aware of and agree to comply with policies – copies available at the service.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I / we agree that the child may be photographed or videoed for use in the program.
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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 or ambulance costs.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I / we have read the Code of Conduct policy and agree to abide by the principles, practices and consequences set out within.
<input type="checkbox"/> Yes <input type="checkbox"/> 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:

<p>Reference re Immunisation Status:</p> <p>Information for Early Childhood Professional:</p> <p>https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children-adolescents/no-jab-no-play/early-childhood-professionals</p> <p>Information for parents:</p> <p>https://www2.health.vic.gov.au/Api/downloadmedia/%7B22AA80DA-7330-4FC6-B9E9-ADA67D7FAB5A%7D</p>
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