

Enrolment Form

Date of Commencement: _____

Days Required: M T W TH F

Hours of Attendance: _____



Child Details

Family Name: _____

Given Names: _____ Preferred Name: _____

Date of Birth: _____ Gender (please circle): Male / Female

Primary Home Address: _____

Language spoken at home: _____

Cultural Background: _____

Is the child of Aboriginal and/or Torres Strait Islander origin?

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

Centrelink Information

Child CRN	Percentage/s from FAO	Approved Centrelink hours
Registering Parent CRN	Registering Parent Name	Registering Parent DOB
Does your child attend another child care service? Please provide details:		
Does your child have siblings attending another child care service? Please provide details:		

Birth Certificate Details

Child's Birth Certificate, extract of birth certificate or equivalent document has been sighted and copied by the centre management.	YES / NO	<u>Centre Manager Signature</u>
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Parent/ Guardian Information

Primary Parent / Guardian
Name:
DOB:
Address:
E-mail address:
Mobile Phone:
Home Phone:
Work Phone:
Company:
Company Address:
Occupation:
Country of Birth & Cultural Background:
Language Spoken at Home:

Parent 2/Guardian
Name:
DOB:
Address:
E-mail address:
Mobile Phone:
Home Phone:
Occupation:
Company:
Company Address:
Company Phone:
Country of Birth & Cultural Background:
Language spoken at Home

Nominated Persons to be Contacted:

The nominees named below will only be contacted in emergency situations where all attempts to contact the parent/ legal guardians have failed or when prior written notice has been provided by the parent/ guardian.

Authorised Nominee 1	
Name:	
Address:	
Mobile Phone:	
Home Phone:	
Work Phone:	
Email:	
DOB:	Relationship to Child:

I authorise this nominee to: <input type="checkbox"/> Collect my Child from the service <input type="checkbox"/> Authorise a qualified educator to take my child outside the service <input type="checkbox"/> Consent to be notified of an emergency involving my child, any medical treatment and or the administration of medication to my child during times of illness and emergency.	<u>Parent/ Guardian Signature</u> <u>Date:</u>
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Authorised Nominee 2	
Name:	
Address:	
Mobile Phone:	
Home Phone:	
Work Phone:	
Email:	
DOB:	Relationship to Child:

I authorise this nominee to: <input type="checkbox"/> Collect my Child from the service <input type="checkbox"/> Authorise a qualified educator to take my child outside the service <input type="checkbox"/> Consent to be notified of an emergency involving my child, any medical treatment and or the administration of medication to my child during times of illness and emergency.	<u>Parent/ Guardian Signature</u> <u>Date:</u>
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Authorised Nominee 3

Name:

Address:

Mobile Phone:

Home Phone:

Work Phone:

Email:

DOB:

Relationship to Child:

I authorise this nominee to:

- Collect my Child from the service
- Authorise a qualified educator to take my child outside the service
- Consent to be notified of an emergency involving my child, any medical treatment and or the administration of medication to my child during times of illness and emergency.

Parent/ Guardian Signature

Date:

Court orders/ Parenting Plans/ Parenting Orders relating to the child

Are there any Court Orders/Parenting Plans/Parenting Orders relating to the power, duties, responsibilities or authorities of any person in relation to the child or access to the child?

 No, go to next section Yes, complete following

If Yes, please bring in original court orders for staff to witness and attach a copy to this enrolment form

If these orders change the powers of a parent/guardian to:

- Authorise the taking of the child outside the service by a staff member of the service
- Consent to a medical treatment of a child
- Request or permit the administration of medication to the child
- Collect the child from the service AND/OR Give these powers to someone else

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

Are there any special family arrangements (i.e. Sole Parent, Shared custody etc.)? YES / NO

Please describe _____

Child's Health information

Are you a member of the Ambulance Service? YES / NO	Ambulance Membership Number:
Medicare Number:	Health Fund Name & Number:

Medical Practitioner Name:	Medical Practice:
Medical Practice Address:	Contact Number:

Dentist Name:	Dental Practice:
Dental Practice Address:	Contact Number:

Child's Immunisation Records

From 1 January 2016, all parents/guardians seeking to enrol their child at an early childhood service in Victoria must provide evidence that their child is:

- fully immunised for their age OR
- on a vaccination catch-up program OR
- unable to be fully immunised for medical reasons.

The 'No Jab No Play' law will apply to all early childhood education and care services in Victoria that provide:

- long day care
- kindergarten
- occasional care
- family day care

You can get copy of your child's most recent Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR) as evidence of your child's immunisation.

Child's Current Immunisation History Statement has been sighted by the centre management & a copy attached.	YES / NO	<u>Management Signature</u>
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Child's Health Information

Does your child have any cultural, religious or dietary requirements/ restrictions including intolerances not formally diagnosed from a medical practitioner? (Please Circle) YES / NO

If yes, please give details:

The service may ask for a management plan to be completed.

Does your Child have any known allergies/ medical conditions/ long term medication or any other specific health care needs eg asthma, epilepsy, diabetes, behavioural, medically diagnosed intolerances etc.

YES / NO

If yes, please give details and management procedures and also complete with the centre manager, the relevant medical conditions management/ risk minimisation plan:

Does your child have any special requirements/ additional needs? YES / NO

If yes, please give details and management procedures:

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment? YES / NO

If yes, please provide details:

ANAPHYLAXIS

Has your child been diagnosed at risk of anaphylaxis? (Please circle) YES / NO

Does your child have an auto injection device (e.g. EpiPen)? YES / NO

Has an 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 service 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

ASTHMA

Has your child been diagnosed with asthma? YES / NO

Has an asthma medical management plan been provided to the service? YES / NO

*In case of asthma you will be required to provide the service with an individual asthma management plan for your child signed by a medical practitioner who is treating your child. This will be attached to your child's enrolment form.

Other Relevant Information

Is there anything else that we should know about your child? (Fears, favourite activities, services they attend, including early intervention services and early childhood services)

Parent Involvement and Special Interests/ Talents

Are you able to donate your time to the centre to help in events such as parent meetings, or extra-curricular activities, incursions and excursions? **YES / NO**

Details: _____

Do you or any of your family members have any special interests, skills or talents that you would like to share with the centre? **YES / NO**

details: _____

Maintaining Fees

I agree to abide by the centre's policy of maintaining fees one (1) week in advance. I also understand fees are to be paid for all days the child is absent or sick and for any public holidays. If I am late collecting my child an additional fee will be charged. If fees fall behind the "one (1) week in advance" policy, my child's place at the centre may be jeopardised. I am aware that more information regarding my child's fees is available in the centre's Fee Policy.

Parent/ Guardian Signature

DATE:

Additional Authorisations

I, the person whose name and signature appear below, being the parent/ guardian hereby acknowledge and give (educators and the approved provider) the following permissions and authority to act as stated below:

<p><u>Administration of Panadol (Paracetamol) Parent Authorisation</u></p> <p>I hereby give permission for the educators or approved provider of the service to administer an emergency dose of Children’s Panadol(paracetamol) in accordance with the centre’s relevant policies and procedures including but not limited to the Medication policy, Incident, Injury, Trauma and Illness policy and Administering First Aid Policy.</p> <p>I understand first aid measures are the preferred method of assistance for fever and illness. In the event that an emergency dose of Panadol is required (as per the centre policy guidelines) I understand that I will be required to collect my child immediately and seek further medical assistance. I understand that Panadol (paracetamol) will only be administered as a last resort and emergency services (ambulance) will be contacted should my child’s condition worsen.</p>	<p>YES / NO</p>
<p>I give permission for the approved provider, nominated supervisor or an educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and be seek transportation of my child by an ambulance service.</p>	<p>YES / NO</p>
<p><u>Excursions and Transportation of Children</u></p> <p>I authorise, educators and approved provider of the service to take my child from the service at times of excursions or regular outings. I understand that the service will follow the Delivery and Collection of Children, Transportation of Children, Excursion and Incursion and Supervision Policies and ensure that written permission has been obtained from myself in accordance with the policy guidelines.</p>	<p>YES / NO</p>
<p>For my child to participate in evacuation drills that may require my child to go to the designated meeting place that is outside of the education and care service.</p>	<p>YES / NO</p>
<p>For my child to have sunscreen applied before going outside. I understand that I must provide and clearly label sunscreen if they have allergies or reactions to the service’s supplied sunscreen.</p>	<p>YES / NO</p>
<p>For my child to be checked if suspected of contracting head lice.</p>	<p>YES / NO</p>
<p>For educators to apply nappy creams/ lotions/powders provided by either myself for the child or using the centre supplied Bepanthen.</p>	<p>YES / NO</p>

I give permission for the centre to use the photographs of my child for educational purposes, observations and portfolios including instances where my child's photograph may appear in other children's portfolios.	YES / NO
If No to the above question, the centre may use the photograph for educational purposes, observations and portfolios but my child's face and name are not to be included where they may be distributed to other families e.g. Portfolios.	YES / NO
For Students to observe and take photos of my child for education and observation purposes, with students aware of the centre's Privacy policy and Confidentiality Policy.	YES / NO
For my child's photo to be taken by visiting media organisations for the purpose of newspaper articles.	YES / NO
I give permission for Wyndham Early Learning to send me information about my child and account via Email.	YES / NO

<u>Parent/ Guardian Name:</u>	<u>Signature:</u>
<u>Date:</u>	

Policy and Enrolment Information Confirmation

<p>I understand that I must familiarise myself with the centre policies as soon as possible and practical and discuss any concerns with centre management. I am aware that the services policies are always available to me in the Education and Care Service and copies may be provided to me on request. By signing below, I am agreeing that the responsibility to read and understand these policies and procedures is mine and agree to abide by them at all times. I am also aware that policies are reviewed regularly and can change to ensure the service meets the regulatory requirements. I am aware that I will be given the opportunity to contribute to these policy review process and be notified of any changes made.</p>
<p>I acknowledge that I have read and understood the contents of the Parent Information book issued by the service and agree to abide by the conditions and policies stated.</p>

<u>Parent/Guardian Name:</u>	<u>Parent/Guardian Signature:</u>
<u>Date:</u>	
<u>Witness Name:</u>	<u>Witness Signature:</u>
<u>Date:</u>	