



Let's Go Oshc Wandin Yallock

Child enrolment form 2016

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

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(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)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(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;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child from the service, AND/OR
 - b) Give these powers to someone else,

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

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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.

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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.

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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 be 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:

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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.

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 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))

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.

EFT details:

Let's Go Oshc

BSB: 063535

Account number: 1052 9565

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 Out 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 within 7 days of receiving
the invoice, 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: