

Weeden Heights Primary School Outside School Hours Care



Enrolment Form

Telephone – 9802 6903 (24 hours)

Hours of Operation

Before School Care – 7:30 am to 8:45 am

After School Care – 3:30 pm to 6:00 pm

Service Provider Number - 555 008 016L

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))

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". 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.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act* 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

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.

ENROLMENT DETAILS

Enrolment Date:

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. 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

Family Name:	Date of Birth:	*Sex: M <input type="checkbox"/> F <input type="checkbox"/> (please tick)
Given Names:	*Usually called:	
Home Address:		
Language(s) spoken in the home: Centrelink CRN:		
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)		
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander	
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?		
No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)		

Information about the child's parents or guardians

Mother	Father
Name	Name
Address – as per child or:	Address – as per child or:
Mother's Date of Birth:	Father's Date of Birth:
Mother's Centrelink CRN:	Father's Centrelink CRN:
Telephone (H) (W)	Telephone (H) (W)
(Mobile)	(Mobile)
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address – as per child or:	Address – as per child or:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Does the child live with the guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

Other persons to be notified

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.

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

Court orders relating to the child

Are there any **court orders** 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 carer'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:

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Details of people who you authorise to collect you 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

Child's health information

Name of Doctor/Medical Service: Telephone:

Address Doctor/Medical Service:

*Maternal & Child Health (MCH) Centre:

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

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:

Child's medical information

Does your child have any special needs? No Yes (please tick)

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 (please tick)

Does your child have an auto injection device (eg EpiPen®)? No Yes (please tick)

Has the anaphylaxis medical management plan been provided to the service? No Yes (please tick)

Has a risk management plant been completed by the service in consultation with you? No Yes (please tick)

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

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.

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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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Child's immunisation record

Has the child been immunised?

*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)

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Declaration and consent to emergency medical treatment

I, (Print full name)
a person with lawful authority of the child referred to in this enrolment form,

- 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;
- 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 in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

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Signature

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Date