



AQUAPULSE



EAGLE STADIUM

CRÉCHE/3YO KINDER ENROLMENT FORM

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 31-35. Questions marked with an asterisk * are not required to be answered by regulations, but will assist in the caring of your child.

INFORMATION ABOUT THE CHILD

FAMILY NAME DATE OF BIRTH SEX M F

GIVEN NAMES USUALLY CALLED

HOME ADDRESS

LANGUAGE(S) SPOKEN AT HOME

Is your 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

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

YES NO

If yes, please explain in further detail

INFORMATION ABOUT THE PARENTS AND/OR GUARDIANS OF THE CHILD

MOTHER

Name

Address As per child

OR

PH H M

Does the child live with the mother? YES NO

Email

FATHER

Name

Address

OR

PH H M

Does the child live with the father? YES NO

Email

GUARDIAN (IF APPLICABLE)

Name

Address

PH H M

Does the child live with the guardian? YES NO

Name

Address

PH H M

Does the child live with the guardian? YES NO



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's should notify one of the following people who are authorised to collect and care for the child after accident, injury trauma or illness.

NAME

ADDRESS

PH H M

Relationship to child

NAME

ADDRESS

PH H M

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 your child or access to your child?

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

1. If there are court orders in place relating to your child, you must bring the original court order/s for staff to see and a copy to attach to this enrolment form.
2. (a) 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;
 - 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.

DETAILS OF THE PEOPLE WHO ARE AUTHORISED TO COLLECT YOUR CHILD

NAME

ADDRESS

PH H M

Relationship to child

NAME

ADDRESS

PH H M

Relationship to child

NAME

ADDRESS

PH H M

Relationship to child

NAME

ADDRESS

PH H M

Relationship to child



CHILD'S HEALTH INFORMATION

Name of Doctor/Medical service Telephone

Address of Doctor/Medical service

Maternal and Child Health (MCH) centre

Does your child have a child health record? Yes No
Child health record means a record that documents a child's health and development assessments and immunisations.
If **yes**, please provide the record to the children's service for sighting.

Name and position of the person at AquaPulse Crèche who has sighted your child's health record

Name Position

CHILD'S HEALTH INFORMATION

1. Does your child have any additional needs? Yes No

If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.

2. Does your child have any allergies or sensitivity? Yes No

If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.

3. Anaphylaxis any allergies or sensitivity?

- Has your child been diagnosed with a risk of anaphylaxis? Yes No
- Does your child have an auto-injection device (eg. 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 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 them. This will be attached to your child's enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis

4. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)?

Yes No Condition

5. Does your child have any dietary restrictions?

Yes No If yes, please provide further details of the restriction/s

6. If there is anything else that the children's service should know about your child (eg. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.)?

Yes No If yes, please provide further details of the restriction/s

CHILD IMMUNISATION RECORD

Has your child been immunised? Yes No

If yes, please provide 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	2 months	4 months	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)							

Immunisation (valid from March 2008)	12-24 months	18-24 months
Hepatitis A		
Pneumococcal polysaccharide (23vPPV)		

Additional immunisations for Aboriginal and Torres Strait Islander children (if required)

Photo consent

I/we give permission for AquaPulse educators to take photographic images for use in program documentation, newsletters, children's developmental portfolios and inhouse training/education purposes.

Signature Date

If you are signing this form on behalf of a child (as parent or guardian) please provide the full name and age of that child

Declaration and consent to emergency medical treatment

I, (Print full name)

- 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; and
- 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.

Signature Date

Sun care

I give permission for sunscreen to be applied to my child for outdoor play.

Signature Date

Emergency evacuation

In event of an emergency evacuation/drill (e.g. Fire at the centre), the children will be required to evacuate the premises and assemble at a central point of safety. The children will be fully supervised by educators. I understand this and give the centre permission for my child to leave the centre premises for emergency fire practices.

Signature Date

Head Lice

I give permission for the centre to check my child's hair for head lice. I understand that if live head lice are found my child will be excluded and will not be able to return until effective treatment has commenced.

Signature Date

Procedures

I agree to abide by the centre procedures.

Signature Date

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.