



SEPT 2018

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	Μ	F
GIVEN NAMES			USUALLY CALLED			
HOME ADDRESS						
LANGUAGE(S) SPC	DKEN AT HOME					
Is your child of At	ooriginal and/or Torres Strait Islander o	rigin?				
No, not Abc	original or Torres Strait Islander	Yes, Aboriginal				
Yes, Aborigi	inal and Torres Strait Islander	Yes, Torres Strait Islander				
Does your child h	ave a developmental delay or disability	y including intellectual, sensory	or physical impairment	?		
YES	NO					
If yes, please exp	lain in further detail					

INFORMATION ABOUT THE PARENTS AND/OR GUARDIANS OF THE CHILD

me
dress
н
es the child live with Parent 2? YES NO
nail
me
dress
H M
es the child live with the guardiian? YES NO





OTHER PERSONS TO BE NOTIFIED

	ildren's service's should not	jury, trauma, or illness and the parents of illness and the parents of ify one of the following people who are		
NAME		NAME		
ADDRESS		ADDRESS		
РН Н	м	РН Н	м	
Relationship to child		Relationship to child		
COURT ORDERS REL	ATING TO THE CHIL	D		
Are there any court orders r to your child?	elating to the powers, dutie	es, responsibilities or authorities of any p	erson in relation to your child or acces	55
No, go to the next section	Yes, please com	plete the following		
1. If there are court orders this enrolment form.	in place relating to your chi	ld, you must bring the original court ord	er/s for staff to see and a copy to atta	ach to
 in the case of a f by a family day of consent to the m request or permi 	ing of the child outside the amily day care service, the	service by a staff member of the service taking of the child outside the family da d; ication to the child;		venue
(b) give these powers	to someone else.			
Please describe these chang	jes and provide the contact	details of any person given these powe	۲S.	
DETAILS OF THE PEO	OPLE WHO ARE AUT	HORISED TO COLLECT YOUR	CHILD	
NAME		NAME		
ADDRESS		ADDRESS		
РН Н	м	РН Н	м	
Relationship to child		Relationship to child		
NAME		NAME		
ADDRESS		ADDRESS		
РН Н	м	РН Н	Μ	
Relationship to child		Relationship to child		





CHILD'S HEALTH INFORMATION					
Name of Doctor/Medical service	Telephone				
Address of Doctor/Medical service					
Maternal and Child Health (MCH) centre					
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	l with respect to you	ır 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					
Has an Anaphylaxis Medical Management Plan been provided to the service? Yes					
Has a Risk Management Plan been completed by the service in consultation with you? Yes No					
In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Manageme	nt Policy. You will be	required to provide the service			
with an individual Medical Management Plan for your child signed by the medical practitioner who enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis	is treating them. This	will be attached to your child's			
4. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. th	nat are relevant to th	he 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. exc	essive fears, favouri	te 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 tick yes, please provide a copy of immunisation statement printed from My Gov website (copies from immunisation books no longer accepted)
If tick no we cannot except your enrolment.
Name and position of the person at Wynactive who has sighted your childs immunisation statement
Name Position
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 X 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 X Date
Sun care I give permission for sunscreen to be applied to my child for outdoor play. Signature × Date
Signature X 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 X 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 X Date
Procedures I agree to abide by the centre procedures.
Signature X 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' 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.