



Enrolment Form – Epping

How did you hear about our Centre? _____ Proposed Start Date: _____

Booking Information

Days Required:(please tick) Monday 6:30am – 6:30pm Tuesday 6:30am – 6:30pm Wednesday 6:30am – 6:30pm Thursday 6:30am – 6:30pm Friday 6:30am – 6:30pm
I agree to be able to utilise casual days up to a maximum of 5 sessions per week

Child Details

Surname: _____ Given Names: _____
Preferred Name/Nickname: _____ Date of Birth: _____ Gender: M F
Address: _____ State: _____ P/C: _____

Is the child of Aboriginal and/or Torres Strait Island Origin? (please tick)

No, not Aboriginal or Torres Strait Islander Yes, Aboriginal or Torres Strait Islander If Yes, Which Mob _____

Child's Country of Birth: _____ Primary Language spoken in the home: _____

Cultural Background of child: _____ Does the child understand | speak English? Yes No

Family Details

Please provide details of any siblings or other family members that live in your household.

- 1. Name: _____ Relationship: _____ DOB: _____
- 2. Name: _____ Relationship: _____ DOB: _____
- 3. Name: _____ Relationship: _____ DOB: _____
- 4. Name: _____ Relationship: _____ DOB: _____

Child Custody Information

Is there a legal document specifying who has custody of, or access to the child?

No (go to the next section) Yes (please complete the following)

Name of the custodial parent: _____

Are there any other court orders relating to this child?

No (go to the next section) Yes (please complete the following)

Please supply the Centre with copies of Custody / Court Orders or Access Arrangements that are in place for your child. Please note that without legal documentation, we cannot legally enforce or action the Order/s

Are there any other parenting orders or parenting plans relating to this child?

No (go to the next section) Yes (please complete the following)

Please supply the Centre with copies of parenting orders/parenting plans that are in place for your child.

Any additional information about access arrangements: _____

Contact Details for the Child's Parents or Guardians

Primary Guardian

Resides with Child Yes No

Miss Ms Mrs Mr Other _____

Name

Address

Date of Birth

Country of Birth

Cultural Background

Telephone (H)

Telephone (M)

Email Address

Relationship to the Child

Authorised to Collect the Child? Yes No

Employer Name

Address

Telephone (W)

Occupation

Secondary Guardian

Resides with Child Yes No

Miss Ms Mrs Mr Other _____

Name

Address

Date of Birth

Country of Birth

Cultural Background

Telephone (H)

Telephone (M)

Email Address

Relationship to the Child

Authorised to Collect the Child? Yes No

Employer Name

Address

Telephone (W)

Occupation

(A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order)

School Information

Does this child usually attend school? Yes No

When was, or when will this child be enrolled at school? _____

Authorisation for others to collect your child and provide permissions

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorised to collect and care for the child. Personal identification will be required from these people in order to collect your child on your behalf.

Please also list at least two people who are authorised to collect your child from the centre, permitted to authorise an educator to take your child outside of the centre on an excursion or are permitted to authorise medical treatment or the administration of medication to your child.

You may list the same person for all or some of these purposes if you wish. These people must be at least 18 years of age.

Name and Address <small>(Full name and address of each person is required under regulation 160(3)b)</small>	Contact numbers	Relationship to child	Please tick if you authorise the person to perform the following functions			
			This person has your permission to collect your child from the centre	The centre may notify this person in an emergency involving your child	This person has your permission to authorise medical treatment/ administration of medication to your child	This person has your permission to authorise an educator to take your child outside of the centre on an excursion
	H: W: M:					
	H: W: M:					
	H: W: M:					
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	H: W: M:					
	H: W: M:					

Immunisation Details

By law, to finalise enrolment for your child in long day care, kindergarten, family day care or occasional care you must provide the service with an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR) that shows your child is:

- up to date with vaccinations for their age OR
- on a vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated.

Has your child been immunised? No **(Please provide documentation as per page 8 of enrolment form and discuss with centre before enrolment can be confirmed)** Yes **(please provide a copy of the immunisation record print out from the National Immunisation Register)**

Health/Medical Information

Family Doctor's Name: _____

Family Doctor's Address: _____

Family Doctor's Telephone: _____ Child's Medicare Number _____

Preferred Hospital in Emergency: _____

Maternal and Child Health Centre: _____ Maternal and Child Health Contact Name: _____

(Office use) Child Health Record Sighted: Name: _____ Signature: _____

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis No Yes
- Does your child have auto injection device (eg. EpiPen, AnaPen) 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 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 can be found at www.education.vic.gov.au/anaphylaxis

Does your child have any allergy, sensitivities or special needs? No Yes (please tick)

If Yes, the following management procedures are to be followed (or a copy of the management plan must be attached):

Does the child have any medical conditions and needs (eg epilepsy, diabetes, anaphylaxis, asthma, etc.) which are relevant to the centre? No Yes (please tick)

If Yes, the following management procedures are to be followed (or a copy of the management plan must be attached):

Does your child have any dietary restrictions? (are there foods your child can not eat or drink) No Yes (please tick)

If Yes, the following restrictions apply:

Other Allergies (please detail and specify the signs/symptoms to be aware of, if any):

Does your child have a history of illnesses or injuries? No (go to the next question) Yes (**please provide details**)

Does your child currently on any prescribed medications? No (go to the next question) Yes (**please provide details and action plan**)

Child Care Subsidy Information

To ensure that you are linked to our centre through the Child Care IT System and to have Child Care Subsidies applied to your child care fees, you must contact The Department of Human Services to confirm that they have the correct name and date of birth for both the parent & child who are registered for the benefits.

Please complete the following information accurately to ensure that your CRN is linked to our centre and to enable you to receive Subsidies:

Person Registered for Child Care Subsidy with Department of Human Services (details must match EXACTLY)

Full Name: _____

Date of Birth: _____ CRN: _____

Child Registered for Child Care Subsidy with Department of Human Services (details must match EXACTLY)

Full Name: _____

Date of Birth: _____ CRN: _____

Has this child attended another child care centre this financial year? Yes No

Is the child attending multiple child care centres? Yes No

If yes, how many days are attended at another service? _____

Verification of Details held by Department of Human Services

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with this same information.
2. I am responsible for communicating this information to Department of Human Services.
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment.
4. I understand that if any details are incorrect then full child care fees are payable by me directly to the centre until the details are corrected with Department of Human Services.

Name: _____ Signature: _____ Date: _____

Agreement & Consent to Terms

Child's Name: _____ Date of Birth: _____

- 1. Emergency or Accidents**
In the event of an emergency, illness or trauma, I / We give the staff at the centre (Approved Provider or nominated supervisor) consent to provide Medical, Dental or Hospital treatment for our child. I / We consent to the transportation of our child by an ambulance service. I / We agree to pay any expenses incurred for Medical treatment and Transport.
- 2. Permission for Publication**
I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilised outside of the Centre, further permission will be sought.
- 3. Permission for Observation**
I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.
- 4. Storypark**
I / We hereby give permission for the centre and its Early Childcare Educators to take and use any photographs, video or sound recordings of my child and any other reproduction or adaptations of my child's likeness (the material) either in full or in part, in conjunction with any wording or artworks for the purposes of Storypark, an online program that documents my child's learning at the centre that only Educators and my family can see and to be used in group experiences or settings for the purposes of Storypark.
- 5. Fees**
Details about proposed to be charged for individual sessions are provided on our welcome letter, provided with this enrolment form. I understand that these fees may vary from time to time.
- 6. Payment of Fees**
I / We agree to maintain our fees as per the centre's fee policy. We will ensure our fees are kept up to date by making payments on the required day via Debitsuccess or as agreed with the Centre. I / We are aware that failure to pay due fees within 14 days may result in the cancellation of care at the Centre's option. Where an (direct debit) arrangement has been entered into, I/we authorise the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand in the event where our overdue account is referred to a collection agency and/or law firm, I / we will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.
- 7. Permission for Evacuations**
I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre staff to a safety zone for evacuation purposes. (Please refer to the Centre's Evacuation Plans and Procedures for information.)
- 8. Sunscreen Application**
I / We agree for the Centre Staff to apply sunscreen regularly to our child for outdoor play purposes. I / We understand that the Centre may use a variety of sunscreen brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/we agree to supply this product to the centre.
- 9. Centre Policies**
I / We acknowledge that the Centre Policies are available in the Centre's foyer at all times to view. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Boards in the Centre foyer.
- 10. Cancellation of Care**
I / We understand that two week's written notification is required in advance when cancelling care and fees are payable for the notice period.
- 11. Fees for Public Holidays**
I / We understand that Public Holidays are charged at the normal daily fee rate and that complimentary make-up days will not be available.
- 12. Late Fees**
I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$2 per minute for each minute that

your child has not been collected after closing time.

13. Priority of Access

I / We understand that Wallaby Childcare Centre Policy is to allocate the available places within the service in the following priority: **First Priority** – children currently enrolled within the service; **Second Priority** – children at risk or serious abuse or neglect; **Third Priority**– children whose parents satisfy the work, training and study guidelines specified by the Government; and **Fouth Priority**– all other children.

14. Infectious Diseases / Clearance Certificates

I / We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.

15. Head Lice

I / We understand that our child will be periodically checked for head lice. If our child has been checked and found to have head lice, we will collect and treat appropriately before our child returns to care

16. Non - Immunisation

I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information). We further understand it is a requirement that our child be fully up to date with all immunisations before commencing enrolment within the service.

17. Presence of Visitors and Volunteers

I / We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I / We consent to our child being in the presence of visitors and/or volunteers under the Centre Staff supervision.

18. Confidentiality of Enrolment Records

I/We understand 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 Education and Care Services.

Declaration and consent to emergency medical treatment

I, _____(Print full name)

a person with parental responsibility 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.

By signing this form I/we declare and confirm:

- **I / We have parental responsibility in relation to the Child referred to in this Enrolment Form;**
- **All information provided in this Enrolment Form is true and correct; and**
- **I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 17 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.**

Signature of Primary Parent/Guardian: _____ **Date:** _____

Signature of Secondary Parent/Guardian: _____ **Date:** _____

Parental Responsibility

“parent”, in relation to a child, includes—

- (a) a guardian of the child; and
- (b) a person who has **parental responsibility** for the child under a decision or order of a court;

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.

Immunisation History Statement Information

Refer to page 4 of enrolment form

Scenario	Advice
Lost ACIR Immunisation History Statement	Contact the ACIR for a replacement statement. These can also be downloaded and printed from the Medicare website at any time.
Incorrect ACIR Immunisation History Statement	If vaccines are missing from a statement, contact the doctor/nurse to check if the records were sent to the ACIR. Once the updated information is received by the ACIR, a corrected Immunisation History Statement can be re-issued to you on request.
Overdue for a vaccination	See a doctor/immunisation nurse. The doctor/nurse will provide the vaccine and inform the ACIR. Once the updated information is received by the ACIR, an updated Immunisation History Statement can be issued to you on request.
Overdue for multiple vaccinations	See a doctor/immunisation nurse. The doctor/nurse will develop a 'catch-up schedule'. Your doctor can provide you with an immunisation status certificate.
Medical reasons can't be fully vaccinated	See a doctor. The doctor will provide information to the ACIR and, on request, the ACIR will issue you with a Statement that says 'up to date' and notes which vaccines your child cannot receive for medical reasons.
Overseas vaccination	See a doctor/immunisation nurse. Overseas vaccination schedules may differ from the Australian schedule and need to be checked by a doctor/nurse who will transfer the information to the ACIR. An Immunisation History Statement will then be issued to you by the ACIR at your request.
Questions or concerns	Seek advice from a medical doctor or immunisation nurse.

Request an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR)

- phone 1800 653 809
- email acir@medicareaustralia.gov.au
- visit www.medicareaustralia.gov.au/online
- visit a Medicare service centre.