



How did you hear about our Centre? _____

Proposed Start Date: _____

Child Details

Surname: _____ Given Names: _____

Preferred Name/Nickname: _____ Date of Birth: ____/____/____

Gender: M F Prefer not to answer

Home Address: _____

State: _____ Post Code: _____

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

No Yes, Aboriginal and/or Torres Strait Islander

Child's Country of Birth: _____

Primary Language spoken at home: _____

Cultural background of child: _____

Does the child understand / speak English? Yes No

Booking Information

Days required: (please tick)

Monday Tuesday Wednesday Thursday Friday

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: __/__/____

5. Name: _____ Relationship: _____ DOB: __/__/____

Child Custody Information

If parents are separated/divorced, 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: _____

Any additional information about access arrangements:

Are there any other court orders relating to this child?

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

Please detail court order:

Please supply the Centre with copies of Custody / Court Orders or Access Arrangements that are in place for your child.

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)

Email (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)

Email (W)

Occupation

Authorisations 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 (Full name and address of each person is required under regulation 160(3)b)	Contact numbers	Relationship to child	Please tick if you authorise the person to perform the following functions			
			Permission to collect your child from the Centre	Can be notified in case of an emergency	Can authorise medical treatment/administration of medication	Permission to authorise an educator to take your child outside the Centre on an excursion
	H: W: M:					
	H: W: M:					
	H: W: M:					
	H: W: M:					
	H: W: M:					
	H: W: M:					
	H: W: M:					
	H: W: M:					

School Information

Does this child usually attend school? Yes No

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

Immunisation Details

To be eligible for Child Care Benefit, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

- fully immunised or up-to-date according to the Australian Standard Vaccination Schedule; or
- on a catch-up vaccination schedule; or
- you have an approved exemption for your child (see below).

Your child is exempt from the immunisation requirements in the following circumstances:

- you have been told by your doctor about the benefits and risks of immunising your child and you have a conscientious objection to immunising your child – your child's doctor or a recognised immunisation provider will need to complete a 'Medical Contraindication' form; or
- immunising your child with a particular vaccine is medically contraindicated; or
- the child has a natural immunity to a disease or a vaccine is temporarily unavailable; or
- you or your partner are a member of the Church of Christ Scientist and you have a letter from an official of the Church advising that you are a practicing member of the Church.

Has your child been immunised? No (Please provide approved objection) Yes (please provide copy of child health record or a copy of the immunisation record print out from the National Immunisation Register- this can be obtained from your local council or your local Medicare Office – Ph. 1800 653 809)

Health/Medical Information

Family Doctor's Name: _____

Family Doctor's Address: _____

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

Preferred Hospital in Emergency: _____

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis

No Yes

Does your child have auto injection device (e.g. 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 (e.g. 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? 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)

CCB & CCMS Information

To ensure that you are linked to our centre through the Child Care Management System ('CCMS') and to have Child Care Benefit ('CCB') applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCB.

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

Person Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

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

Is the child attending multiple child care centres? No Yes

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

Verification of Details held by Centrelink

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 Centrelink.
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 Centrelink.

Name: _____ Signature: _____ Date: _____

Other Children in Care/Multiple Child CCB Percentage

If you have other children who are registered for CCB at another service, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. As this information may change, we will ask you for updates periodically throughout the year to ensure the correct CCB percentage is applied.

Details of Other Children in Care

1. Full Name: _____ DOB: _____
2. Full Name: _____ DOB: _____
3. Full Name: _____ DOB: _____
4. Full Name: _____ DOB: _____

Agreement & Consent to Terms

1. Emergency or Accidents

In the event of an emergency, illness or trauma, I / We give the staff at the centre consent to provide Medical 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 utilized 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. 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 Direct Debit, Eftpos 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. I / We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account.

5. Permission for Evacuations

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child may 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 Centres Evacuation Plans and Procedures for information.)

6. 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.

7. Child Care Benefit (Lump Sum Claims)

I / We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Benefit as reduced fees on a weekly basis.

8. 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.

9. Cancellation of Care

I / We understand that two week's written notification is required in advance when cancelling care.

10. 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.

11. 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: \$1 per minute for each minute that your child has not been collected after closing time.

12. Priority of Access

I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse or neglect; Second Priority – children whose parents satisfy the work, training and study guidelines specified by the Government ; and Third Priority – all other children.

13. 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.

14. 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.

15. 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).

16. 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.

17. 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.