



Enrolment Form

This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please answer all questions.

Preferred Commencement Date: _____

Days required (please circle):

Monday Tuesday Wednesday Thursday Friday

Has your child attended another care facility: Y/N

Details: _____

CHILD DETAILS

Family Name..... Date of Birth.....Sex: M/F
Given Names..... Preferred Name.....
Home Address.....
Language(s) spoken at home.....
CRN:.....
Does the child have any siblings? Yes/No If yes are they in care elsewhere? Yes/No
Name.....Age:.....Sex.....
Name.....Age:.....Sex.....
Name.....Age:.....Sex.....

Information about the child's parents or guardians:

Parent/Guardian	Parent/Guardian
Name.....	Name.....
Relationship to child.....	Relationship to child.....
D.O.B.....CRN.....	D.O.B.....CRN.....
Address:- if different to child's address	Address:- if different to child's address
Drivers license No.....	Drivers license No.....
Occupation:.....	Occupation:.....
Workplace Name and Address:	Workplace Name and Address:
Telephone/s: Home.....	Telephone/s: Home.....
Work..... Mobile.....	Work..... Mobile.....
Email.....	Email.....
Does the child live with this parent? Yes/ No	Does the child live with this parent? Yes/ No

Court Orders relating to the child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access of the child?

No – go to next section

Yes – please attach a copy of the court orders to this enrolment from:

Please describe changes and provide the contact details of any person given the powers and responsibilities:.....

.....
.....
.....
.....

Signature.....

Lawful Authority Definitions

Parents

All parents have powers and responsibilities in relation to their children, which 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 a 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.

Other Persons to be notified- Over 18 years of Age

In the event of an accident, injury, illness or trauma and the parents or guardians can't be contacted, I give permission for the Director/staff to contact one of the following people who are authorised to collect and care for the child.

Name.....	Name.....
Address.....	Address.....
Telephones: Home.....	Telephones: Home.....
Mobile..... Work.....	Mobile..... Work.....
Drivers License No.....	Drivers License No.....
Relationship to child.....	Relationship to child.....

Collecting the child from the centre- children will only be released into the care of a person over the age of 18.

Your permission is required for other people to collect the child from the centre in your behalf. Please list the details of the people that are permitted to collect your child from the centre

Name.....	Name.....
Address.....	Address.....
Telephones: Home.....	Telephones: Home.....
Mobile..... Work.....	Mobile..... Work.....
Drivers License No.....	Drivers License No.....
Relationship to child.....	Relationship to child.....

Child's Medical and Health Information

Childs Doctor/ Medical Service..... Telephone.....

Address of Doctor/Medical Service.....

Maternal and Child Health Centre.....

Has your child had any developmental assessments: Y/N

Details.....

Is your child under a specialist: Y/N

Details.....

Medicare No..... Expiry Date.....

Health Card No..... Expiry Date.....

Does your child have any allergy or intolerance? Yes/No (if so please detail)

.....

Does your child have any medical conditions and or special needs, if yes, a copy of the management plan

MUST be provided/attached.? Yes/No (if so please detail)

.....

.....

Do you have private Health Insurance: Yes/No (if yes give details).....

Do you have ambulance cover: Yes/No (if yes give details).....

If your child has a food allergy it is a requirement of the centre that an allergy band is worn. \$12 will be charged to your account for the cost of the band.

Allergy Band Permission:

I, being legal guardian of, give permission for my child's picture to be displayed at the centre with the allergy band. I also understand that it is my responsibility to place the band on my child's wrist when I arrive at the centre, and to return it to the allergy board in the kitchen when leaving. I understand that a \$12 fee will be charged on commencement and if the band is to be replaced.

Printed Name.....Signature.....

Child's Immunisation Details

On enrolment we are required to sight the immunisation records and will take a photo copy for your child's records. This must be provided before your child can commence care.

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, consent to the staff of the children's service seeking, medical treatment, by a medical practitioner, hospital, or ambulance service on my behalf as is reasonably necessary. I will reimburse any expenses incurred by the children's service.

Signature:..... Date:.....

Health information

Does your child have any special needs? Yes _ No _

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes _ No _

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

Has the 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 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 a child health record? Yes _ No _

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.

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))

I _____ (name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.

Parent’s signature: _____ Date:

Other Information:

<p>Does your child attend/participate in any organised activities?</p> <p>Does your child have any fears?</p> <p>Does your family have any religious or cultural beliefs that you would like observed?.....</p> <p>TOILETING: <i>Does your child wear nappies? Need help with toileting practices etc?</i></p> <p>SLEEPING: <i>Please list usual sleeping pattern of your child.....</i></p> <p><i>Does your child settle on their stomach, back, side?.....</i></p> <p><i>Does your child have a dummy to settle with? Yes/No</i></p> <p><i>Does your child require any particular “comforter” for sleep time? i.e.: Blanket</i></p> <p><i>Have you any interests, hobbies, skills or crafts that you would like to share with the centre Yes/No?</i></p> <p><i>Please list any other relevant information that may help us to provide the special care your child needs?</i></p>
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BABIES INFORMATION:

FLUIDS:

Breast Fed? Yes/No Number of feeds per day?.....

Bottle fed? Yes/No Number of feeds per day?.....

Type of teat preferred?

Formula used:

Approximately:mls consumed each feed?

Does baby use a feeding cup? Yes/No

SOLID FOODS:

Has your baby been introduced to solid foods? Yes/No

If yes, what foods have been tried, tolerated & liked?.....

.....

Do you puree, sieve or mash their food?.....

Will you child be eating the centre meals displayed in the foyer: Y/N

Please read and acknowledge the following:

1: I hereby acknowledge that the staff at Cricklewood Child Care Centre is not authorised to administer any medication to my child without my written authorisation and the details being entered on the centres medication form.

Parents/Guardian Signature:..... Date:.....

2: The centre has provided me with a Parent Hand Book, which I have read and understand.

Parents/Guardian Signature:..... Date:.....

3: As explained in the Policy book under our sun policy, the centre provides 30+ sunscreen to all children attending this centre. I give permission for the staff to apply the centre sunscreen on my child/ren.

Parents/Guardian Signature:..... Date:.....

4: I understand and accept that my child/ren name is visible to other parents displayed in our centre.

Parents/Guardian Signature:..... Date:.....

5: I consent to the staff checking my child's hair for hair lice if it is present within the centre.

Parents/Guardian Signature:..... Date:.....

6: I acknowledge that my child's photo and name may be used and distributed home with families in the form of cds/dvds and portfolios.

I consent for my child to be included in the dvds/cds and portfolios sent home to families.

Parents/Guardian Signature:..... Date:.....

7: I acknowledge that my child's photo and name will be displayed at the centre.

I consent for my child's name and photo to be displayed.

Parents/Guardian Signature:..... Date:.....

8. I understand that I will need to get a doctors letter giving permission for the staff at Cricklewood to administer any form of unsubscribed medication such as Panadol,, Nurofen, etc.

Parent/Guardian Signature:..... Date:.....

I(print fill 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 she/he becomes unwell at the centre.

Signed:..... Date:.....