



Enrolment Record for Childcare Services

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 to 35.

All sections **MUST** be completed

35 Tortice Drive, Ringwood North 3134

Occasional Care: Mon / Tue / Wed / Thu / Fri **5 hour** **3 hour**
 (Preference will be given to 5 hour bookings)

INFORMATION ABOUT THE CHILD

Family Name.....Given Names.....

Usually Called.....Date of Birth..... Sex: Male Female

Home Address.....

Language(s) Spoken at Home.....

Are there any cultural or religious considerations that need to be allowed for? No Yes

INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS

Mother/ Guardian Name	Father/ Guardian Name
Address	Address
Telephone (H)	Telephone (H)
(W)	(W)
(Mobile)	(Mobile)
Email:	Email:
Does the child live with the mother? Yes No	Does the child live with the father? Yes No

COURT ORDERS RELATING TO THE CHILD

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

No (Go to next Section) Yes (Please complete the following);

Bring the original court order/s for staff to see & a copy to attach to this enrolment form; If these orders change the powers of a parent guardian to:

- a) Authorise the taking of the child outside the NRCHI Childcare Service by a staff member of the Childcare Service; Consent to the medical treatment of the child; Request or permit the administration of medication to the child; Collect the child, AND/OR
- b) give these powers to someone else, please describe these changes & provide details of any person given these powers: OR
- c) relate to the child's residence or the child's contact with a parent or other person.

COLLECTING THE CHILD FROM CHILDCARE

Please list the details of those people who you authorise to collect the child from childcare on your behalf. In the event that the child is not collected & the parents cannot be contacted, this list will be used to arrange collection of the child.

1. Name	2. Name
Address	Address
Telephone (H)	Telephone (H)
(W)	(W)
(Mobile)	(Mobile)
Relationship to child:	Relationship to child:

NEIGHBOURHOOD WALKS

NRCHI would like permission to take your child on a neighbourhood walk of the extended premises of 35 Tortice Drive, Ringwood North at anytime during the year. I give my permission for my child to participate in neighbourhood walks with a qualified educator.

Signature.....Date.....

PERMISSION TO PHOTOGRAPH YOUR CHILD

NRCHI would like permission to photograph your child. This photo may be used on our web page or on advertising displays regarding the activities at the Community House. I give my permission for the North Ringwood Community House Inc. to photograph & use a photograph of my child for publicity purposes. OR In house only

Signature.....Date.....

Confidentiality of enrolment records:
NRCHI will 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.

CHILDS MEDICAL AND HEALTH INFORMATION

Name of Doctor/Medical Service.....

Address.....Phone.....

Medicare No. Ambulance Member Yes No

Does your child have any medical conditions & special needs (eg. Asthma, Epilepsy, Diabetes etc.) which are relevant to their care?
Yes No If Yes management plans need to be provided

Does the child have any special needs including a developmental delay or disability, intellectual, sensory or physical impairment?
Yes No If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

Does your child have a health record? Yes No If yes please provide to us for sighting.
Child's health record means a record that documents a child's health & development assessment & immunisations.

Name of person at NRCHI who sighted the child's health record.....

DIETARY REQUIREMENTS

From time to time children may participate in a cooking/food related activity. Please note any dietary requirements.

- Vegetarian
- Vegan
- Other (please specify)

EMERGENCY CONTACTS

There may be times when the child has an accident, injury, trauma or illness & the parents or guardians cannot be contacted. In this situation we should notify one of the following people who are authorised to collect & care for the child.

1. Name	2. Name
Address	Address
Telephone (H)	Telephone (H)
(W)	(W)
(Mobile)	(Mobile)
Relationship to child:	Relationship to child:

PEOPLE AUTHORISED TO CONSENT TO MEDICAL TREATMENT

Please list the details of those people authorised to consent to medical treatment of the child or to authorise the administration of medication to the child on your behalf in the event that the parents cannot be contacted.

1. Name	2. Name
Address	Address
Telephone (H)	Telephone (H)
(W)	(W)
(Mobile)	(Mobile)
Relationship to child:	Relationship to child:

ANAPHYLAXIS – does your child have any allergies?

- Has your child been diagnosed at risk of anaphylaxis? Yes No
- Does your child have an auto injection device (eg EpiPen®)? (Must supply EpiPen) Yes No
- Has the anaphylaxis medical management plan been provided to NRCHI? Yes No
- Has the risk management plan been completed by NRCHI in consultation with you? Yes No

In the case of anaphylaxis you will be provided with a copy of NRCHI's 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 **MUST HAVE EPIPEN**

IMMUNISATION

Your child's vaccinations must be up to date to enrol them in our childcare. Proof must be provided for entry into the Childcare facility.

Is your child immunised for their age? Yes No

Copy of child immunisation record attached? Yes No

An *Immunisation History Statement* from the Australian Childhood Immunisation Register should be used as evidence of up to date vaccination. An Immunisation Status Certificate from a medical doctor or a local council immunisation service may also be used.

Immunisation History Statements are available on request at any time by contacting Medicare:

- By telephone on 1800 653 809
- By email on acir@medicareaustralia.gov.au
- Online at www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts
- In person at your local Medicare service centre.

OTHER INFORMATION

Please list 3 of your child's favourite activities.....

Please list 3 areas of development you would like us to focus on with your child (food, sleep, toileting).....

Please list any fears your child has.....

Please provide a schedule for your child's routine.....

DECLARATION AND ACKNOWLEDGEMENT OF EMERGENCY TREATMENT

I, (Print full name)

declare as the person with lawful authority of the child referred to in this enrolment form,

- That the information in this form is true & correct and undertake to immediately inform NRCHI in the event of any changes to this information;
- I will ensure my child's vaccinations are kept up to date
- Agree to collect or make arrangements for the collection of the child if she/he becomes unwell in the Childcare Service;
- Acknowledge to the staff of NRCHI seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary & that I will reimburse any necessary medical expenses incurred by NRCHI;
- Acknowledge to the transportation of the child by an ambulance service if required;
- Acknowledge to the child being taken to the emergency assembly point in case of a necessary evacuation.

Signature.....Date.....