

PARK ORCHARDS LEARNING CENTRE INC. CHILDCARE ENROLMENT FORM

Year 2012

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. The licensed children's services must collect the child's enrolment information in this form, as required in regulations 31 to 35). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist in caring for your child.

Information about the child

Family Name:..... Date of Birth:..... *Sex: M F (please tick)

Given Names:.....Usually called:.....

Home Address:.....

Language(s) spoken in the home:

*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

No, not Aboriginal or Torres Strait Islander Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?
No Yes (please tick)

Information about the child's parents or guardians

Mother	Father
Name	Name
Address – as per child or:	Address – as per child or:
Telephone/s – Home - Work - Mobile – Email -	Telephone/s – Home - Work - Mobile – Email -
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address – as per child or:	Address – as per child or:
Telephone/s – Home - Work - Mobile – Email -	Telephone/s – Home - Work - Mobile – Email -
Does the child live with the guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

Other persons to be notified

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Name	Name
Address	Address
Telephone/s – Home - Work - Mobile	Telephone/s - Home - Work - Mobile
Relationship to child	Relationship to child

CONFIDENTIAL

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 to the child?

No go to the next section.

Yes **please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form;

2. If these orders:

a) change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service AND/OR

b) give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

.....

.....

.....

Details of people who you authorise to collect your child.

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below. This list may be added to or changed throughout the year.

In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name	Name
Address	Address
Telephone/s – Home - Work - Mobile	Telephone/s - Home - Work - Mobile
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s – Home - Work - Mobile	Telephone/s - Home - Work - Mobile
Relationship to child	Relationship to child

Child's medical and health information

Name Doctor/Medical Service:Telephone:.....

Address Doctor/Medical Service:.....

*Maternal & Child Health (MCH) Centre:.....

Does your child have child health record? No Yes (please tick)

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 staff member at the children's service who has sighted the child's health record.

Name:.....Position:Date sighted.....

Does the child have any special needs? No Yes (please tick)

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

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

Does your child have any allergies or sensitivity? No Yes (please tick)

If yes, please provide details of any special needs and any management procedure to be followed with the respect to the allergy?

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

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? No Yes
- Does your child have an auto injection device (e.g. Epipen®)? 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 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 is available at www.education.vic.gov.au/anaphylaxis

Does your child have any other medical conditions? (e.g. asthma, epilepsy, diabetes etc. that are relevant to the care of your child? No Yes

If yes, please provide details of any special needs and any management procedure to be followed with the respect to the medical condition?

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

Does your child have dietary restrictions? No Yes

If yes, the following restrictions apply:

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

Child's immunisation record

Has the child been immunised?

No Yes (please tick)

If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation Record printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register

Name and position of staff member at the children's service who has photocopies the child's immunisation record.

Name:.....Position:Date copied:.....

***Other information**

If there is anything else that the children's service should know about the child (eg excessive fears, attending other early childhood service or early intervention service, etc)

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

SUNSCREEN PROTECTION

In line with the Anti-Cancer Council of Victoria recommendations, the children's service suggests all children are protected by SPF 30+ sunscreen when exposed to sunlight. In conjunction with Park Orchards Learning Centre's Sunsmart Policy we ask that each parent apply SPF 30+ sunscreen to their child prior to arrival at Occasional Care.

Do you give your permission to-

Please circle

- The childcare workers re-applying SPT 30+ sunscreen (which I have applied) to my child
When going outside during September through and including April
- Your child's photo being taken whilst in childcare

Yes No
Yes No

Print Name Signed..... Date:.....

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,

- 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 childcare co-ordinator or other staff member of the children's service, seeking medical treatment for the child from a medical practitioner, hospital or ambulance service.

I understand that I will be responsible for any necessary expenses incurred by the Park Orchards Learning Centre.

Signature:

Date:

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 1998* 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.

Confidentiality of enrolment records

The Primary Nominee of this children's service must ensure that information in this 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 (reg. 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 Park Orchards Learning Centre in the event of any change to this information.

Parent's /Guardian's signature: _____ Date: _____

Privacy Statement: Park Orchards Learning Centre Inc. respects your right to information privacy. Information collected and held is kept in accordance with information privacy laws. Please contact us if you would like any further information on privacy.

GETTING TO KNOW YOUR CHILD

To assist the childcare staff in getting to know your child and planning the sessions could you please fill in the following information sheet?

Child's Name: D.O.B:

Toilet trained? Yes No

Has your child been in child care before? Yes No

Are there any brothers or sisters? Yes No

If so please list them:

Name	Age	Gender
.....		
.....		

Are there any pets? Yes No

If so please list them.

Type of animal	Name
.....	
.....	

Does your child have any security objects? Yes No

If yes what are they?

Does your child have any fears or dislikes? Yes No

If yes what are they?

Are there any special occasions that your family celebrate or do not celebrate? Yes No

If yes what are they?

Does your child enjoy? (please circle)

Singing	Yes	No	Art activities	Yes	No
Dancing	Yes	No	Sandpit	Yes	No
Outside play	Yes	No	Puzzles	Yes	No
Water play	Yes	No	Getting messy	Yes	No

Other:

What is your child's favourite?

Storybook.....Storybook character.....

Toy.....Game.....Song.....

Are there any words that have a special meaning to your child that we may need to know? Yes No

If yes what are they?

Any information you would like to share with us:

Do you have skills that you would like to contribute to the Park Orchards Learning Centre program?

Thank you for completing this form. This information will enable the childcare staff to get know and understand your child quickly.