



## ENROLMENT DETAILS 2010

Enrolment Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 by the Children's Service Regulations 1998 (Regulations). Questions marked with an \* are not required by the Regulations, but you are encouraged to answer these to assist in providing relevant children's services.

### INFORMATION ABOUT THE CHILD:

Family Name: _____	Date of Birth ____ / ____ / ____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Given Names: _____		Usually Called: _____
Home Address: _____		Postcode _____
Language(s) spoken in the home: _____		
* Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)		
<input type="checkbox"/> <b>No</b> , not Aboriginal or Torres Strait Islander	<input type="checkbox"/> <b>Yes</b> , Aboriginal	
<input type="checkbox"/> <b>Yes</b> , Aboriginal and Torres Strait Islander	<input type="checkbox"/> <b>Yes</b> , Torres Strait Islander	

### INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS:

<b>Mother</b>		<b>Father</b>	
Given Name	Family Name	Given Name	Family Name
Address – as per child or:		Address – as per child or:	
Ph. (H) _____	(W) _____	Ph. (H) _____	(W) _____
(Mob) _____	(Email) _____	(Mob) _____	(Email) _____
Does the child live with the mother? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)		Does the child live with the father? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
<b>Guardian (if applicable)</b>		<b>Guardian (if applicable)</b>	
Name _____		Name _____	
Address – as per child or:		Address – as per child or:	
Ph. (H) _____	(W) _____	Ph. (H) _____	(W) _____
(Mob) _____	(Email) _____	(Mob) _____	(Email) _____
Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)		Does the child live with this guardian? Yes <input type="checkbox"/> No <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.

Name _____	Name _____
Address _____	Address _____
Ph. (H) _____	(W) _____
(Mob) _____	(Mob) _____
Relationship to child _____	Relationship to child _____

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**COURT ORDERS RELATING TO 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 next section) **Yes**  (please complete the following):

Bring the **original** court order/s for staff to see **and a copy to attach to this enrolment form;** if these orders:

- a) change the powers of a parent / guardian to
  - authorise the taking of the child outside the service by 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, AND / OR
- b) give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

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**COLLECTING THE CHILD FROM THE SCALLYWAGS CHILDREN'S CENTRE:**

*Your consent is required for the other people to collect the child from the Scallywags Children's Centre on your behalf. Please list the details of those people who can collect the child in the table below. In the event that the child is not collected from Scallywags and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.*

**DETAILS OF PEOPLE WHO CAN COLLECT THE CHILD:**

(This list may be added to or changed throughout the year)

<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
Ph. (H) (W) (Mob)	Ph.(H) (W) (Mob)
Relationship to child	Relationship to child
<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
Ph. (H) (W) (Mob)	Ph. (H) (W) (Mob)
Relationship to child	Relationship to child

How did you hear about this service? \_\_\_\_\_

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**CHILD'S MEDICAL AND HEALTH INFORMATION:**

Name Doctor/Medical Service: _____ Phone _____
Address: _____
Maternal & Child Health (MCH) Centre: _____
*Has the child had their 3½ year old assessment?    Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) <b>If Yes, provide details by attaching a copy of the 3 ½ year assessment from the Child Health Record book.</b>
<b>Does the child have any allergy or sensitivity?    Yes <input type="checkbox"/>    No <input type="checkbox"/> (please tick)</b> <p style="text-align: center;"><b>IF YES THEN A MANAGEMENT PLAN MUST BE ATTACHED</b></p>
<b>Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc) which are relevant to Scallywags?    Yes <input type="checkbox"/>    No <input type="checkbox"/> (please tick)</b> <p style="text-align: center;"><b>IF YES THEN A MANAGEMENT PLAN MUST BE ATTACHED</b></p>
<b>Does the child have any dietary restrictions?    Yes <input type="checkbox"/>    No <input type="checkbox"/> (please tick)</b> <b>If Yes, the following restrictions apply:</b>

**CHILD'S IMMUNISATION RECORD:**

Has the child been immunised?    Yes     No  (please tick)

**If yes, please 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 **OR**
- ♦ completing the table below using the child's Immunisation Record to provide the dates of immunisation received.

Immunisation	2 months	4 months	6 months	12 months	18 months	4 to 5 yrs
DTP(Diphtheria/Tetanus/Pertussis)						
OPV (Oral Polio Vaccine-Sabine)						
MMR (Measles, Mumps, Rubella)						
Hib-TITER						
<b>or</b> Hib-PedvaxHIB						
Meningococcal C						

You may also have purchased additional immunisations for your child. If so, please provide the dates these have been given:

Hepatitis B (three injections)	1	2	3
Childhood Pneumococcal Vaccine			
Chicken Pox			

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**OTHER INFORMATION:**

If there is anything else that Scallywags Children’s Centre should know about the child eg. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc) this is as follows:

**Does your child have particular support needs?** \_\_\_\_\_

\* **INCOME STATUS:** Do you have a Centrelink card?  YES  NO

If **YES** what type of card do you have?

- Age pension       Sickness allowance       Youth allowance
- Family allowance supplement       Mature age allowance       Special benefit
- Newstart allowance       Newstart mature age       Disability supp pension
- Partner allowance       Parenting payment       None
- Other

**CARD SIGHTED:**  **Office Signature**.....

**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 this information is true and correct and undertake to immediately inform Scallywags Children’s Centre 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 service;
- Consent to the staff of Scallywags Children’s Centre seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by Scallywags Children’s Centre.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LAWFUL AUTHORITY**

**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* 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 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.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.