



ENROLMENT DETAILS 2012

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 2009. 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"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander	
* Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?		
No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)		

INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS:

<i>Mother</i>		<i>Father</i>	
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)	
<i>Guardian (if applicable)</i>		<i>Guardian (if applicable)</i>	
Name		Name	
Address – as per child or:		Address – as per child or:	
Ph. (H) _____ (W) _____		Ph. (H) _____ (W) _____	
(Mob) _____		(Mob) _____	
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 after accident, injury, trauma or illness.

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

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 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 CAN COLLECT YOUR CHILD:

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 you authorise can collect your 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.

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

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

*How did you hear about this service? _____

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

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

- Family allowance supplement Partner allowance Parenting payment
- Disability supp. pension Special benefit Other
- Sickness allowance Newstart allowance None
- Youth allowance Health care card for the child being enrolled

CARD SIGHTED: **Staff signature** _____

CHILD'S HEALTH AND MEDICAL INFORMATION:

Name Doctor/Medical Service: _____ Phone _____

Address: _____

Maternal & Child Health (MCH) Centre: _____

*Does your child have a health record? Yes No (please tick)**If Yes, provide to the service for sighting. Child Health record means a record that documents a child's health and development assessments and immunisations.**

Person at children's service who sighted the child's health record: Name _____ Position _____

Does your child have any special needs? No Yes (please tick) If yes, please attach details of any special needs and any management procedure to be followed with respect to the special needs.**Does the child have any allergy or sensitivity?** Yes No (please tick) If yes, please attach details of any allergies and any management procedure to be followed with respect to the allergy.**Anaphylaxis. Has your child been diagnosed at risk of anaphylaxis?** Yes No (please tick)Does your child have an auto injection device (eg EpiPen)? Yes No (please tick)Has the anaphylaxis management plan been provided to the service? Yes No (please tick)In the case of anaphylaxis you will be provided with a copy of the service's anaphylaxis management policy. You will be required to provide the service with an individual 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 the child have any medical conditions (eg asthma, epilepsy, diabetes, etc) which are relevant to the care of your child?** Yes No (please tick)) If yes, please attach details of any medical condition and any management procedure to be followed with respect to the medical condition.Does the child have any dietary restrictions? Yes No (please tick)**If Yes, please specify****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 yrs
Hepatitis B						
Diphtheria, tetanus & acellular pertussis (DTPa)						
Haemophilis influenza (Type b)						
Inactivated poliomyelitis (IPV)						
Pneumococcal conjugate (7vPCV)						
Rotavirus						
Measles, Mumps, Rubella (MMR)						
Meningococcal C						
Varicella (VZC)						
Other –please specify						

***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? _____

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 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 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.