



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 108–110. Questions marked with an asterisk \* are not required to be answered by regulations, but will assist in the caring of your child.

ALL SECTIONS ARE TO BE COMPLETED	
Information about the child	
Family name: Date of birth:	*Sex: M F (please tick)
Given names:*Usually called:	
Home address:	
Cultural background:	
Language(s) spoken at home:	
*Is your child of Aboriginal and/or Torres Strait Islander origin? (p	ease tick)
No, not Aboriginal or Torres Strait Islander	Yes, Aboriginal
Yes, Aboriginal and Torres Strait Islander	Yes, Torres Strait Islander
Information on the parents and/or guardians of	the child
Parent/guardian	Parent/guardian
Parent/guardian Full name	Parent/guardian Full name
-	
Full name	Full name
Full name  Address — as per child or:	Full name  Address — as per child or:
Full name  Address — as per child or:  Email address:	Full name  Address — as per child or:  Email address:
Full name  Address — as per child or:  Email address:  Telephone (H) (M)	Full name  Address — as per child or:  Email address:  Telephone (H) (M)
Full name  Address — as per child or:  Email address:  Telephone (H) (M)  Does the child live with the parent/guardian? (please tick)	Full name  Address — as per child or:  Email address:  Telephone (H) (M)  Does the child live with the parent/guardian? (please tick)
Full name  Address — as per child or:  Email address:  Telephone (H) (M)  Does the child live with the parent/guardian? (please tick)	Full name  Address — as per child or:  Email address:  Telephone (H) (M)  Does the child live with the parent/guardian? (please tick)
Full name  Address — as per child or:  Email address:  Telephone (H) (M)  Does the child live with the parent/guardian? (please tick)  Yes No	Full name  Address — as per child or:  Email address:  Telephone (H) (M)  Does the child live with the parent/guardian? (please tick)  Yes No
Full name  Address — as per child or:  Email address:  Telephone (H) (M)  Does the child live with the parent/guardian? (please tick)  Yes No  Cultural background  Parent/guardian of Aboriginal and/or Torres Strait	Full name  Address — as per child or:  Email address:  Telephone (H) (M)  Does the child live with the parent/guardian? (please tick)  Yes No  Cultural background  Parent/guardian of Aboriginal and/or Torres Strait





#### Other persons to be notified (other than parent or guardian of the child)

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.

The authorised nominees must be over the age of 18. The authorised nominee has consent from you to:

- collect and care for the child from the service;
- provide written or verbal permission or request for the administration of medication/s to the child; and
- consent to medical treatment of the child.

It is a requirement that we have two people recorded other than parents/guardians

Name	Name	
Address	Address	
Telephone (H) (M)	Telephone (H) (M)	
Relationship to child	Relationship to child	
Court orders relating to the child  Are there any court orders relating to the powers, duties, responsil access to your child?	bilities or authorities of any person in relation to your child or	
No, go to the next section. Yes, please	complete the following:	
<ol> <li>If there are court orders in place relating to your child, you mus attach to this enrolment form.</li> </ol>	t bring the <b>original</b> court order/s for staff to see and a copy to	
2. If these orders change the powers of a parent/guardian to:		
• authorise the taking of the child outside the service by a	staff member of the service;	
<ul> <li>consent to the medical treatment of the child;</li> </ul>		
<ul> <li>request or permit the administration of medication to the</li> </ul>	ne child;	
<ul> <li>collect the child from the service or family day care; and/or</li> </ul>		
<ul> <li>give these powers to someone else.</li> </ul>		
Please describe these changes and provide the contact details of any	y person given these powers.	





### Details of the authorised nominees who have permission to collect your child (other than parent or guardian of the child)

Your consent is required for other nominees (over the age of 18) to collect your child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect your child. This list may be added to or changed throughout the year. In the event that your child is not collected from the children's service and the parents and/or guardians cannot be contacted, this list will also be used to arrange someone to collect your child.

Name		Name	
Address		Address	
Telephone (H) (M)		Telephone (H)	(M)
Relationship to child		Relationship to child	
Nome		Name	
Name		Name	
Address		Address	
Telephone (H)	(M)	Telephone (H)	(M)
Relationship to child		Relationship to child	
Medical and health information			
Name of doctor/medical service:		Telephone:	
Address of doctor/medical service:			
*Maternal and Child Health (MCH) Centre: $\_$			
Medicare number:			
Are you a member of Ambulance Victoria?	No Yes	s Number:	
I. Does your child have any allergies or s	sensitivity? Y	es No	
If yes, please provide details of any allergies an	nd the management p	rocedures to be followed with resp	ect to your child's allergy/ies.





2. Anaphylaxis				
Has your child been diagnosed with a risk of anaphylaxis?		Yes		No
Does your child have an auto-injection device (eg. EpiPen)?		Yes		No
Has an 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
Child's Action Plan and Risk Management Plan are to be completed prior to the child attending the and must be within expiry.	ne service	. Medic	ation <u>mı</u>	ust be provided
In the case of anaphylaxis you will be provided with a copy of the service's <i>Anaphylaxis Manager</i> provide the service with an individual <i>Medical Management Plan</i> for your child signed by the med This will be attached to your child's enrolment form. Further information can be found at www.	dical pract	titioner	who is 1	treating them.
3. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that	are relev	ant to	the care	of your child)?
Yes No				
If yes, please provide details of the condition and any management procedures to be followed	with resp	ect to y	our chil	d's condition.
4. Does your child have any dietary restrictions?				
Yes No				
If yes, please provide further details of the restriction/s.				
5. If there is anything else that the children's service should know about your child activities, attending other early childhood service or early intervention service, etc	` •	essive 1	fears, fa	vourite
Yes No				
If yes, please provide further details.				
6. Does your child have asthma?				
Yes No				
If yes, please provide details of the condition and any management procedures to be followed	with resp	ect to y	our chil	d's condition.
7. Does your child have a developmental delay or disability including intellectual, se	ensory o	r physi	cal imp	pairment?
Yes No				
If yes, please comment.				





Other information		
Please indicate festivals your family celebrates and/or list any cultural religious practices the centre staff need to be aware of:		
, , ,		

#### **Child immunisation record**

#### No Jab, No Play legislation

From January 2016, the new No Jab, No play legistlation requires all children to be fully vaccinated before enrolling into any childhood service. A grace period applies to certain families in some circumstances — please discuss with the Occasional care team leader if you are unsure or believe it may apply to you.

In order to finalise the enrolment, please provide an Immunisation History statement that shows the child:

- · is up-to-date with vaccinations for their age;
- is on a vaccine catch-up schedule: or
- has a medical condition preventing them from being fully vaccinated.

To obtain a copy of an Immunisation History statement for your child/ren, contact Medicare on either;

- 1800 653 809
- visit the Medicare website; or
- visit your local Medicare office.

**Please note:** parents/guardians who think their child/ren may require a medical exemption to one or more vaccines should consult their GP.

If a child has medical reasons for not being able to be vaccinated, a GP needs to complete and sign a Medicare Immunisation Excemption Medical Contraindication Form and send it to the Australian Childhood Immunisation Register (ACIR). Once this has been done, the parent needs to obtain an updated Immunisation History Statement listing vaccines the child can and can't have due to medical reasons and give this to the Occasional Care Team Leader to finalise enrolment.





I/we give permission for Glen Eira City Council educators to take photograp newsletters, children's developmental portfolios and in-house training/educators	
Signature:	Date:

,	
,	(Print full name)

a person with lawful authority of the child referred to in this enrolment form:

Terms and conditions, declaration and consent to emergency medical treatment

- 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 staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any expenses incurred by the children's service; and
- understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the childcare premises under the direction and supervision of staff; and
- give authorisation for transportation of the child by an ambulance service.

Signature:	Date:

#### Confidentiality of enrolment records

**Optional photo consent** 

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's Services Regulations 2020 (regulation 122)

#### 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 2020 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.

OFFICE USE ONLY	
Date entered:	
Name of person entering details:	Position: