



A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is regulations 31-35. Questions marked with an asterisk * are not required to be answered by regulations, but will assist in the caring of

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 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	lease 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
Full name	Full name
Address — as per child or:	Address — as per child or:
Email address:	Email address:
Telephone (H) (M)	Telephone (H) (M)
Does the child live with the parent/guardian? (please tick)	Does the child live with the parent/guardian? (please tick)
Yes No	Yes No
Cultural background	Cultural background
Parent/guardian of Aboriginal and/or Torres Strait Islander origin	Parent/guardian of Aboriginal and/or Torres Strait Islander origin
Yes, Aboriginal Yes, Torres Strait Islander No	Yes, Aboriginal Yes, Torres Strait Islander No
Relationship to child:	Relationship to child:





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, access to your child?	responsibilities or authorities of any person in relation to your child or
No, go to the next section.	es, please complete the following:
. If there are court orders in place relating to your child attach to this enrolment form.	, you must bring the original 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 ser 	rvice by a staff member of the service;
 consent to the medical treatment of the child; 	
 request or permit the administration of medical 	tion to the child;
 collect the child from the service or family day 	care; and/or
 give these powers to someone else. 	
Please describe these changes and provide the contact det	ails of any person given these powers
rease describe diese changes and provide the contact dec	and or any person given chese powers.





Details of the people who are authorised to collect your child (other than parent or guardian of the child)

Your consent is required for other people (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			
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: ————————————————————————————————————				
Are you a member of Ambulance Victoria? No Yes Number:				
I. Does your child have any allergies or sensitivity? Yes No				
If yes, please provide details of any allergies and the management pr	rocedures to be followed with respect 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 th and must be within expiry.	e service	. Medic	ation <u>m</u> u	ust be provided
In the case of anaphylaxis you will be provided with a copy of the service's <i>Anaphylaxis Managem</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.	ical prac	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 v	vith 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 v	vith resp	ect to y	our chil	d's condition.
7. Does your child have a developmental delay or disability including intellectual, se	nsory o	r physi	cal imp	airment?
Yes No				
If yes, please comment.				





Other information	
Is there anything else that the children's service should know about the child (Eg. Excessive fears, favourite activities, attending other	her

Please indicate festivals your family celebrates and/or list any cultural religios 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* legistration 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;

early childhood services or early intervention service etc.)

- 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.



Name of person entering details:

OCCASIONAL CARE ENROLMENT FORM



Optional photo consent	
I/we give permission for Glen Eira City Council educators to take photographic images for use in program documentation, newsletters, children's developmental portfolios and in-house training/education purposes.	
Signature: Date:	
Terms and conditions, 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 service in the event of any change to this information;	en's
• agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes at the service;	s unwell
• consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical trea	tment 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 th	16
childcare premises under the direction and supervision of staff.	
Signatura.	
Signature: Date:	
Confidentiality of enrolment records	
The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessar 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	
Regulations 2009 (regulation 35(1) (d–e))	Sei vices
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	
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 he 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 all	
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' 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 pe child lives with who has day-to-day care and control of the child.	
OFFICE LISE ONLY	
OFFICE USE ONLY	
Date entered:	

Position: