



ENROLMENT DETAILS OSHC

Enrolment Date:2017

This enrolment form must be completed by a parent or guardian who has parental responsibility in **relation to the child. A brief explanation of parental responsibility is found at the end of this** Education and Care Services National Regulations (Regulations 160, 161 and 162).

CHILDS INFORMATION

Family Name: Date of Birth: Sex Male/Female (please circle)

Given Names:*Usually Called.....

Childs CRN:..... Grade.....

Home Address:

Language(s) spoken in the home:

Culture/Religion..... School.....

*Is the child Aboriginal and/or Torres Strait Islander origin?
YES / NO (Please circle)

*Does the child have a developmental delay or disability including intellectual sensory or physical impairment?
YES / NO (Please Circle)

INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS

Mother/Guardian (please circle)	Father / Guardian (please circle)
Name	Name
Address	Address
CRN	CRN
Date of Birth / /	Date of Birth / /
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Email address	Email address
Occupation	Occupation

Work address					Work Address					
Account Detail – invoice to be sent to: (please circle)										
Parent / Guardian 1.....Parent/Guardian 2.....										
I agree to meet any invoiced costs incurred by my child attending the program and pay them by the due date.										
Signature.....Date.....										
PLEASE TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE PROGRAM										
	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Permanent										
Casual										

COURT ORDERS RELATING TO THE CHILD

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

Parenting order means a parenting order within the meaning of section 64B (1) of the Family Law Act 1975 of the Commonwealth;

Parenting Plan means a parenting plan within the meaning of section 63C (1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C (6) of that Act.

No Go to the next section Yes Please complete the following:

1. Bring the ORIGINAL court orders, parenting orders or parenting plans for the educators to see and please attach a copy to this enrolment form. A copy must be provided before the commencement of care.

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;

in the case of a family day care service, the taking of the child outside the family day care's residence or family day care venue by a family day care;

Consent to the medical treatment of the child;

Request or permit the administration of medication to the child;

Collect the child from the service or family day care, AND/OR

b. Give these powers to someone else,

Please describe the changes and provide the contact details of any person given these powers:-

Please describe these changes and provide the contact details of any person given these powers:

.....

.....

Emergency contacts/authorised nominees

You must nominate TWO emergency contacts over the age of 18 years (other than the parents/guardians listed on the previous page) to be contacted in case of an emergency. Please note the event that no emergency contacts are provided and educators cannot, contact the parents/guardians, then the Department of Human Services (DHS) and/or Victoria Police will become your emergency contacts.

I.....(parent/guardian authorise the following people to

Please tick

Authorised Nominee 1	Authorised Nominee 2
<input type="checkbox"/> Collect the child from the program	<input type="checkbox"/> Collect the child from the program
<input type="checkbox"/> Authorise the service/educators to take my child outside the venue	<input type="checkbox"/> Authorise the service/educators to take my child outside the venue
<input type="checkbox"/> Be notified of any accident, injury, trauma or illness involving my child	<input type="checkbox"/> Be notified of any accident, injury, trauma or illness involving my child
<input type="checkbox"/> Consent to medical treatment of my child	<input type="checkbox"/> Consent to medical treatment of my child
<input type="checkbox"/> Request or permit the administration of medication to my child	<input type="checkbox"/> Request or permit the administration of medication to my child

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child

Please complete 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. In the table below please list the details of the people you have authorised to collect your child. The 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 (H) (W)	Telephone/s (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child

CHILD’S HEALTH INFORMATION

Name of Doctor.....Telephone.....
Medical Centre/Address.....
.....
Medicare Number.....Healthcare Card.....
Ambulance Subscription Yes / No Membership Number.....

Private Health Insurance Yes / No Fund..... Membership Number.....

CHILD'S MEDICAL INFORMATION

Does your child have any special needs? Yes / No(please circle)

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

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.....

Does your child have any medical issues, allergies or dietary requirements?

Yes / No (please circle)

If yes please provide details of any allergies or dietary requirements and any management procedures to be followed.

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Anaphylaxis

(please circle)

Has your child been diagnosed at risk of anaphylaxis? Yes / No

Does your child have an auto injection device? (e.g EpiPen) Yes / No

Has the anaphylaxis medical management been provided to the service? Yes / No

Has a risk management plan been completed by the service in consultation with you? Yes / No

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.goc.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)

Yes / No (please circle)

If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

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Does the child have any dietary requirements/restrictions?

Yes / No (please circle)

If yes, the following requirements/restrictions apply.

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CHILDS IMMUNISATION RECORD

PLEASE PROVIDE A COPY OF YOUR CHILDS IMMUNISATION CERTIFICATE

Has the child been immunised?

Yes / No (please circle)

Sighted by..... Educator Date / /

Other information

If there is anything else that the children’s service should know about the child? (e.g excessive fears, favourite activities, have attended other services or any other issues relating to the child (e.g behavioural issues, triggers, family issues.)

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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 she/he becomes unwell at the service:
- Consent to the programs Coordinator/ Assistant to seek medical treatment for the child from a medical practitioner, hospital or ambulance and agree to meet any expenses attached to such treatment.
- I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease.

Signature..... Date.....

<p>PHOTOGRAPHIC CONSENT I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and be used for promotional material for the service.</p> <p>YES NO (Please circle)</p> <p>I give permission for my child to be photographed and/or video taped in the event of media reportage.</p> <p>YES NO (Please circle)</p>
<p>SUNSCREEN CONSENT I give permission for my child to have 30+ sunscreen applied as per the services/school's Sun Smart Policy.</p> <p>YES NO (Please circle)</p>
<p>CONSENT TO VIEW "PG" RATED MOVIES I give permission for my child to view movies rated "PG"</p> <p>YES NO (Please circle)</p>
<p>CONSENT TO APPLY BARRIER CREAM AND FACE PAINT TO SKIN I give permission for my child to have barrier cream and face paints to their skin.</p> <p>YES NO (Please circle)</p>
<p>POLICY AND PHILOSOPHY STATEMENT I agree to abide by all policy and philosophy guidelines of the service outlined in the Families Handbook and Policy Document.</p> <p>YES NO (Please circle)</p>
<p>COMMUNICATION I recognise that staff may need to openly communicate with Principals, Teachers or other professionals and authorise for staff to do so.</p> <p>YES NO (Please circle)</p>
<p>I accept full responsibility for my child's belongings whilst attending the program. I fully understand that if my child continuously does not follow: the behavioural expectations of the program, not listening to staff and respecting everyone and their safety whilst in the program, I will be notified and my child will be removed from the program.</p>
<p>PARENT/GUARDIAN SIGNATURE/S..... Date.....</p>

-Confidentiality of Enrolment Records

The Program Coordinator of Gladesville Primary School 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, the management for medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 part 4.7, Regulation 181 (a-e)

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children can only be changed by a court order. The Education & Care Services National Regulations 2012 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between 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 by a court order. The definition of "guardian" under the Education & Care Services National Regulations 2012 also covers situations where a child does not live with his/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.