

# CONFIDENTIAL ENROLMENT FORM

Enrolment Date	*Commencement Date	<b>SERVICE USE ONLY:</b> Review Date/s
<p>This form must be completed by a parent or guardian who has parental responsibility for the child. A brief explanation of parental responsibility is included at the end of this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrollment record for each child including the prescribed information in Regulations 160 to 162. Questions marked with an asterisk* are not required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.</p>		

## EDUCATION & CARE SERVICE DETAILS

Name of Service	<b>RWH Child Care Centre</b>	Service No.	<b>SE 00004406</b>
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## CHILD INFORMATION

Family Name		Date of Birth	Gender
Given Names		* Usually called	
Home Address			
*Child CRN			
*Country of Birth		* Religion	
*Age and Gender of Child's Brothers and Sisters (if applicable)		* Any other person(s) living in the child's home (e.g. grandparents)	
Name	Age	Gender	Name
			Relationship to the child
			Name
			Relationship to the child
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please select) <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			Language used in the child's home
Cultural background of the child and, if applicable, the child's parents		Any special considerations for the child (e.g. any cultural, religious or dietary requirements or additional needs)	

## PARENT OR GUARDIAN INFORMATION

Parent 1		Parent 2	
Name		Name	
Address - as per child or:		Address - as per child or:	
Phone (H)	(W)	Phone (H)	(W)
Mobile	*DOB	Mobile	*DOB
*Email		*Email	
*Occupation		*Occupation	
Does the child live with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child live with this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Parent 1 CRN		*Parent 2 CRN	
Guardian 1 (if applicable)		Guardian 2 (if applicable)	
Name		Name	
Address - as per child or:		Address - as per child or:	
Phone (H)	(W)	Phone (H)	(W)
Mobile	*DOB	Mobile	*DOB
*Email		*Email	
Does the child live with this guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child live with this guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Guardian 1 CRN		*Guardian 2 CRN	

## OTHER PERSON/S AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child in the event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside of the service premises. Please tick the appropriate boxes for each contact to confirm authorisations.

Name	Name
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child
<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg.160(3)(b)(iii))	<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg.160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an emergency (Reg.160(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an emergency (Reg.160(3)(b)(ii))
<input type="checkbox"/> Authorised to consent to Medical treatment (Reg.160(3)(b)(iv))	<input type="checkbox"/> Authorised to consent to Medical treatment (Reg.160(3)(b)(iv))
<input type="checkbox"/> Authorisation for administration of medication (Reg.160(3)(b)(iv))	<input type="checkbox"/> Authorisation for administration of medication (Reg.160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iv) &(v))	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iv) &(v))
Name	Name
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child
<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg.160(3)(b)(iii))	<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg.160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an emergency (Reg.160(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an emergency (Reg.160(3)(b)(ii))
<input type="checkbox"/> Authorised to consent to Medical treatment (Reg.160(3)(b)(iv))	<input type="checkbox"/> Authorised to consent to Medical treatment (Reg.160(3)(b)(iv))
<input type="checkbox"/> Authorisation for administration of medication (Reg.160(3)(b)(iv))	<input type="checkbox"/> Authorisation for administration of medication (Reg.160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iv) &(v))	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iv) &(v))

## COURT ORDERS IN RELATION 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?
- **other court orders** relating to the child's residence or the child's contact with a parent or other person?  
 No  go to the next section      Yes  **please complete the following:**

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form;
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:

## \*INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS EDUCATION AND CARE CENTRE

From time to time the regulatory Authorities seek information on the characteristics of the children and their families who use an Education and Care Service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indicating Yes or No:

\*Does the child have a developmental delay or disability including intellectual sensory or physical impairment?    Yes     No

\*Does either parent have a disability?    Yes     No

\*Is the family a single parent family?    Yes     No

## CONFIDENTIALITY OF ENROLMENT RECORDS

The approved provider of the Education and Care Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

<b>CHILD'S HEALTH INFORMATION</b>		
Registered Medical Practitioner Service Name		Phone
Registered Medical Practitioner Service Address		
*Maternal & Child Health (MCH) Centre		*Contact Name
Medicare No	*Ambulance Subscription No	*Pension No
		*Healthcare No
Expiry Date	Expiry Date	Expiry Date
*Is the child currently attending or has previously attended: <input type="checkbox"/> Counsellor/Psychologist <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Dietician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Specialist <input type="checkbox"/> Other If yes, please provide details		

<b>CHILD'S MEDICAL INFORMATION</b>	
<b>ANAPHYLAXIS</b> (Reg. 162 (c) (ii) & (d))	
Has the child been diagnosed at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an auto injection device (e.g. EpiPen® or Anapen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child has an auto injection device, have you supplied to the service a device with a valid expiry date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the anaphylaxis medical management plan been provided to the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a risk management plan been completed by the service in consultation with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>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 medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrollment form. More information can be found at <a href="http://www.allergyfacts.org.au">www.allergyfacts.org.au</a></i>	
<b>SPECIFIC HEALTHCARE NEEDS</b> (Reg. 162 (c) (i) & (d)) - Does the child have any specific healthcare needs including any medical conditions that are relevant to the care and education of the child? (e.g. asthma, epilepsy, diabetes etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details of any specific healthcare need/s or medical condition and any management plan/s or risk minimisation plan/s to be followed with respect to the specific healthcare need/s or medical condition/s. Attach a copy of any plan/s or additional pages if necessary.</i>	
	If necessary, has medication been supplied to the service? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ALLERGIES</b> (Reg. 162 (c) (ii)) - Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details of any allergies and any management plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.</i>	
	If necessary, has medication been supplied to the service? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DIETARY RESTRICTIONS</b> (Reg. 162 (e)) - Does the child have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details of any dietary restriction.</i>	
If the service is aware that the child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Medical conditions policy been provided to the parent or guardian of the child (Reg 91) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Has a communications plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child (Reg 90 (1)(c)(iv)) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>CHILD'S IMMUNISATION STATUS</b>	
Has the child been immunised as set out in the Australian Immunisation Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , provide the details by selecting one of the options below: <ul style="list-style-type: none"> <li><input type="checkbox"/> Attaching a copy of the Immunisation Record from the Child Health Record OR</li> <li><input type="checkbox"/> Attaching a copy of the Immunisation Record printout from local government OR</li> <li><input type="checkbox"/> Attaching the Child History Statement from the Australian Childhood Immunisation Register OR</li> <li><input type="checkbox"/> Providing the Child Health Record to the Education and Care Service to determine their immunisation status</li> </ul> If <b>no</b> , provide a letter from a registered medical practitioner stating the parent/guardian is a conscientious objector to immunisation.	
<b>VIC ONLY:</b> If no, provide the details by selecting one of the options below: <ul style="list-style-type: none"> <li><input type="checkbox"/> Attach an up to date immunisation history statement with any your child is medically unable to have; OR</li> <li><input type="checkbox"/> Attach a commenced and on track catch up schedule provided by an immunisation provider.</li> </ul> (Statements available from ACIR - Contact: 1800 653 809, <a href="http://www.humanservices.gov.au">www.humanservices.gov.au</a> , or local Medicare office)	
<i>Child health record means a record that documents a child's health and development assessments and immunisations.</i>	
Immunisation record from the Child Health Record) sighted by (Reg. 162(g)):	
Name	Position Date
<i>In some case when there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from the Education and Care Service as per the period of exclusion of contacts recommended by the National Health and Medical Research Council. The exclusion periods table can be found at <a href="http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp">http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp</a></i>	

## ADDITIONAL INFORMATION

\* Please provide any other relevant information about the child e.g. abilities, interests, likes, dislikes, family traditions, home routines, parenting strategies etc.

\* Is the child currently attending or previously attended:

Kindergarten  Playgroup  Long Day Care  Family Day Care  Early Intervention Service  Other

If yes - please provide details

\* If applicable, in which school have you or do you plan to enrol the child?

\* Are you willing to have the child photographed to appear in videos, newspapers & other publications? Yes  No

\* To be used in learning & development documentation - displayed at the service, on Open Days, AGMs or public events? Yes  No

\* Do you allow sunscreen to be applied to the child while in the care of the Education and Care Service? Yes  No

\* Do you give permission to conduct head lice checks Yes  No

\* Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the educators to be aware of: Australia Day  Birthdays  Christmas  Diwali  Easter  Eid Al-Adha  Mother's Day  Father's Day  New Year

Hanukkah  Moon Festival  NAIDOC Week  Name Days  Orthodox Easter  Ramadan  Tet  Winter/Summer Solstice

Please list others & attach any specific information related to the above

\* Pets: Name & type: \_\_\_\_\_ Name & type: \_\_\_\_\_

\* Please provide details of any local community services you access with the child e.g. library, toy library, swimming pool, local park

\* Do you have any specific skills or a trade that could be of use to the Education and Care Service?

## AUTHORISATION AND DECLARATION

I, \_\_\_\_\_ (Provide Full Name)

a person with parental responsibility of the child referred to in this enrolment form (Reg.161):

- authorise the Approved Provider, Nominated Supervisor, or an educator or in the case of Family Day Care, the family day care educator, to seek
    - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
    - transportation of the child by an ambulance service; and
    - if relevant, an authorisation given under regulation 102 for the Education and Care Service to take the child on regular outings.
  - agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
  - agree to collect or make arrangements for the collection of the child if he or she becomes unwell;
  - understand that in an emergency situation or where evacuation is necessary that the child may need to leave the Education and Care Service under the direction and supervision of the approved provider, nominated supervisor or educator;
  - have read & understood the Education and Care Service's policies including the 'Payment of Fees';
  - declare that the information in this enrollment form is true and correct and undertake to immediately inform the Education and Care Service in event of any change to this information;
- give permission to contact Maternal Child Health if needed.

Signature of person with parental responsibility of the child

Date

## DEFINITIONS

### Authorised Nominee/s

Authorised Nominee means a person who has been granted permission by a family member\* to collect the child from the Education and Care Service or the family day care educator (Education and Care Services Nation Law - Section 170(5)).

### Family Member/s

'Family Member' as defined in the Education and Care Services National Law 2010; Section 5 'family member' in relation to a child, means -

- (a) a parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood or whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise; or
- (b) a relative of the child according to the Aboriginal or Torres Strait Islander tradition; or
- (c) a person with whom the child resides in a family-like relationship; or
- (d) a person who is recognised in the child's community as having a familial role in respect of the child.

### Parental responsibility

The term 'parental responsibility' is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children".

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". It is not affected by the relationship between the parents, such as whether 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.

Approved providers are reminded of their requirement to comply with the Privacy Act/s relevant to their State/Territory Jurisdiction in the collection, use and disclosure, storage and disposal of information.