

ENROLMENT DETAILS
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. Licensed children's services may use this form to collect the child's enrolment information as required in Education and Care Services National Regulation 160-162. *Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.*

Information about the child

Child CRN: _____ (Please note: parent and child have their own individual CRN)	
Family CRN: _____	
Family Name: _____	Date of Birth: _____ *Sex: M F (please circle)
Given Names: _____ *Usually called: _____	
Home Address: _____	
Language(s) spoken in the home: _____	
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please circle)	
No, not Aboriginal or Torres Strait Islander	Yes, Aboriginal
Yes, Aboriginal and Torres Strait Islander	Yes, Torres Strait Islander
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No Yes (please circle)	

Information about the child's parents or guardians

Mother	Father
Name	Name
Date of Birth	Date of Birth
Address - as per child or:	Address - as per child or:
Contact: (W) (Mobile) EMAIL: _____	Telephone/s (W) (Mobile) EMAIL: _____
Does the child live with the mother? No Yes (please circle)	Does the child live with the father? No Yes (please circle)
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Does the child live with this guardian? No Yes (please circle)	Does the child live with this guardian? No Yes (please circle)

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? Please tick.

No	
----	--

Yes	
-----	--

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? Please tick.

No	
----	--

(Go to the next section.)

Yes	
-----	--

Present the **original** court order/s to staff and attach a **copy** to enrolment form

Without copies of current court orders or documentation, educators of Eastbourne OSHC cannot enforce parents requests.

Emergency/Authorised persons to be notified

These authorised people must be over 18 years of age.

Your consent is required for other people to:

1. Collect your child from Eastbourne OSHC on your behalf.
2. Be called in an emergency when you cannot be immediately contacted.
3. Authorise staff to administer medicine/medical treatment.
4. Authorise the taking of the child outside the service by a staff member of the service.

Name	Name
Date of Birth	Date of Birth
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 Doctor/Medical Service: Telephone:

Address Doctor/Medical Service:

Child's Medicare Number: Ambulance Cover: Yes No (Please circle)

Name of Dentist: Telephone:

Address:

*Maternal & Child Health (MCH) Centre:

Does your child have a child health record? No Yes (please circle)

If yes, please provide to the service for sighting.

Child health record means a record that documents a child's health and development assessments and immunisations.

Child's medical information

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

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

.....

Does your child have any allergies or sensitivity? No Yes (please circle)

If yes please provide relevant details below including your child's allergy, side effects, treatment and action plan.

.....

Anaphylaxis

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

Does your child have an auto injection device (eg EpiPen®)? No Yes

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

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.gov.au/anaphylaxis

Does your child have any other medical conditions that are relevant to the care of your child (eg asthma, epilepsy, diabetes etc)? No Yes (please circle)

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

.....

A risk minimisation plan needs to be completed by the service in consultation with you.

Have you been given the services Medical Policy brochure? (please circle) No Yes

Does the child have any special dietary or cultural restrictions? (please circle) No Yes

If yes, the following restrictions apply:

.....

Child's immunisation record

Has the child been immunised? No Yes (please circle)

***If yes**, 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.

***Other information**

If there is anything else that the children's service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, any cultural or religious considerations, etc)

.....

.....

.....

Please provide the names and ages of your child's siblings attending the service.

Please provide the names, ages and relationship of any other close relatives attending this service.

Declaration and consent to emergency medical treatment

I give permission for my child/ren to have his/her photograph taken. (Signature) _____

I give permission for my child/ren to view PG movies with staff supervision. (Signature) _____

I give permission for OSHC staff to apply sunscreen if necessary. (Signature) _____

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 s/he becomes unwell at the service;
- consent to the OSHC Co-Ordinator to seek medical treatment for the child from a medical practitioner, dentist, hospital or ambulance service;
- consent to transportation of the child by an ambulance service;
- I understand that my child must wear a BROADRIMMED hat whilst outdoors.
- I understand that my child is not able to wear shoe string tops, dresses or thongs at the Vacation Care Program;
- I understand that if my child/ren are not attending the program, I will call and cancel the booking by 8am for Before School Care and Vacation Care and before 3pm for After School Care.
- In the event of illness or injury to my child whilst at school, on an excursion that I have enrolled my child to attend, or travelling to or from school and/or excursion; I authorise the Coordinator or approved educator-in-charge of my child, where the Coordinator or approved educator-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:
consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner and administer such first aid as Coordinator or approved educator-in-charge the may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____

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 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 Education and Care Services National Regulation 2011 181.

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education and Care Services National Regulation 2011 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 *Education and Care Services National Law Act 2010* 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.