

Childcare Enrolment Form

Children's Details

Child 1 Name _____

Child 2 Name _____

Child 3 Name _____

Enrolment Checklist

CHILDREN WILL NOT BE ACCEPTED INTO CHILDCARE UNLESS ALL THESE DETAILS ARE INCLUDED IN THE ENROLMENT FORM

- ☐ All child/ren and parent/guardian details, page 2.
- ☐ At least 2 emergency contacts, page 2.
- ☐ Court orders information filled in and attached, if applicable, page 3.
- ☐ Family Doctor/Medical service details completed, page 3.
- ☐ Copy of Immunisation History Statement from Medicare or Medical Exemption attached, page 3.
- ☐ Medical information completed, page 4.
- ☐ Action/Communication plan attached (*must include a current colour photo of the child/ren, and signed by a doctor, if it is an anaphylaxis/allergy action plan it must be a colour copy*), if applicable, page 4.
- ☐ Declaration signed and dated, page 5
- ☐ Centre has provided me with or shown the Sleep Safe Policy for me to read, page 5
- ☐ Centre has provided me with or shown the Parent Handbook for me to read, page 5
- ☐ Date of induction: _____

OFFICE USE ONLY - DO NOT SIGN/DATE, IF THE FORM IS INCOMPLETE

Checked by (Staff Name): _____

Date: ____/____/____

APPLICATION FOR CHILDCARE ENROLMENT

Confidential and subject to approval by the Childcare Co-Ordinator

It is essential that prior to commencement of care the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child/ren. A brief explanation of 'lawful authority' can be found at the end of this form. Please ensure that you notify the Centre of changes such as address, phone numbers or care arrangements.

Childs Details

Given Name(s)	Last Name	Preferred Names	Date of Birth	M/F
1				
2				
3				

Are you: Aboriginal YES ☐ NO ☐, Torres Strait Islander: YES ☐ NO ☐

Language(s) Spoken at Home: _____

Cultural Background: Child/ren _____ Parents _____

Does the child/ren live with: ☐ Both Parents ☐ One Parent ☐ A Guardian

Parent/Guardian 1

Full Name: _____ R/ship to the Child/ren _____

Home Address: _____

Email Address: _____

Telephone: _____ Authorised to collect the child? YES ☐ NO ☐,

Authorised to consent to Medical Treatment/Medications YES ☐ NO ☐

Parent/Guardian 2

Ful Name: _____ R/ship to the Child/ren _____

Home Address: _____

Email Address: _____

Telephone: _____ Authorised to collect the child? YES ☐ NO ☐,

Authorised to consent to Medical Treatment/Medications YES ☐ NO ☐

Emergency Contacts (other than parent/guardians listed above)

Please provide the names of 2 people authorised to collect your child from the Centre, in the event that NEITHER parent/guardians are available. **Identification must be produced upon request.**

1. Full Name: _____ R/ship to the Child/ren _____
Home Address: _____ Telephone: _____

Authorised to - Collect the child/ren? YES ☐ NO ☐, Medical Treatment/Medications YES ☐ NO ☐.

2. Full Name: _____ R/ship to the Child/ren _____

Home Address: _____ Telephone: _____

Authorised to - Collect the child/ren? YES ☐ NO ☐, Medical Treatment/Medications YES ☐ NO ☐.

Court Orders Relating to the Child/ren

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child/ren or access to the child/ren? please tick

☐ **NO – proceed to the next section** ☐ **YES – please read and complete the following**

1. Bring in the original court orders for staff to view and attach a copy to this enrolment form.
2. If these court orders give powers to other persons AND/OR affect the powers, duties, responsibilities and/or authorities of a parent or guardian of the child to:
 - consent to the medical treatment of the child/ren and the authorisation of the service to seek medical treatment by an appropriate medical or ambulance service
 - request or permit the administration of medication to the child/ren
 - authorises the taking of the child/ren outside the premises by a staff member of the service in the case of an emergency when reasonably required
 - collect the child

Who does the Child/ren live with? _____

Who is responsible for making the decisions regarding the Child/ren? _____

Family Doctor/Medical Service

Doctor Name: _____	Child 1 Medicare _____
Clinic: _____	Child 2 Medicare _____
Address: _____	Child 3 Medicare _____
Phone _____	Ambulance Membership _____

Do you authorised for your child/ren to travel in an Ambulance? YES ☐ NO ☐

Photo/Video Consent

I agree that my child/ren may be photographed while participating in the program for internal use in the Childcare facility for the purpose of planning developmental programs and meeting the requirements of the Department of Education & Early Childhood Development.

Permission for photo's to be for Childcare Room Use Only, please tick. YES ☐ NO ☐

Immunisations

Under the 'No Jab, No Play' legislation, your child/ren **MUST** be:

- fully immunised for their age **OR**
- on a vaccination catch-up program **OR**
- unable to be fully immunised for medical reasons (a Medical Exemption must be submitted and signed by a registered doctor)

'Conscientious objection' is not an exemption under the 'No Jab No Play' legislation. **Your child's immunisations must be up to date and a copy of their Immunisation History Statement must be provided along with the enrolment form. If not, enrolment will not be accepted.**

We need the Immunisation History Statement from Medicare.

Copy of the Immunisation Statement Attached Child 1 ☐ Child 2 ☐ Child 3 ☐

Medical Information

Please provide details and attach a copy of relevant management procedures or plans for any “**yes**” responses to the following questions.

In the case of anaphylaxis and Asthma you will provided the childcare with a copy of an individual Action/Communication plan for your child, signed by the medical practitioner who is treating your child.

Child's Name			
Please indicate YES with a ✓ If NO, leave blank	Child 1	Child 2	Child 3
Has your child been diagnosed at risk of anaphylaxis ? List allergens:			
Does your child have an auto injection device (e.g. EpiPen®)?			
Has the anaphylaxis medical management plan been attached to the form?			
Has your child been diagnosed at risk of asthma ?			
Has the asthma management plan been attached to the form?			
Does your child have any special needs e.g. medical/physical conditions? Please specify:			
Does your child suffer from any allergies or sensitivities ? List allergens:			
Does your child have any dietary restrictions/requirements ? List restrictions:			
Is there any other Medical Managements we need to know about?			

Is there anything else we need to know about your child? YES ☐ NO ☐

We regret that our Childcare facility is unable to care for **sick children** or children with **contagious illnesses**.

Sun Protection

In line with the Anti-Cancer Council of Victoria recommendations, going outside during August to April when the UV is above 3. We suggest all children are protected by SPF 30 (or higher) sunscreen when the UV is above 3. Copies of Sun Smart Policy are available on request from staff. Please pack a Wide Brimmed Hat and Sunglasses for your child to use. Please Label your children's belongings.

YES ☐ **Reapply** If your child in in our service for more than 2 hours, and you would like us to reapply, please let staff know at the start of each session. SPF 30 (or higher) sunscreen, which I have supplied.

NO ☐ **Do not reapply** SPF 30 (or higher) sunscreen to my child.

Please pack a Wide Brimmed Hat and Sunglasses for your child to use. Please Label all your children's belongings. We are not responsible for lost property.

Conditions of Enrolment

By enrolling my child/ren in the Childcare facility, I agree to the following conditions:

1. Children are accepted into the Childcare facility from 6 weeks of age through to 5 years of age.
2. Although every care will be accepted, Childcare staff are free from all responsibility for accidents or loss of property in connection with any child's participation in the program.
3. I am willing for my child to participate in all activities, which are available on the program plan on the wall/window, offered in the Childcare facility. I agree it is my responsibility to familiarise myself with the program and to advise the Childcare in writing if I do not wish my child/ren to participate in a particular activity.
4. In the event of accident, injury, trauma or illness suffered by my child/ren, and the parents cannot be contacted, Childcare staff are authorised, on behalf of myself, to seek or where appropriate administer such medical treatment as is reasonably required, advised by a Doctor or Triple 0 (000) operator. In regard to cases where an ambulance is called, I shall then reimburse the Centre for any expense incurred.
5. In the case of an emergency and for training purposes I authorise the taking of my child/ren outside the premises of the service by staff members.
6. I have read, understood and agree to follow the payment structure and policies as outlined in the Parent Handbook.
7. The Centre reserves the right to exclude children from the Childcare facility for misbehavior that is deemed inappropriate. In the event of suspension or expulsion from the Childcare facility, it is the parents' responsibility to have the child collected immediately. No monies will be refunded for that session of care.
8. The Centre reserves the right to refuse any person entry to the Childcare facility as decided by Centre Management. For example, if the person is banned from the Centre or there is a court order.

Privacy Disclaimer

I will be sent, by email, the Parent Handbook. I will read this ☐

I will be sent, by email, the Sleep Safe Policy. I will read this ☐

I can request and read all other Policies at any time. ☐

Declaration

I declare that all information is complete and accurate, and I have read, understood and agree to the conditions outlined.

I understand and agree that all times my child/ren shall be at my own risk and I will not hold the Company (Belgravia Leisure Pty Ltd), the Centre or its staff liable for any personal injury which may result to my child/ren or loss of property, except for any liability by the Company if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied.

Print Full Name: _____ **Date:** ____ / ____ / ____

PARENT /GUARDIAN SIGNATURE: _____

LAWFUL AUTHORITY

Parents

All parents have powers and responsibilities in relation to their children, which can only be challenged by a court order. The Children's Services Regulations 2020 refer to these powers and responsibilities as "lawful authority". Lawful authority 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 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.