

Child Enrolment Form



Enrolment Date:		Educator's Name:	
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Child's Information

First Name:		Last Name:	
Date of Birth:		Gender:	
CRN #:		Medicare #:	
Language(s) Spoken at Home:			
Religious/Cultural Background:			
Family Status:			
Is the child of Aboriginal and/or Torres Strait Islander origin?			
Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? If Yes, please give details (confidential):			
Any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs:			

Child's Parents/Guardians Information

Mother/Guardian		Father/Guardian	
Name:		Name:	
Date of Birth:		Date of Birth:	
Country of Birth:		Country of Birth:	
CRN:		CRN:	
Address:		Address:	
Telephone: (Home)		Telephone: (Home)	
(Mobile)		(Mobile)	
(Work)		(Work)	
Employment Status:		Employment Status:	
Occupation:		Occupation:	
Employer:		Employer:	
Does the child live with the mother?		Does the child live with the father?	

Other person to be notified in Emergency Situations – THIS SECTION MUST BE FILLED IN

There are many 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 authorized to consent to medical treatment or to authorise administration of medication or to authorise the educator to take the child outside the education and care service.

Name:		Name:	
Address:		Address:	
Telephone: (Home)		Telephone: (Home)	
(Mobile)		(Mobile)	
(Work)		(Work)	
Relationship with the child?		Relationship with the child?	

Child Booking Hours Required

Hours	Days Required						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:							
End:							

Court orders relating to the child (confidential)

Are there any court orders relating to the powers and responsibility of the parents in relation to the child or access to the child? **No**, go to the next Section **Yes**, please complete the following:

1. Bring the original court orders for the staff to see and a copy to attach to this enrolment form
2. If these orders:
 - a) Change the powers of a parent/guardian to:
 - Authorized the taking of the child outside the service by a staff member of the service;
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child;
 - Collect the child, AND/OR
 - b) Give these powers to someone else,

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

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Authorised Nominee to Collect the Child from the children's service

Your consent is required for other people to collect the child from the education and care service on your behalf. Please list the details of those people who can collect the child in the table below. In the event that the child is not collected from the service and the parents or guardian cannot be contacted, this list will also be used to arrange someone to collect the child.

Details of Authorised Nominee who can collect the child (This list may be added to or change throughout the year)

Name:		Name:	
Address:		Address:	
Telephone: (Home)		Telephone: (Home)	
(Mobile)		(Mobile)	
(Work)		(Work)	

Routine Excursion Authorisation

I (Full Name) Parent/Guardian of (Children's Full Name)

Hereby give permission for my child to participate in Routine Excursions' as arranged by the Educator. This permission is effective for the period to (Permission covers a 12 month period from enrolment date). If I do not allow my child to participate in a routine excursion on any one day I agree to make alternate care arrangements for my child.

I agree to the provision of any medical treatment that may be required whilst on the excursion under the direction of educator. I give permission for an ambulance to be called should the need arise. My child will be given into the care of emergency services (Ambulance personnel) if they require medical, hospital or ambulance care or treatment. Parents will be notified immediately of any incidents whilst in care.

Signed: **Date:**

Child's medical and health information (confidential)

Medical Service:		Telephone:	
Name of Doctor:			
Address of Medical Service:			
Does the child have an allergy or sensitivity? (including whether the child has been diagnosed as at risk of anaphylaxis)			
	No	Yes	
<i>If yes, the following management procedure are to be followed (or a copy of the management plan is attached)</i>			
Does the child have any medical conditions and needs? (E.g. Asthma, epilepsy, diabetes, etc.) Which are relevant to the Children's service?			
	No	Yes	
<i>If yes, the following management procedure are to be followed (or a copy of the management plan is attached)</i>			
Does the child have any dietary restrictions?			
	No	Yes	
<i>If yes, the following restrictions apply:.....</i>			

Childs immunization Record

Has the child been immunized? **No** **Yes**

If yes, provide the details by:

- Attaching a copy of the immunization Record from the Child Health Record book OR
- Attaching a copy of the immunization Record print out from local government OR
- Attaching the Child history statement from the Australian childhood immunization register

You may have also purchased additional immunizations for the child. If so, provide the dates these have been given.

Hepatitis B (three injections)	1	2	3
Childhood Pneumococcal Vaccine:			
Chicken Pox:			

CONFIDENTIAL

***Other information**

If there is anything else that the children's service should know about the child (e.g. excessive fears, favourite activities, attending any other early child hood services or early intervention service, etc.) this is as follows:

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Declaration and consent to emergency medical treatment

<p>I <i>(Print full name)</i>, A person with lawful authority of the child referred to in this enrolment from, declare that the information in this enrolment form is true and correct undertake and undertake to immediately:</p> <ul style="list-style-type: none"> • Inform the children's service in the event of any changes 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 staff of the children's service seeking, or where appropriate administering, such emergency. <p>Medical treatment and transportation of the child by an ambulance service is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.</p> <p>Signature Date:</p>

Lawful Authority

Parents

All Parents have powers and responsibility in relation to their children that can only be changed by a court order. 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 authority by a court order. The definition of "guardian" covers situations where the child does not live with his or her parents. The guardian is the person the child lives with who has day-to-day care and control of the child.

Proprietors are reminded of their requirements to comply with the information Privacy Act 2000, which requires a privacy collection statement to accompany any enrolment form.

Parent/Guardian Full Name

Signature Date