



CHILDCARE ENROLMENT FORM

Please print responses in **CAPITAL LETTERS**
 Please complete a separate form for each child in family

Date _____

Confidential information about your child

Family Name: _____	
Given names: _____	Preferred Name: _____
Date of birth: ____/____/____	Sex: M <input type="checkbox"/> F <input type="checkbox"/> (please tick)
Home Address: _____	
Post Code	_____
Email Address : _____	
Country of Birth: _____	Language(s) spoken at home: _____

Information about child's parents or guardians

Mother (or guardian)	Father (or guardian)
Name: _____	Name: _____
Address – <i>as per child or:</i> _____	Address – <i>as per child or:</i> _____
Telephone/s: Home: _____	Telephone/s: Home: _____
Work: _____ Mobile: _____	Work: _____ Mobile: _____
Does the child live with parent? Yes No	Does the child live with parent? Yes No

EMERGENCY CONTACT

Other persons who can collect your child from this children's service (including guardians).
 (Your consent is required for other people to collect your child from the children's service on your behalf)

Details of people who can collect your child

Name: _____	Name: _____
Address: _____	Address: _____
Telephone/s: Home: _____	Telephone/s: Home: _____
Work: _____ Mobile: _____	Work: _____ Mobile: _____
Relationship to Child: _____	Relationship to Child: _____

Other persons to be notified in case of accident or illness:

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted.

Details of people who can collect your child

Name:	Name:
Address:	Address:
Telephone/s: Home: _____ Work: _____ Mobile: _____	Telephone/s: Home: _____ Work: _____ Mobile: _____
Relationship to Child:	Relationship to Child:

CHILD'S MEDICAL & HEALTH INFORMATION: This section **must** be completed fully

Doctor / Medical Service Name: _____

Address: _____

Telephone No: _____ Medicare No: _____

Ambulance Subscription : _____

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes No (please tick)

If Yes, please give details _____

Does your child have any allergies or sensitivities?

Yes No (please tick)

If Yes, a copy of the management plan **must** be attached.

Staff will discuss your child's requirements with you before he/she attends the centre for the first time.

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? Yes ___ No ___
- Does your child have an auto injection device (eg EpiPen)? Yes ___ No ___
- Has the anaphylaxis medical management plan 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 can be found at www.education.vic.gov.au/anaphylaxis

Does your child have Asthma?

Yes **No** *(please tick)*

If **Yes**, Trigger Factors: _____

Management Plan: (A copy of Asthma plan must be provided) _____

Does your child have any medical conditions and needs which are relevant to the children's service?

Yes **No** *(please tick)*

If **Yes**, the following management procedures are to be followed (or a copy of the management plan is attached)

Does your child have any dietary restrictions?

Yes **No** *(please tick)*

If **Yes**, the following restrictions apply _____

Child's Immunisation Record

Has the child been immunised?

Yes **No** *(please tick)*

If yes, provide 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

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Is there anything else that this children’s service should know about your child? (e.g. excessive fears, favorite activities, special toy, attending another early childhood service or early intervention service etc.)

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Court Orders relating to the child.

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

- No (go to the next Section)
- Yes (please complete the following)

Please bring the original court order/s and any special requirements regarding custody for staff to see **and a copy to attach to this enrolment form.**

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;
 - 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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Photographs of Children.

We may wish to take photographs of your child for publicity purposes, fundraising or just to have on the wall in the Childcare room.

- I do / do not give permission for my child to be photographed.

Declaration and consent to Emergency medical treatment.

I, (Print Full Name)

being a person with lawful authority of the child referred to in this enrolment form,

- (a) 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;
- (b) have provided all current relevant information regarding any allergies that my child has;
- (c) 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;
- (d) consent to the staff of the children's service seeking or, where appropriate, administering such medical treatment and medications as is reasonably necessary and that I will reimburse any necessary expenses incurred by the childrens' service.
- (e) am aware that the Centre will conduct fire drills four times a year and the children may be taken outside the premises under supervision.

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Signature

.....
Date

Bowen Street Community Centre is a community organization. Do you have any skills or trades that could be of use to the Centre? _____

Would you be interested in becoming a Committee member? _____

This organisation respects your right to information privacy. Information which we collect and hold is kept in accordance with information privacy laws. Please contact us if you would like any further information on privacy.