

# Childcare Enrolment Form 2021

## Children's Details

<b>SURNAME</b>	_____	<b>Links Member No.</b>	_____
<b>Child 1 First Name</b>	_____		_____
<b>Child 2 First Name</b>	_____		_____
<b>Child 3 First Name</b>	_____		_____

## Enrolment Checklist (Office Use Only)

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

- All child/ren and parent/guardian details
- At least 2 emergency contacts
- Details of people authorised to collect your child/ren and signed
- Court orders information filled in and attached, if applicable
- Medical service details completed
- Medical information completed and management procedures attached  
*(must include a current colour photo of the child, and signed by a doctor, if it is an anaphylaxis/allergy action plan it must be a colour copy)*
- Anaphylaxis Management Policy and Risk Minimisation Plan issued, if applicable
- Copy of Immunisation History Statement or Medical Exemption attached
- Declaration signed and dated
- Date of induction: \_\_\_\_\_

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. A new enrolment form must be completed for each calendar year. This form must be completed by a parent or guardian who has lawful authority in relation to the child. 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.

### Child/rens Details

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

Home Address: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

Cultural Background: Children \_\_\_\_\_ Parents \_\_\_\_\_

Does the child/ren live with:  both parents  one parent  a guardian

### Parent/Guardian 1

Links Member No \_\_\_\_\_ (office use)

Full Name: \_\_\_\_\_ R/ship to the Child \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Authorised to collect the child? YES  NO

### Parent/Guardian 2

Links Member No \_\_\_\_\_ (office use)

Full Name: \_\_\_\_\_ R/ship to the Child \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Authorised to collect the child? YES  NO

### Emergency Contacts (other than parent/guardians listed above)

Please provide names of 2 people authorised to collect your child from the centre in the case of an emergency and to consent to the medical treatment/authorise the administration of medication to your child in the event that NEITHER parent/guardians are available. **Identification must be produced upon request.**

1. Full Name: \_\_\_\_\_ R/ship to the Child \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

2. Full Name: \_\_\_\_\_ R/ship to the Child \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

## Authorisation to Collect your Children & Consent to Medical Treatment/Medications

Please complete the following information to notify staff of additional persons authorised to collect your child/ren from the Childcare facility and to consent to the medical treatment/authorise the administration of medication to your child. Staff will not (under any circumstances) allow any person to collect your child/ren other than those listed below. Alternate arrangements will only apply where proper notification from you in writing is received on that particular day.

**Identification must be produced upon request.**

**AS PER PREVIOUS PAGE**

1. Full Name: \_\_\_\_\_ R/ship to the Child \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

2. Full Name: \_\_\_\_\_ R/ship to the Child \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

3. Full Name: \_\_\_\_\_ R/ship to the Child \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

4. Full Name: \_\_\_\_\_ R/ship to the Child \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

## 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/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

Please provide details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Family Doctor/Medical Service

Doctor Name: _____	Child 1 Medicare No. _____
Clinic: _____	Child 2 Medicare No. _____
Telephone: _____	Child 3 Medicare No. _____
Address: _____	

## 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 you will be provided with a copy of the services Anaphylaxis Policy and Risk Minimisation Plan. You are required to provide the service with an individual medical management plan (Action Plan) for your child signed by the medical practitioner who is treating your child. More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

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

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

## 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.

**Each 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.**

Child 1 Copy Attached       Child 2 Copy Attached       Child 3 Copy Attached

## Sun Protection

In line with the Anti-Cancer Council of Victoria recommendations, the children's service suggests all children are protected by SPF 30 (or higher) sunscreen when exposed to sunlight. In conjunction with the Sun Smart Policy, we ask that each parent apply SPF 30 (or higher) sunscreen to their child prior to their arrival at the children's service. Copies of Sun Smart Policy are available on request from staff.

YES       **reapply** SPF 30 (or higher) sunscreen, which I have supplied, to my child as required when going outside during October through to and including April.

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

## Photo/Video Consent

I **give my unreserved permission** for all still and moving images taken or recorded by or on behalf of Belgravia Leisure of the children stated on this enrolment form; to be used in any or all of the promotional and advertising material of Belgravia Leisure; and/or provided to any third party, including but not limited to media organisations, government bodies, not-for-profit organisations and Belgravia Leisure partners, for their use as they see fit. The images may be used in various media formats including online media, social media, print, newspaper, video, public displays television and electronic means of communication and in any edited form. I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of the images. If I wish to withdraw permission for images to be used, I must so inform Belgravia Leisure in writing.

*If you do not give your permission, please tick this box*

## Other information

Is there any other information you feel the staff need to be aware of in relation to your child and /or family? E.g. interests/dislikes, cultural/religious considerations, additional needs etc

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## 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 10 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/ren to participate in all activities 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, Childcare staff are authorised, on behalf of myself, to seek or where appropriate administer such medical treatment as is reasonably required. In regards 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 on the Parent Handbook.
7. The Centre reserves the right to exclude children from the Childcare facility for misbehaviour 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.
9. 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.

## Privacy Disclaimer

I agree that you may use my personal information for marketing purposes and offer me goods and services by mail, telephone, email or SMS.

*If you do not agree to this Privacy Disclaimer, please tick this box*

*Please note this means you will not receive the childcare e-newsletter and may miss important information regarding the service.*

## 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 2009 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.