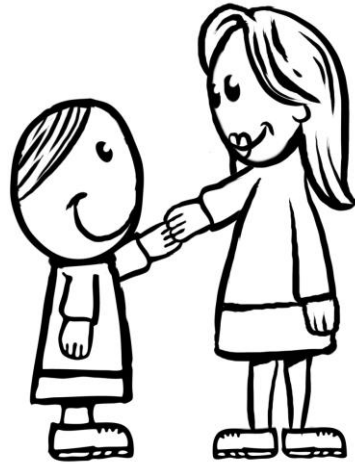




Williamstown  
Community  
and Education  
Centre Inc

**2020  
Childcare**

# **Enrolment Form**



- Occasional Care**
- 2½ Plus Year Old Activity Group**
- 3 Plus Year Old Activity Group**

**Child's Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

## **Parent/Guardian Contact Details**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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 regulations 31 to 35. 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

Family Name: .....	Date of Birth: .....	*Sex: M <input type="checkbox"/> F <input type="checkbox"/> (please tick)
Given Names: .....		
*Usually called: .....		
Home Address: .....		
Language(s) spoken in the home: .....		
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)		
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander	
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)		

### Information about the child's parents or guardians

Parent	Parent
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 parent? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this parent? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
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 <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

### Other persons to be contacted in the event of an accident, injury or illness

There may be 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 authorised to collect and care for the child after accident, injury, trauma or illness.

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child

**Details of people who you authorise to collect your child**

Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
<hr/>	
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
<hr/>	
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child

**Court Orders relating to the child**

Are there any **court orders** relating to the powers, duties, responsibilities or authorities of any person 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 order/s for 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:
    - Authorise the taking of the child outside the service by a staff member of the service;
    - In the case of a family day care service, the taking of the child outside of the family day carer's residence or family day care venue by a family day carer;
    - Consent to the medical treatment of the child;
    - Request or permit the administration of medication to the child;
    - Collect the child from the service of family day care, 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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**Child's medical information**

Name of Doctor/Medical Service: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Maternal & Child Health Centre: \_\_\_\_\_

**Special Needs**

Does your child have any special needs? No  Yes

**If yes**, please provide details of special needs and any management procedure to be followed with respect to the special need:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has diagnosis documentation been provided to the Centre? No  Yes

**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

Has a risk management plan been completed by the service in consultation with you? No  Yes

In the case of anaphylaxis you will be provided with a copy of the service's anaphylaxis management policy. Prior to commencement, 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.

**Allergies**

Does your child have any allergies or sensitivity? No  Yes

**If yes**, please provide details of allergies and any management procedure to be followed with respect to the allergy:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has diagnosis documentation been provided to the Centre? No  Yes

**Other Medical Conditions**

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

**If yes**, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the case of asthma you will be provided with a copy of the service's asthma management policy. Prior to commencement, 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.

Has diagnosis documentation been provided to the Centre? No  Yes

**Dietary Restrictions**

Does your child have any dietary restrictions? No  Yes

**If yes**, please provide details of the restrictions that apply:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Child's Immunisation Record

Under the 'No Jab, No Play' legislation, before enrolling a child, early childhood education and care services must first obtain evidence that the child is up to date with all vaccinations that are due for their age, or that they are able to receive.

An Immunisation History Statement from the Australian Immunisation Register (AIR) is the only form of documentation accepted for the purpose of enrolling in an early childhood education and care service.

You can obtain a copy of your child's Immunisation History Statement from your myGov account or you can call the AIR on 1800 653 809 or visit a Medicare or Centrelink office.

Families who do not hold a Medicare card must call the AIR to request an Immunisation History Statement.

Have you provided the service with a copy of your child's Immunisation History Statement?      No  Yes

### Other Information

Is there anything else the children's service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

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### Declaration and consent to emergency medical treatment

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 proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Lawful Authority**

### *Parents*

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Services Regulations 2009 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*

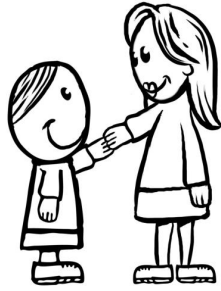
A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act* 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

## **Confidentiality of enrolment records**

Williamstown Community and Education Centre Inc. (WCEC) ensures 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 Children's Services Regulations 2009 (regulation 35(1) (d-e)).

## **Privacy Statement**

WCEC respects your right to information privacy. WCEC complies with relevant Commonwealth and State Privacy legislation. Information which we collect and hold is kept in accordance with the Information Privacy Act 2000. All WCEC Policies and Procedures can be found on the Centre's website.



## PHOTOGRAPH/VIDEO PERMISSION FORM

Throughout the year, staff may take a number of photographs/videos of the children participating in a variety of activities.

These photographs/videos may be used for the following purposes:

- Centre displays to demonstrate the involvement of the children
- Individual records of the children
- Special gifts for family and friends
- Centre publications and advertising materials, such as Centre newsletters, brochures, website, Facebook page, Annual Report.

Also, from time to time, the media visits the Centre to film and/or photograph our staff and centre users. The children may be included in such events.

Other parents may also photograph/video their own child, and that may incorporate your child due to the nature of the activity (generally in the background).

I give permission for my child to have their photograph/video taken.

I do not give permission for my child to have their photograph/video taken.

Parent/Guardian Name:.....

Signature:.....

Date:.....



## SUN SMART PERMISSION FORM

Williamstown Community and Education Centre is a Sun Smart Centre. The Centre adopts the Sun Smart Policy as recommended by the Anti-Cancer Foundation to ensure that all children attending the Centre are protected from skin damage caused by the harmful ultraviolet (UV) rays of the sun.

Parents/guardians are responsible for applying SPF 30+ to their child during the summer and daylight saving months. This must be applied 20 minutes before attending the Centre.

In the event that sunscreen is not applied,

- I give permission for staff to apply sunscreen to my child.
- I do not give permission for staff to apply sunscreen to my child.

Parent/Guardian Name:.....

Signature:.....

Date:.....