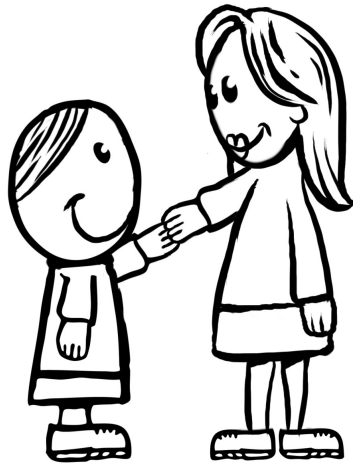




Williamstown
Community
and Education
Centre Inc

**2021
Childcare**

Enrolment Form



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: _____ Given Names: _____
 Preferred Name: _____ Date of Birth: _____ *Sex : M F
 Home Address: _____
 Medicare Number: _____ Concession Card: No Yes
 Language(s) spoken in the home: _____
 *Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)
 No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander
 *Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No Yes

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) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
<hr/>	
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
<hr/>	
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (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:
 - i. authorise the taking of the child outside the service by a staff member of the service;
 - ii. 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;
 - iii. consent to the medical treatment of the child;
 - iv. request or permit the administration of medication to the child;
 - v. collect the child from the service or 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:

Name: _____ Contact Details: _____

Child's medical information

Name of Doctor/Medical Service: _____ Telephone: _____
Address: _____
Maternal & Child Health Centre: _____
Does your child have a Child Health Record: Yes (Please provide to the Service for sighting) No
Name and position of person at the children's service who has sighted the child's health record:
Name: _____ Position: _____

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, e.g. 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? Yes No

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)

Sunscreen Permission

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: _____

Photograph/Video Permission

Throughout the year, staff may take 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: _____

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 approved provider/nominated supervisor/educator or in the case of a family day care, the family day care service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, the transportation of the child by an 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

The proprietor of the children's service must ensure 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))

WCEC acknowledges and respects privacy of individuals. The information that is being collected on the document is for the purposes of processing your enrolment in WCEC occasional care, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents / guardians and the child enrolled in the program. By completing this form the Service accepts that the parents/guardians of the child have consented for the information to be collected. The intended recipients of this information are WCEC authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and WCEC's Privacy Policy. WCEC will ensure the information is not divulged to another person unless necessary for the care or education of your child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed by the Victorian Children's Services Regulations 2009(Vic) (Reg. 35(1) (d-e))

Ver.2015 Implementing National Quality Framework – National Law.

Enrolment Agreement

I/We _____

- Have viewed the WCEC Occasional Care (hereafter called the **service**) and consent to the enrolment of the admitting child (hereafter referred to as the **child**).
- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.
- Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release, and authorise release of the child.
- Agree to comply with all Government requirements in relation to the service.
- Agree that in the case of accident or injury, the service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any costs incurred.
- Are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition.
- Understand that the child will be accepted back into the service once a ‘clearance certificate’ for the child from a medical practitioner is received.
- Are aware that the service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality.
- Agree to provide the service with all information regarding the health of my/our child.
- Are aware that the service may occasionally have visitors, or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service’s appropriate supervision.
- Agree to pay the fees on the due day by method prescribed in the Service Fees Policy.
- Am/are aware that to cancel childcare, I/we are required to give notice in writing two weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period, we are aware that if our child does not attend, we are liable to pay full fees.
- Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays.
- Understand that a system of payment for late collection operates at the service, to cover overtime payments to staff, and that I/we am/are obliged to drop off/pick up the child as negotiated with the service. Any late collection will result in a fee being charged.
- If my/our child is attending the service for the first time, I/we agree to attend a meeting with the Lead Educator prior to confirmation of enrolment.

I/We have read the above Agreement and agree to abide by the conditions of the Enrolment Agreement.

Primary Parent / Guardian

Full Name: _____

Signature: _____

Date: _____

Office Use:

Educator/Parent Meeting was conducted on ____/____/____

