

Child Enrolment Form

Please note from January 1 2016 All children must meet the following requirements before they can be enrolled:-

- immunised or**
- have an approved catch up schedule or**
- have a medical exemption**

If you do not have one of these please call us on 1300 856 463 or 9036 1504 before completing this form.

Enrolment Date	
Name of Educator	

Child Details

Family Name	
Child's Name	
Child's CRN	
Child's Date Of Birth	

This form must be completed by a parent who has parental responsibility in relation to the child.

All questions are to be answered under the Education and Care National Regulations and provide relevant information to our service regarding your child.

A separate enrolment form must be used for each child requiring care.

Information about the child

Family Name	
Given Names	
Preferred Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address of Child	
Country of Birth	
Languages spoken in the home	
Child's cultural background	
Family Cultural background	
Is the child of aboriginal or Torres Strait Islander origin	<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes Aboriginal <input type="checkbox"/> Yes Torres Strait Islander <input type="checkbox"/> Yes Aboriginal and Torres Strait islander
Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child attend any other type of childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No

Information about the parents

Parent 1		Parent 2	
Name		Name	
Family Name		Family Name	
Address of parent		Address of parent	
Telephone		Telephone	
Mobile		Mobile	
Date of birth		Date of birth	
Occupation		Occupation	
Country of Birth		Country of Birth	
Parent Centrelink CRN		Parent Centrelink CRN	
Is this child registered under this family CRN	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child registered under this family CRN	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child live with this parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child live with this parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address		Email address	

Other persons to be notified and authorized to consent to emergency medical treatment

There may be times when your child has an accident, injury, trauma or illness and we cannot contact you as the parents. To deal with these situations your child's Educator will notify one of the following people. As a parent you need to complete this part of the form with the names of people whom you trust to make the decisions for your child's health and well being. They may not be the same people who can collect the child.

I,as parent of empower the below mentioned authorized nominee(s) authorization,

- to consent to the medical treatment of my child from a registered practitioner, hospital or ambulance service.
- to consent to the administer medication,
- to authorize the educator to take the child outside the education and care services premises,
- to consent to transportation of my child via ambulance service in the event that I cannot be contacted.

I give consent for the approved provider, nominated supervisor or the educator

- to seek medical treatment from a registered practitioner, hospital or ambulance service,
- to consent to the administer medication,
- to authorize the educator to take the child outside the education and care services premises
- to transport of my child via ambulance service in the event that I cannot be contacted.

Authorised Nominees

Nominee 1		Nominee 2	
Name		Name	
Address		Address	
Phone home		Phone home	
Phone Mobile		Phone Mobile	
Relationship to child		Relationship to child	

Details of people who you authorize 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 authorized 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 cannot be contacted, this list will also be used to arrange someone to collect the child.

PERSON 1		PERSON 2	
Name		Name	
Address		Address	
Phone home		Phone home	
Phone Mobile		Phone Mobile	
Relationship to child		Relationship to child	

PERSON 3		PERSON 4	
Name		Name	
Address		Address	
Phone home		Phone home	
Phone Mobile		Phone 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 Coordination Unit staff to copy and keep as an attachment to this enrollment form, to enable the educator to have a copy to see
2. If these orders:
 - a. change the powers of a parent/guardian to:
 - i. authorize 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 the family day care residence or family day care venue by a family day educator,
 - 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

CHILD'S HEALTH INFORMATION

Name of Doctor/ Medical Service	
Telephone of doctor/ medical Service	
Address of Doctor/medical service	
Maternal and Child health centre	
Child's medicare number	
Does your child have a child health record	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide a copy to ignite minds
Name and position of person at the Ignite Minds who sighted the child's health record.	

CHILD'S MEDICAL INFORMATION

Does your child have any special needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.	
Does your child have any sensitivity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide details of the sensitivity and any risk management strategies in place in respect to the risk	
Does your child have any allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy.	

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an auto injection device (eg EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the anaphylaxis medical management plan been provided to the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a risk management plan been completed by the service in consultation with you?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 is available at www.education.vic.gov.au/anaphylaxis

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.	
Does the child have any dietary restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, detail the restrictions apply that apply.	

Child's Immunisation Record

Has the child been immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, provide the details by:	<input type="checkbox"/> attaching a copy of the Immunisation Record from the Child Health Record book OR <input type="checkbox"/> attaching a copy of the Immunisation Record printout from local government OR <input type="checkbox"/> attaching the Child History Statement from the Australian Childhood Immunisation Register, OR <input type="checkbox"/> completing the table below using the child's Immunisation Record to provide the dates of immunisations received, OR <input type="checkbox"/> Attaching evidence to Centrelink that you have an approved medical exemption. <input type="checkbox"/> Attaching evidence that you are on an approved catch up schedule

Immunisation (valid from March 2008)	Birth	2 mths	4 mths	6mths	12mths	18mths	4 yrs
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							

Additional immunisations for Aboriginal and Torres Strait Islander children (if required)

	12-24 months		18-24 months
Hepatitis A			
Pneumococcal polysaccharide (23vPPV)			

Other information

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

Declaration

I(Print full name)a person with Parental responsibility for 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, service, educator and authorized nominees to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and furthermore to agree to transportation of the child by an ambulance service.

Signature Date

Confidentiality of enrolment records

Ignite Minds will 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 authorized by the parent or prescribed in the



Education and Care Services National Regulations 2011 (regulation 35(1) (d-e))

Parental Responsibility

- A *parent* includes a guardian of the child and a person with parental responsibility for the child under a decision or court order.
- *Parental responsibility* is a term defined under section 61C of the Family Law Act 1975, which means “all the duties, powers, responsibilities and authority which, by law, parents have in relation to children”.

Privacy Collection Statement (is required to accompany all enrolment forms.)

Ignite Minds Pty Ltd respects all the personal and confidential information you give and will do everything possible to protect information from unauthorized access, loss or misuse. Information collected from you is required for the delivery of services in accordance with requirements from DEECD prescribed in The Education and Care Services National Regulations 2011

Should you need to change or access your personal details at any time please contact us on 1300 856 463

Please Print..... Understand that the information provided in this form will be used in accordance with the relevant legislation and declare that this information is correct to the best of my knowledge

Signed..... Date

Office Use Only

This enrolment form has been checked by	
Position	
Date	
Signature	