

MSAC OCCASIONAL CHILDCARE CENTRE ENROLMENT FORM



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. The licensed children's services must collect the child's enrolment information with this form, as required by the Children's Services Regulations 1998. Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist in providing relevant children's services.

DATE OF ENROLMENT

INFORMATION ABOUT THE CHILD

FAMILY NAME	DATE OF BIRTH	SEX	M	F	
GIVEN NAMES	USUALLY CALLED				
HOME ADDRESS					
SUBURB	POSTCODE				
LANGUAGE(S) SPOKEN IN THE HOME					
*DOES THE CHILD HAVE A DEVELOPMENTAL DELAY OR DISABILITY INCLUDING INTELLECTUAL, SENSORY OR PHYSICAL IMPAIRMENT?				N	Y

INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS

Parent Details

NAME	
EMAIL	
ADDRESS (AS ABOVE OR:)	
SUBURB	POSTCODE
HOME TELEPHONE	
WORK TELEPHONE	
MOBILE	
DOES THE CHILD LIVE WITH THIS PARENT?	N Y

Parent Details

NAME	
EMAIL	
ADDRESS (AS ABOVE OR:)	
SUBURB	POSTCODE
HOME TELEPHONE	
WORK TELEPHONE	
MOBILE	
DOES THE CHILD LIVE WITH THIS PARENT?	N Y

Guardian Details (if applicable)

NAME	
ADDRESS	
SUBURB	POSTCODE
HOME TELEPHONE	
WORK TELEPHONE	
MOBILE	
DOES THE CHILD LIVE WITH THIS GUARDIAN?	N Y

Guardian Details (if applicable)

NAME	
ADDRESS	
SUBURB	POSTCODE
HOME TELEPHONE	
WORK TELEPHONE	
MOBILE	
DOES THE CHILD LIVE WITH THIS GUARDIAN?	N Y

OTHER PERSONS TO BE NOTIFIED

There may be times when the child has an accident, injury, trauma or illness. In circumstances where the parent is not contactable we may require someone else to collect the child. Please list two people who are authorised to collect and care for the child after an accident, injury, trauma or illness in the case where the parents or guardian are not contactable.

NAME	NAME		
ADDRESS	ADDRESS		
SUBURB	POSTCODE	SUBURB	POSTCODE
HOME TELEPHONE	HOME TELEPHONE		
WORK TELEPHONE	WORK TELEPHONE		
MOBILE	MOBILE		
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD		

CHILD'S MEDICAL AND HEALTH INFORMATION

NAME OF DOCTOR / MEDICAL SERVICE	
ADDRESS OF DOCTOR/MEDICAL SERVICE	
TELEPHONE	DO YOU HAVE AMBULANCE COVER? <input type="checkbox"/> N <input type="checkbox"/> Y

Does the child have any allergy or sensitivity?

 N Y

IF YES, THE FOLLOWING MANAGEMENT PROCEDURES ARE TO BE FOLLOWED (a copy of the management plan must be attached)

--

Has your child been diagnosed at risk of anaphylaxis?

 N Y

Does your child have an auto injection device (eg EpiPen®)?

 N Y

In the case of Anaphylaxis 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. More information is available at www.education.vic.gov.au/anaphylaxis.

Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc) which are relevant to the children's service?

IF YES, THE FOLLOWING MANAGEMENT PROCEDURES ARE TO BE FOLLOWED (or a copy of the management plan is attached)

--

Does the child have any dietary restrictions?

 N Y

IF YES, THE FOLLOWING RESTRICTIONS APPLY:

--

Child's immunisation record

Is the child up to date with vaccinations for their age?

 N Y

If yes, you must provide the details by:

- attaching the Child History Statement from the Australian Childhood Immunisation Register.

Is the child on an approved vaccination catch-up schedule?

 N Y

If yes, the child has to have started the catch-up schedule and you must provide documentation:

- attach documentation about the catch up schedule.

PLEASE NOTE THAT WE ARE ONLY ABLE TO ACCEPT CHILDREN WHO HAVE UP TO DATE IMMUNISATIONS OR WHO ARE ON AN APPROVED CATCH-UP SCHEDULE.

CONFIDENTIAL

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?

N Go to the next section

Y 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
 - Consent to 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:

OTHER INFORMATION

Is there anything else that the children's service should know about the child (e.g. excessive fears, favourite activities, attending other early childhood service or early intervention service etc.):

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 staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonable necessary and that I will reimburse any necessary expenses incurred by the children's 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 1998 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/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.

HOW DID YOU HEAR ABOUT US?

- | | |
|---|--|
| <input type="checkbox"/> Our Website | <input type="checkbox"/> Regular Visitor (area): _____ |
| <input type="checkbox"/> Already an MSAC Member | <input type="checkbox"/> Publication (please specify): _____ |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flyers/Brochures | |

MSAC OCCASIONAL CHILDCARE CENTRE

ENROLMENT FORM



Dear Parents/Guardians;

The Melbourne Sports Centre Occasional Childcare Centre would like to request permission to photograph your child / children at play.

The photographs will be displayed inside the Occasional Childcare Centre, on notice boards immediately outside the Occasional Childcare Centre. We will also use these photos in our weekly observations of the children and they will be kept on file in our office.

If you have any queries or questions, please approach a staff member.

Thank you,

T. Aznal

C. Wright-Davies

Occasional Childcare Centre Co-ordinators

I, _____
give permission for Melbourne Sports Centres to take and display photographs of my child / children

SIGNATURE

DATE