



ENROLMENT DETAILS

Enrolment Date:

1. INFORMATION ABOUT THE CHILD

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.

Family Name:
 Given Name/s:
 Preferred Name (if otherwise):
 Date of Birth:
 Sex (please tick): Male Female
 Home Address:

 Language(s) Spoken at Home:
 Email address:

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>
No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/>	Yes, Torres Strait Islander	<input type="checkbox"/>

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? (please tick)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2. INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS

Mother			Father		
Name			Name		
Address			Address		
Home Phone			Home Phone		
Work Phone			Work Phone		
Mobile Phone			Mobile Phone		
Does the child live with the mother?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child live with the father?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Guardian (if applicable)			Guardian (if applicable)		
Name			Name		
Address			Address		
Home Phone			Home Phone		
Work Phone			Work Phone		
Mobile Phone			Mobile Phone		
Does the child live with this guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child live with this guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. OTHER PERSONS TO BE NOTIFIED

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	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Relationship to child		Relationship to child	

4. 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?

- Yes, please complete the following actions below
- No, please move on to section 5

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 the family day care’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 in the space below:

Name:		Contact Details:	
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5. DETAILS OF PEOPLE WHO YOU AUTHORISE TO COLLECT YOU 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	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Relationship to child		Relationship to child	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Relationship to child		Relationship to child	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Relationship to child		Relationship to child	



6. CHILD'S HEALTH INFORMATION

Name Doctor/Medical Service		
Address Doctor/Medical Service		
Phone Doctor/Medical Service		
Maternal & Child Health (MCH) Centre		
Does your child have a child health record? If yes, please provide to the service for sighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name and position of person at the children's service who has sighted the child's health record:

Name	Position

7. CHILD'S MEDICAL INFORMATION

Special Needs

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

Allergies/Sensitivities

Does your child have any allergies or sensitivity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy in the space below.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the anaphylaxis medical management plan been provided to the service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a risk management plan been completed by the service in consultation with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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



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)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition in the space below

Does the child have any dietary restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details of the dietary restriction in the space below

8. CHILD'S IMMUNISATION RECORD

Has the child been immunised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, provide the details by attaching the Immunisation History Statement from the Australian Immunisation Register which shows the child:

- is up to date with vaccinations for their age; or
- is on a recognised vaccine catch-up schedule; or
- has a medical contraindication preventing them from being fully vaccinated.

If the child qualifies for the grace period attach details here. A [Grace period eligibility assessment form](#) is available on the DHHS website.



9. OTHER INFORMATION

Please tell us a little about your child (eg. Excessive fears, favourite activities, pets, siblings etc.)

Siblings: Names & Ages

Pets: Type & Name

Where does your child usually play? Eg. Backyard, bedroom etc.

What are some of your child's favourite activities?

Is your child toilet trained and what words do they use for the toilet?

When your child is upset, how do you comfort him/her?

10. DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I, 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.

Full Name	Signature	Date

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))

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.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.



PERMISSIONS AND AGREEMENTS 2020

Child's Name: _____

Child's date of birth: ____/____/____

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.

Permission for Photos Yes No

I/We hereby give consent for our child's photograph to be used for the room programming, Centre displays and observations. We would like to show people attending how our childcare operates. Where this information may be utilized outside the Centre, further permission will be sought. Refer to the permission for Publication.

Permission for Publication Yes No

I/We hereby give consent for our child's photograph to be used for the annual report or advertising on Facebook or website. We would like to show people how our childcare operates. No names will be used in the publication.

Permission for Evacuations Yes No

I/We hereby give permission for our child to participate in regular evacuation drills. I/We understand that our child will be relocated from the Centre under the supervision of the caregivers and centre Team Member to a nominated safety zone for evacuation purposes and identified as primary or secondary assembly point on the Wonga Park Community Cottage Evacuation Plan. No transport arrangements are required – transfer by foot only (pram for non-walkers).

Permission for Kindergarten Drop Off Service Yes N/A *(only applicable if prearranged)*

I/We hereby give consent for the Wonga Park Community Cottage childcare staff member to transfer my child between adjoining Children's Services in the Wonga Park Community Centre facility, namely, Wonga Park Community Cottage Child Care Centre Service No. SE-0015916 and Burch Memorial Pre School Service No. SE00004163 for the purposes of my child attending their designated kindergarten session.

**Should the kindergarten session not be operating due to closure for severe / extreme fire danger days or other reasons – notification will be provided by the Kindergarten directly to the parent. Alternate arrangements are required for the collection of the child from Wonga Park Community Cottage Child Care Centre by the parent (guardian) and it is the parent's responsibility to notify the Wonga Park Community Cottage upon delivery of the child on the day of the Kindergarten closure.*

Sunscreen Application Yes No

I/We hereby give consent for the Wonga Park Community Cottage staff member to apply 30+ SPF sunscreen regularly to our child for outdoor play purposes. If my child requires special sunscreen I/we agree to supply this product to the centre.

CONSENT

I/We _____ (name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children's service in the event of any change to this information.

Parent/s 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.

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Your email address will be added to our database and will only be used by Wonga Park Community Cottage to keep you updated with notifications, events & program activities. Please advise the office if you wish to opt out of our email database.



PRIVACY POLICY

Introduction

This document sets out the policy of the Wonga Park Community Cottage Inc (WPCC) in relation to the collection/handling of personal/health information. WPCC respects the privacy of all individuals. Furthermore, WPCC is committed to ensuring that all staff, Committee of Management and others involved in the management of WPCC comply at all times with their obligations under the Information Privacy Act 2000 & the Health Records Act 2001.

Purpose

WPCC currently collects/holds personal information and, when relevant, health information, in relation to its employees, committee of management members, volunteers, tutors, house and childcare users/participants. WPCC is committed to use this information only for the purpose for which it is collected, and to safeguard it from misuse.

Collection

WPCC's contractual obligations to various funding bodies requires us to collect some information in relation to participants/house users. This information includes, but is not limited to:

Home address and telephone number, sex, date of birth, nationality, personal background, employment category and educational qualifications.

WPCC collects personal and health information in relation to its employees, committee of management and volunteers in order to meet workplace health & safety regulations, insurance & legal obligations and to comply with the regulations of the Children's Services Act.

Personal/health information responsibilities

- WPCC will ensure that the person involved knows the purpose for which the information is collected
- WPCC will use and disclose information only for the purpose for which it was collected
- If the information is to be used or disclosed for other purposes, WPCC will seek the person's consent
- WPCC will not disclose information unless required to do so by another legal authority
- Any person may exercise their right to have access to, and seek to correct, information about themselves
- WPCC will reduce risks of unauthorised access, use, loss, modification and disclosure of collected information by storing it securely
- Volunteers will not have unauthorised access to files/information
- Staff and volunteers, including committee of management members, will be required to sign a contract of confidentiality
- Information no longer required will be disposed of in a responsible manner (e.g. shredded)