



Occasional Care enrolment form

This form must be completed by a parent/guardian in relation to the child.

Child's details

Family name: _____

Given names: _____ Preferred name: _____

Sex: Male Female Date of birth: _____

Address: _____

Suburb: _____ Postcode: _____

Cultural background: _____

Language/s spoken at home: _____

Is your child of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Brothers and sisters

Name	Date of Birth	Gender

Parent/guardian's details

Full name: _____ Parent/guardian's date of birth: _____

Address: _____ Email address: _____

Phone: (H) _____ (W) _____ (M) _____

Cultural background: _____ Employment status: _____

Parent/guardian of Aboriginal or Torres Strait Islander origin. No Yes, Aboriginal Yes, Torres Strait Islander

Does the child live with this parent/guardian?

Yes No, refer to court orders or plans relating to the child (over page).

Relationship to child: _____

Parent/guardian's details

Full name: _____ Parent/guardian's date of birth: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Cultural background: _____ Employment status: _____

Parent/guardian of Aboriginal or Torres Strait Islander origin. No Yes, Aboriginal Yes, Torres Strait Islander

Does the child live with this parent/guardian?

Yes No, refer to court orders or plans relating to the child (over page).

Relationship to child: _____

Name of parent/guardian claiming CCB/CCR: _____

Department of Human Services CRN (parent/guardian's) _____

Court orders or plans relating to the child

Are there any court orders, parenting orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child?

- No — go to the next section.
- Yes — **please complete the following.**

Bring the **original** court orders/plans for staff to see and a **copy to attach to this enrolment form** if these orders:

- a. Affect or 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 the 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 persons to be notified — authorised nominee nominated by parent/guardian

There may be times when the child has an accident, injury, trauma or illness and the parents/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. The authorised nominees must be over the age of 18.

The authorised nominee has consent from you to:

- collect and care for the child from the service;
- provide written or verbal permission or request for the administration of medication/s to the child; and
- consent to medical treatment of the child.

The Education and Care Services National Regulations require that we have **two** people recorded other than parents.

Full name: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Full name: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Collecting child from the service — authorised nominee

Your consent is required for other people (over the age of 16) to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child below. In the event that the child is not collected and the parent/guardian cannot be contacted, these people will be contacted to arrange to collect the child.

These details can be changed throughout the year.

Full name: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Collecting child from the service continued

Full name: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Full name: _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Medical and health information

Name of child's doctor/medical centre: _____

Phone: _____

Address: _____

Suburb: _____ Postcode: _____

Maternal and Child Health (MCH) Centre: _____

Are you a member of Ambulance Victoria? No Yes Number: _____

Child's Medicare number: _____

Please tick the key age and stage MCH visits your child has attended:

8 months 12 months 18 months 2 years 3.5 years

Please ensure your child has attended their key age visit prior to attending child care.

Does your child have anaphylaxis? Yes No

If yes, you are required to complete a anaphylaxis management plan.

Does your child have any allergy or sensitivity? Yes No

If yes, you are required to complete a management plan.

Does your child have any medical conditions and needs? (epilepsy, diabetes, convulsions) Yes No

If yes, you are required to complete a management plan.

Does your child have asthma? Yes No

If yes, you are required to complete a management plan.

Does your child have any dietary requirements? Yes No

If yes, the following restrictions apply: _____

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes No If yes, please comment: _____

Is your child currently under the care of a medical specialist? Yes No

If yes, reason for seeing specialist: _____

Other information

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

Please indicate festivals your family celebrates and/or list any culture/religious practices the centre staff need to be aware of:

Parent involvement in the children's programs is welcomed. What skills or interests could you share?

No Jab, No Play legislation

From 1 January 2016, the new No Jab, No Play legislation requires all children to be fully vaccinated before enrolling into any childhood service. A grace period applies to certain families in some circumstances — please discuss with the Glen Eira City Council children's centre occasional care staff if you are unsure or believe it may apply to you.

In order to finalise the enrolment, please provide an *Immunisation History Statement* that shows the child:

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

To obtain a copy of an *Immunisation History Statement* for your child/ren, contact Medicare on either:

- 1800 653 809;
- email acir@medicareaustralia.gov.au;
- visit the Medicare website; or
- visit your local Medicare office.

Please note: parents/guardians who think their child/ren may require a medical exemption to one or more vaccines should consult their GP.

If a child has medical reasons for not being able to be vaccinated, a GP needs to complete and sign a *Medicare Immunisation Exemption Medical Contraindication Form* and send it to the Australian Childhood Immunisation Register (ACIR). Once this has been done, the parent needs to obtain an updated *Immunisation History Statement* listing vaccines the child can and can't have due to medical reasons and give this to the co-ordination unit to finalise enrolment.

Office use only

Debtor number: _____

Days of care: Wednesday Thursday

Other: _____

Optional consent to photograph

I/we give permission for Glen Eira City Council educators to take photographic images of my child/children to be used in program documentation, newsletters, children's developmental portfolios and inhouse training/education purposes.

Signature: _____ Date: _____

Terms and conditions including consent to emergency medical treatment

I/we acknowledge that the acceptance of my/our child for admission to child care offered by Glen Eira City Council is subject to the following conditions:

I/we, _____ and _____ (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 services 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 staff of the children's services seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service;
- consent to the transportation of the child by an ambulance service and that I will reimburse any expenses incurred by the children's service;
- understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the child care premises under the direction and supervision of staff;
- have read the requirements pertaining to the provision of child care in Council's *Children's Centre Family Handbook*;
- acknowledge that I/we fully understand and agree to abide by all conditions appearing in this enrolment form and in Council's Practices and Procedures and *Children's Centre Family Handbook*, as amended by Glen Eira City Council with parent consultation annually; and
- understand that should I fail to pay my child care invoice by the due date, then Council may charge interest on any overdue invoice at the penalty rate fixed under the *Penalty Interest Rates Act 1983* (Victoria), calculated and payable daily, compounded from the due date until the invoice is paid in full. I agree to pay all Council costs and expenses which may be incurred in the recovery or attempted recovery of the overdue amounts from me. These costs may include fees paid to mercantile agents, solicitors or other third parties.

Signature: _____

Date: _____

Signature: _____

Date: _____

Information privacy

The personal information requested is required primarily for the provision of the child care service referred to on this form and will only be shared with those directly responsible for providing that service. Some of the information requested on this form is mandated by the Education and Care Service National Law. If you do not provide the information, we may not be able to deliver the service. If you would like to know more about privacy at Glen Eira City Council, including your right to seek access to any information collected on this form, please see Council's privacy policy at www.gleneira.vic.gov.au or contact Council's privacy officer on 9524 3333.

I have read and understood the information privacy statement outlined above.

Children's daily routines

Child's name: _____

To help your child settle in to the centre please fill in the following details:

Does your child have a bottle? Yes No

If yes, is your child on: full cream milk breast milk formula (give details)

At what time/s does your child have a bottle? _____

Approximately how many mls per bottle? _____

List other liquids your child drinks:

Does your child drink from? cup with lid cup without lid no cup

Has your child been introduced to solid foods? Yes No

What food has been tried, tolerated liked or disliked?

Does your child feed themselves? Yes No requires help

Children under two years of age attending child care, are placed on their backs to sleep as recommended by the National Sudden Infant Death Syndrome Council.

Is there a particular way to settle your child to sleep? Yes No

If yes, please describe:

Please list the times your child goes to sleep during the day and for approximately how long they sleep for:

Does your child have a special comforter, dummy or toy? Yes No

If yes, what is it and does it have a name?

Is your child toilet trained? Yes No

Is your child learning to use the toilet? Yes No

Is there any special words that we should know?

Further comments

Please describe your child's day, including routine times and make further comments about anything we should know about your child: