

CHILDCARE & KINDERGARTEN ENROLMENT FORM 2012

Holden Street Neighbourhood House Inc



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A parent or guardian who has lawful authority in relation to the child must COMPLETE this form. A brief explanation of lawful authority is contained at the end of this form.

Information about the child.

Family name: Given names:

Usually called: Date of birth: Sex: M F

Home address:

..... Postcode:

Parent Drivers Licence no: Medicare card no:

Healthcare card no (centrelink): Expiry date:
(Current photocopy required)

Language spoken at home:

Country of birth:

Are you currently living in public housing? Yes/no

Is the child of Aboriginal and/ or Torres Strait Islander decent? Yes/no

Is your family of refugee or asylum seeker status? Yes/no

Is your child enrolled at any City of Yarra Children's Services? Yes/no

Does the child live with the mother? Yes/No (please circle)

Does the child live with the father? Yes/No (please circle)

Information about the child's parents or guardians

Name:

Address:

Occupation: Employer:

Country of birth:

Telephone/s (h) (w) (Mobile)

Email:

Name:

Address:

Occupation: Employer:

Country of birth:

Telephone/s (h) (w) (Mobile)

Email:

Siblings

Name	DOB
.....
.....
.....

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?

NO. Go to next section

YES. Please complete the following:

1. Bring the **original** court order/s for staff to see and copy to attach to this enrolment form;
2. If these orders:
 - a. Change the powers of a parent/guardian to:
 - i. Authorise the taking for the child outside the service by a staff member of the service;
 - ii. Consent to the medical treatment of the child;
 - iii. Collect the child, AND/OR
 - b. Give these powers to someone else,
 - i. Please describe these changes on the back of this form and provide the contact details of any person given these powers

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.

Name:	Name:
Address:	Address:
.....
Telephone/s:	Telephone/s:
(h)	(h)
(w)	(w)
(Mobile)	(Mobile)
Relationship to child:	Relationship to child:

Collecting the child from the Children's service

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below.

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. Photo identification is required when these people pick up your child.

Details of people who can collect the child. (This list may be added to or changed)

Name:
Address:
.....
Telephone/s:
(h)
(w)
(Mobile)

Name:
Address:
.....
Telephone/s:
(h)
(w)
(Mobile)

Name:
Address:
.....
Telephone/s:
(h)
(w)
(Mobile)

Name:
Address:
.....
Telephone/s:
(h)
(w)
(Mobile)

Child's medical and health information

Name doctor/medical service Telephone.....
Address doctor/medical service

Maternal & child health (MCH) centre

MCH contact name

Does the child have any allergy (s) or sensitivity? 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

If yes to **both**, the following management procedures are to be followed (or a copy of the management plan is attached):

.....
.....

Does the child have any medical conditions and needs (e.g. Epilepsy, diabetes etc) which are relevant to the children's service?

No Yes

If yes, the following management procedures are to be followed (a copy of the management plan is attached):

.....
.....

Does the child have any dietary restrictions

No Yes

If yes, the following restrictions apply:

.....
.....

Childs immunisation record

Has the child been immunised?

No Yes

If yes, provide details by:

- attaching a copy of the immunisation record

Does your child have a child health record?

No Yes

If yes, please provide the service for sighting.

Information for bodies that provide funding to the service

From time to time the Department of Human Services seek information on the characteristics Families who use this children's service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

1. Does the child have a developmental delay or disability?
• No • Yes

Comments.....

2. Does either parent have a disability?
• No • Yes

Comments.....

3. Is the family a single parent family?
• No • Yes

Comments.....

Other information

If there is anything else that this service should know about he child (eg excessive fears, favourite activities, etc) this is as follows:

.....
.....
.....
.....

Declaration and consent to emergency medical treatment

1

A person with lawful authority of the child referred to in this enrolment form,

- declares 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 she/he becomes unwell at the service;
- Consent to the 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 the power stand responsibilities in relation to their children which 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 given 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 children’s services act 1996 also covers situations where a child does not live with his or her parents and there are not court orders, in these cases, the guardian is the person the child lives with and who has day to day care and control of the child.

EMERGENCY EVACUATION PRACTICE

If in case of an emergency we will take the children into the park at our assembly point. We need to ask your permission for your child(ren) to leave the child area. We will also have practice evacuations, which will be from childcare areas into holding bay areas. We will attempt to inform you on the days we rehearse these evacuations. Please view emergency evacuation procedures on yellow card at side entrance door.

I give permission for my childto leave the grounds of Holden Street Neighbourhood House to participate in house evacuation for emergency or rehearsal evacuations.

Signed

Name

Date

PARENT AGREEMENT

I/we

Have read and understood the policies and procedures as stated in the centre handbook.

I agree to abide by these policies as a condition of enrolment at the centre.

Information privacy

- I give my consent to display my child's food allergy information to enable staff to provide for my child's care and safety need
 - Yes
 - No
- I give my consent for our phone number to be recorded in the sign in book to enable staff to contact us in case of an emergency
 - Yes
 - No
- I give my consent for my child's medication/accident details to be recorded in the communal medication/ accident book to enable staff to provide for my child's medical needs
 - Yes
 - No
- I give my consent for details about my child's day to be recorded in communication books/boards
 - Yes
 - No
- I give my consent for my child's photo to be taken and I understand that I will be informed if it will be used in brochures for the centre
 - Yes
 - No
- I understand this means other families may see information relating to my child
 - Yes
 - No

Signature **Date**.....