



21A Lomond Terrace, Geelong East, Vic.3219  
 Ph: 03 5229 1326 Fax: 03 5229 1424  
 Email: admin@geelongchildrenscentre.com.au  
 www.geelongchildrenscentre.com.au  
 ABN: 16 636 320 874

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.

**Child's Details**

Given Name/s \_\_\_\_\_ \*Usually called \_\_\_\_\_ Sex M  F

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Language/s Spoken at Home \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander origin?

- No, not Aboriginal or Torres Strait Islander
- Yes, Aboriginal
- Yes, Aboriginal and Torres Strait Islander
- Yes, Torres Strait Islander

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

Yes  No

**Parent/Guardian Details**

<i>Mother</i>	<i>Father</i>
Given Names _____	Given Names _____
Last Name _____	Last Name _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Mobile _____	Mobile _____
Email _____	Email _____
Occupation/Work Phone _____	Occupation/Work Phone _____
Date of Birth ..... / ..... / .....	Date of Birth ..... / ..... / .....
Does the child live with the mother? Yes <input type="radio"/> No <input type="radio"/>	Does the child live with the father? Yes <input type="radio"/> No <input type="radio"/>
<i>Guardian (if applicable)</i>	<i>Guardian (if applicable)</i>
First Name _____	First Name _____
Last Name _____	Last Name _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Mobile _____	Mobile _____
Email _____	Email _____
Occupation/Work Phone _____	Occupation/Work Phone _____
Date of Birth ..... / ..... / .....	Date of Birth ..... / ..... / .....
Does the child live with this guardian? Yes <input type="radio"/> No <input type="radio"/>	Does the child live with this guardian? Yes <input type="radio"/> No <input type="radio"/>

**Days Booked**

Days	Monday	Tuesday	Wednesday	Thursday	Friday
AM (7am-12.30pm)					
PM (12.30pm-6pm)					

Start Date \_\_\_\_\_

Are you applying for Child Care Benefit? Yes  No

Customer CRN \_\_\_\_\_ Child CRN \_\_\_\_\_

CCB% \_\_\_\_\_ Eligible Hours \_\_\_\_\_

**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 No  (go to the next section)

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:
    - 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; AND/OR
    - Collect the child from the service,
  - b) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authority to Collect/Emergency Contacts** (Do not include parent/s name/s)

Your consent is required for other people to collect your child from *Geelong Children's Centre* on your behalf. Please complete the below details of those people you authorise to collect your child. This list will be used in event that if your child is not collected from the Centre and we cannot contact you as parents/guardians, to arrange someone to collect your child/children and or if your child/children has an accident, injury, trauma or illness.

I authorise the staff members of *Geelong Children's Centre* to give the following persons permission to collect my child.

\*\* Please ensure these emergency contact persons are willing and able to collect your child in the event of an emergency.

<i>Contact 1</i>	<i>Contact 2</i>
First Name _____	First Name _____
Last Name _____	Last Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Mobile _____	Mobile _____
Work Phone _____	Work Phone _____
Relationship to Child _____	Relationship to Child _____

**Medical Practitioner**

Doctor/Medical Centre \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Does your child have a child health record? Yes  No

If yes, please provide to the service for sighting

*Child health record means a record that documents a child's health and development assessments and immunisations*

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

Name \_\_\_\_\_ Position \_\_\_\_\_

**Medical Information**

Does your child have any special needs? Yes  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 allergies or sensitivity? eg. foods, medicine, sunscreen, etc Yes  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? Yes  No
- Does your child have an auto injection device (eg EpiPen®)? Yes  No
- Has the anaphylaxis medical management plan been provided to the service? Yes  No
- Has a risk management plan been completed by *Geelong Children's Centre* in consultation with you? Yes  No

*In the case of anaphylaxis you will be provided with a copy of our anaphylaxis management policy. You will be required to provide Geelong Children's Centre 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](http://www.education.vic.gov.au/anaphylaxis)*

### Medical Conditions

Does your child have any other medical conditions that are relevant to the care of your child? eg. asthma, convulsions, etc Yes  No

If yes, please provide details of any medical conditions and any management procedure to be followed with respect to the medical condition \_\_\_\_\_

### Meals

Does your child have any special dietary restrictions? eg. vegetarian, religious requirements, etc Yes  No

If yes, the following restrictions apply \_\_\_\_\_

### Immunisations

Has your child been immunised? Yes  No

\*If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record Book OR
- attaching a copy of the Immunisation Record printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- completing the table below using the child's Immunisation Record to provide the dates of immunisations received

Immunisation	Birth	2 months	4 months	6 months	12 months	18 months	4 years
Hepatitis B							
Diphtheria, tetanus & acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps & rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24mth		18-24mth
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

### 4 Year Old Kindergarten Program

I/We understand that we are required to advise the Director if our 4 year old child is attending a funded kindergarten other than at *Geelong Children's Centre*. This is required in order for the Centre to claim appropriate funding. Funding is only allocated to **ONE** kindergarten program and cannot be claimed by both programs.

- My child will **only** be attending the funded kindergarten program at *Geelong Children's Centre* Yes  No

Parent/s / Guardian/s signature \_\_\_\_\_  
Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Routine

Does your child sleep during the day? Yes  No

If so, when and for how long? \_\_\_\_\_

Does your child have a comforter? eg dummy/blanket/teddy Yes  No

If so, what? \_\_\_\_\_

Does your child have a bottle during the day? Yes  No

Any additional information that *Geelong Children's Centre* should know about your child (eg excessive fears, favourite activities, attending other childhood services)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Permission

I give the management/staff of *Geelong Children's Centre* the authority to:

- To use the name and/or photo of my child for Centre displays/Centre website/promotional use including media (cross out if any media type not accepted) Yes  No
- To share group photos that my child is in, with families that use the service Yes  No
- To apply sunscreen for outside play Yes  No
- To be observed by staff and students for programming purposes Yes  No

Parent/s / Guardian/s signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Consent to Emergency Medical Treatment

I/We \_\_\_\_\_ (Print full name)

a person/s with lawful authority of the child referred to in this enrolment form,

- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at *Geelong Children's Centre*;
- Consent to the Director to seek medical treatment for the child from a medical practitioner, hospital or ambulance service if that person considers it is necessary;
- Agree that we will be in all respects liable to meet and pay all costs, fees and expenses associated with the provision of any such services.

Parent/s / Guardian/s signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Confidentiality of Enrolment Records

*The Director of Geelong Children's Centre 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 authorized 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 not 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.*

## Parent/Guardian Agreement

I/we understand that:

- Fees are payable in advance on the first day of care for the week. I understand that childcare fees will be due from **4<sup>th</sup> January 2010**. I/We understand that if I/we do not wish to commence care until after this date, my child will be placed on a waiting list and the Centre will not be able to guarantee me a position. Alternatively, I/we may choose to pay the full Centre fee from 4<sup>th</sup> January 2010 in order to secure my place at the Centre  
Note: Childcare benefit is not claimable until your child commences care
- If my fees are in arrears for more than two weeks and no arrangement has been made with the Centre's Director, my child's place will be withdrawn
- Fees will be charged for booked days that my child does not attend due to illness, holiday and public holidays
- Should I fail to pay my fees and my place is withdrawn or when I leave the Centre, I will be liable for all additional costs incurred by the Centre in collecting the outstanding fees. Outstanding accounts will be referred to a Collection Agency and will have all costs and commission added to the amount due
- Full fees are payable until Child Care Benefit confirmation is received by the Centre
- I/We undertake to advise the Centre staff of any changes to the information given on this form
- I/We agree to notify the Centre staff if my child will be absent from the Centre
- I/We agree to notify the Centre staff should I/We wish my child to be collected by any person other than those nominated on the enrolment form
- I/We understand that if I/we are not working or studying, I/we may be restricted to one day of childcare per week. In the event that a working/studying parent requires my allocated day and there is no alternative day available for me, I/we understand that the Centre may give me 2 weeks written notice and I/we will have to withdraw my child from the Centre to make way for a higher priority child. (Further information on this can be found in the Centre's Management Policies booklet – Priority of Access Guidelines)
- I/We acknowledge that I/we have read the Management Policies of *Geelong Children's Centre* and agree to abide by all of the Centre policies. I/We confirm that all information given on this enrolment form is true and correct and undertake to notify the Centre immediately for any changes
- I/We acknowledge that the staff at *Geelong Children's Centre* will check all children in the event of a case of head lice being detected at the Centre.

Parent/s / Guardian/s signature and Name/s \_\_\_\_\_

Parent/s / Guardian/s signature and Name/s \_\_\_\_\_

(To be signed by both parents or guardians where applicable)

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Director signature and Name \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Office Use Only

Acceptance Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Notified Yes  No

Date entered into CentreCal \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_