



**CONFIDENTIAL
ENROLMENT
FORM**

Address: Cnr of Dominion Rd & The Esplanade, Mt Martha.
PO BOX 251, Mount Martha 3934

Telephone: 03 5974 2966

Enrolment Date: 3 yr old Kindergarten

Occasional Care

CHILD'S DETAILS

***Client Reference Number:** Will you be claiming childcare benefit in fee reduction for this Service? Yes No
This is only available for Occasional Care and School Holiday programs. If yes, please complete both parent(s) and child's Client Reference Numbers. If you wish to claim childcare benefit in your tax, you MUST register for a CRN with Family Assistance Office.

*CRN		<i>Date of Birth(DOB)</i>		
Surname	Given Name	Age	Male/Female	

CHILD'S HOME ADDRESS:

Street No. and Name			
Suburb		Postcode	

PARENT/GUARDIAN'S DETAILS

Mother	Father
Name:	Name:
Address – as per child or:	Address – as per child or:
Occupation:	Occupation:
Country of Birth:	Country of Birth:
Date of Birth:	Date of Birth:
Language spoken at home:	Language spoken at home:
Telephone: H: _____	Telephone: H: _____
Work: _____	Work: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Does the child live with the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child live with the father? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there special custody arrangements? Yes No - if a court order exists this information must be provided to the Program

Parent's Customer Reference Number (CRN), if you are claiming Child Care Benefit: _____

- Are you an Aboriginal or Torres Strait Islander family? Yes No
 Does your family have a non-English speaking background? Yes No
 If yes, what is the main language spoken at home? _____
 Would your child benefit from the assistance of an interpreter? Yes No

EMERGENCY CONTACT & people authorised to collect and sign for our child (other than parent/guardian): This information provides consent for the listed people to collect your child from the centre. These people will be contacted when the parent/guardian cannot be contacted in the event of illness, accident, injury or trauma. This section must be completed with the details of at least TWO contacts.

1. Contact Name: _____ Ph: (h) _____ (w) _____ (m) _____

Address: _____

2. Contact Name: _____ Ph: (h) _____ (w) _____ (m) _____

Address: _____

3. Contact Name: _____ Ph: (h) _____ (w) _____ (m) _____

Address: _____

4. Contact Name: _____ Ph: (h) _____ (w) _____ (m) _____

Address: _____

5. Contact Name: _____ Ph: (h) _____ (w) _____ (m) _____

Address: _____

MEDICAL DETAILS AND ADDITIONAL INFORMATION

Please list any relevant medical information*, developmental delay or other special needs: (ie, asthma, ADD, allergies, including food allergies - we will be sharing party food.) Please include any **NEW** information (ie. new diagnoses, allergies etc)

Does the child have any allergies? Yes No

Details: _____

Has the child been diagnosed with Anaphylaxis Yes No

Does the child have any dietary requirements? Yes No

Details: _____

Does the child have any medical conditions or developmental concerns? Yes No

Details: _____

Name of Child's Doctor: _____

Phone Number: _____

Contact address: _____

Maternal & Child Health Centre: _____

Phone Number: _____

Contact Name: _____

If required, please complete an Asthma Management Form or Allergy Action Plan for your child.

Medicare or Private Health Insurance Number: (You must provide this) _____ Exp: _____

Ambulance Subscription Number: _____ Exp Date: _____

***Medication provided must be in its original container, clearly labeled with child's name, time and dosage required and given to the centre staff. The medication book must be signed in and out**

Has the child's Health Record been sighted? Yes No

Child's Immunisation Record

Has the child been immunized: A copy is attached Yes No

Some children have also had Hepatitis B immunizations, Meningococcal and Chicken Pox. If so, please provide dates these have been given: _____

*Information for bodies which provide funding to this service.

From time to time the Department of Education and Early Childhood Development seeks information on the characteristics of families who attend the service. This is used in developing new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

*Does your child have a developmental delay or disability? Yes No

*Does either parent have a disability Yes No

ADVERTISING AND FEEDBACK

- Are you agreeable for your child to appear in photos for the **Community One Children's Centre** newsletter and daily program information? Yes No
- Are you agreeable for your child to appear in photos for the **Community One Children's Centre** promotional posters, brochures and Local Newspaper articles ? Yes No

How did you hear about the **Community One Children's Centre**? _____

EMERGENCY EVACUATION PROCEDURES

I do hereby give permission for _____ to leave the premises under the control of the staff for the purpose of emergency evacuation procedures. I agree it is my responsibility to familiarise myself with the area and the manner of the emergency evacuation procedures and to advise the Centre in writing if I do not wish my child to participate in this. I will also ensure that the Centre has my contact details are current and immediately provide any changes to my contact details.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

CONDITIONS OF PARTICIPATION & DISCLAIMER OF LIABILITY

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 service in the event of any change to this information.
- I understand that in the event of my child becoming ill or sustaining injury while at the centre, I will be informed as soon as practicable. The telephone numbers listed on the form are the places, which any member of the centre staff, or the staff of any hospital or medical or dental practitioner may contact me. However I am aware that emergency situations may arise and I hereby consent to my child receiving treatment from a legally qualified medical practitioner, registered nurse, or first aid trained staff member without my prior knowledge, if in the opinion of the doctor/nurse/staff member such treatment is necessary for the child. I undertake to be responsible for the cost of any such medical, dental or hospital attention.
- I acknowledge that in enrolling my child at the centre I am doing so at my own risk. Although the *Community One Children's Centre* shall exercise all reasonable care in the conduct and supervision of the program, the *Community One Children's Centre* and its staff deny liability for any accident or injury sustained by participants during the program and I hereby absolve Community One Children's Centre and staff from all liability.
- I understand that there will be no refund of fees.
- I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease.
- I understand that in an emergency situation or evacuation drill that my child may need to leave the centre premises under the direction and supervision of staff.
- I have read and understand the centre's fee policy.

Signed: _____ Date: _____

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children, which 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.