

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 108–110. Questions marked with an asterisk * are not required to be answered by regulations, but will assist in the caring of your child.

ALL SECTIONS ARE TO BE COMPLETED

Information privacy

The personal information requested is required primarily for the provision of the service referred to on this form and will only be shared with those directly responsible for providing that service. 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 visit Council's Privacy Policy which is available at www.gleneira.vic.gov.au/privacy or contact Council's privacy officer on 9524 3333.

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

Information about the child

Family name: _____ Date of birth: _____ *Sex: M F (please tick)

Given names: _____ *Usually called: _____

Home address: _____

Cultural background: _____

Language(s) spoken at home: _____

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

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

Information on the parents and/or guardians of the child

Parent/guardian	Parent/guardian
Full name	Full name
Address — as per child or:	Address — as per child or:
Email address:	Email address:
Telephone (H) (M)	Telephone (H) (M)
Does the child live with the parent/guardian? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child live with the parent/guardian? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Cultural background	Cultural background
Parent/guardian of Aboriginal and/or Torres Strait Islander origin <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No	Parent/guardian of Aboriginal and/or Torres Strait Islander origin <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No
Relationship to child:	Relationship to child:

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.

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.

It is a requirement that we have two people recorded other than parents/guardians.

Name	Name
Address	Address
Telephone (H) (M)	Telephone (H) (M)
Relationship to child	Relationship to child

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 your child or access to your child?

- No, go to the next section. Yes, please complete the following:

1. If there are court orders in place relating to your child, you must bring the **original** court order/s for staff to see and a copy to attach to this enrolment form.
2. If these orders 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 from the service or family day care; and/or
 - give these powers to someone else.

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

Details of the authorised nominees who have permission to collect your child (other than parent or guardian of the child)

Your consent is required for other nominees (over the age of 18) to collect your 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 your child. This list may be added to or changed throughout the year. In the event that your child is not collected from the children's service and the parents and/or guardians cannot be contacted, this list will also be used to arrange someone to collect your child.

Name	Name
Address	Address
Telephone (H) (M)	Telephone (H) (M)
Relationship to child	Relationship to child

Name	Name
Address	Address
Telephone (H) (M)	Telephone (H) (M)
Relationship to child	Relationship to child

Medical and health information

Name of doctor/medical service: _____ Telephone: _____

Address of doctor/medical service: _____

*Maternal and Child Health (MCH) Centre: _____

Medicare number: _____

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

1. Does your child have any allergies or sensitivity? Yes No

If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.

2. Anaphylaxis

- Has your child been diagnosed with a risk of anaphylaxis? Yes No
- Does your child have an auto-injection device (eg. EpiPen)? Yes No
- Has an *Anaphylaxis Medical Management Plan* been provided to the service? Yes No
- Has a *Risk Management Plan* been completed by the service in consultation with you? Yes No

Child's *Action Plan* and *Risk Management Plan* are to be completed prior to the child attending the service. Medication must be provided and must be within expiry.

In the case of anaphylaxis you will be provided with a copy of the service's *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 them. This will be attached to your child's enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis

3. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)?

Yes No

If yes, please provide details of the condition and any management procedures to be followed with respect to your child's condition.

4. Does your child have any dietary restrictions?

Yes No

If yes, please provide further details of the restriction/s.

5. If there is anything else that the children's service should know about your child (eg. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.)?

Yes No

If yes, please provide further details.

6. Does your child have asthma?

Yes No

If yes, please provide details of the condition and any management procedures to be followed with respect to your child's condition.

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

Yes No

If yes, please comment.

Other information

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

Child immunisation record

No Jab, No Play legislation

From 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 Occasional care team leader 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
- 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 Occasional Care Team Leader to finalise enrolment.

Optional photo consent

I/we give permission for Glen Eira City Council educators to take photographic images for use in program documentation, newsletters, children's developmental portfolios and in-house training/education purposes.

Signature: _____

Date: _____

Terms and conditions, declaration and consent to emergency medical treatment

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 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 staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any expenses incurred by the children's service; and
- understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the childcare premises under the direction and supervision of staff; and
- give authorisation for transportation of the child by an ambulance service.

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 2020 (regulation 122)

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 2020 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.

OFFICE USE ONLY

Date entered: _____

Name of person entering details: _____

Position: _____