



GLEN EIRA  
CITY COUNCIL

Glen Eira City Council

# Occasional Care enrolment form

Office use only

Centre name: \_\_\_\_\_

20\_\_\_\_\_

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  Other 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

## Siblings

| Name | Date of Birth | Gender |
|------|---------------|--------|
|      |               |        |
|      |               |        |
|      |               |        |

## Parent/guardian's details

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_

**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.
- b. Give these powers to someone else.
- c. Change the child's residence.

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

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**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
- consent to medical treatment of the child
- authorise an educator to take the child outside the education and care service premises.

The Children's Services Regulations require that we have **two** people recorded other than parents.

① Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

② Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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.

Same as authorised nominee above.

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### Collecting child from the service (continued)

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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.)

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

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

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### No Jab, No Play legislation

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 your 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:

- 1800 653 809
- visit the Medicare website
- visit your myGov account
- 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 Immunisation Register (AIR). 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 centre to finalise enrolment.

### Office use only

Sighted original *Immunisation History Statement* and copy attached:  Signature: \_\_\_\_\_

Sighted child's health record:  Signature: \_\_\_\_\_

### Sun protection permission

- Apply SPF 30 or higher broad spectrum, water resistant sunscreen supplied by the Service to all exposed parts of my child's skin, including their face, neck, ears, arms and legs.
- Apply SPF 30 or higher broad spectrum sunscreen (that I have supplied and labelled with my child/childrens' name) to all exposed parts of my child's skin, including their face, neck, ears, arms and legs. I agree that this sunscreen will be kept at the Service and it is my responsibility to make sure there is always an adequate supply available.
- Assist my child to develop independent, self-help skills by applying SPF 30 or higher broad spectrum sunscreen to all exposed parts of their own skin, including their face, neck, ears, arms and legs.  
(Recommended from three years).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent to photograph/video

I/We give permission for Glen Eira City Council occasional care educators to take photographic and/or video images of my child, individually and in a group of children for use in program planning or for educational purposes such as observations or portfolios.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Terms and conditions including consent to emergency medical treatment

I/we acknowledge that the acceptance of my/our child for admission to occasional 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 Council's occasional care team leader 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 Council's occasional care staff seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred
- consent to the transportation of the child by an ambulance service and that I will reimburse any expenses incurred
- understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the occasional care premises under the direction and supervision of staff
- have read the requirements pertaining to the provision of occasional care in Council's *Occasional Care Parent Handbook*;
- acknowledge that I/we fully understand and agree to abide by all conditions appearing in this enrolment form and in Council's *Occasional Care Practices and Procedures* and *Occasional Care Parent Handbook*, as amended by Glen Eira City Council with parent consultation annually
- I understand that there are fees for occasional care. Should I fail to pay my occasional 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). This will be 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 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](http://www.gleneira.vic.gov.au/privacy) or you can contact Council's privacy officer on 9524 3333.

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