

COBURG NORTH PRIMARY SCHOOL

Before and After School Program

2017

ENROLMENT DETAILS

Please use only black or blue pen

Enrolment Date:

A parent or guardian who has authority in relation to the child must complete this form. A brief explanation of 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. *Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.*

Information about the child

Family Name: Date of Birth: *Sex: M F (please tick)

Given Names: *Usually called:

Street Address:

Suburb: Postcode:

Language(s) spoken in the home: 1st 2nd

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

- | | |
|---|--|
| <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander | <input type="checkbox"/> Yes, Aboriginal |
| <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander | <input type="checkbox"/> Yes, Torres Strait Islander |

Country of Birth:

Child's CRN:

Child's Grade: Start/ed School: eg. 23/01/2001

Do you have other child/ren attending other childcare centres. Yes No (please circle)

Can your child watch PG films? Yes No (please circle)

Can your child apply their own sunscreen? Yes No (please circle)

Can the program use photos of your child? Yes No (please circle)

Relevant cultural details eg.(no pork)

*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No (please circle)

Please indicate the days your child be attending

Before School care 7.00am – 8.45am

	Monday	Tuesday	Wednesday	Thursday	Friday	Occasionally
Child						

After School care 3.30pm – 6.00pm

	Monday	Tuesday	Wednesday	Thursday	Friday	Occasionally
Child						

Information about the child's parents or guardians

Family CRN:

Mother	Father
Name: (1)	Name (2)
Date of Birth:.....	Date of Birth;.....
Country of Birth:.....	Country of Birth:.....
Address - as per child or:	Address - as per child or:
Postcode.....	Postcode.....
Telephone/s (H)..... (W)..... (Mobile)..... Email Address:.....	Telephone/s (H)..... (W)..... (Mobile)..... Email Address:.....
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Employment Status: Working >15hrs + <input type="checkbox"/> Looking for work <input type="checkbox"/> Training <input type="checkbox"/> Studying <input type="checkbox"/> Disability/Disability Carer <input type="checkbox"/>	Employment Status: Working >15hrs + <input type="checkbox"/> Looking for work <input type="checkbox"/> Training <input type="checkbox"/> Studying <input type="checkbox"/> Disability/Disability Carer <input type="checkbox"/>
Occupation:.....	Occupation:.....
Organisation:.....	Organisation:.....
Address:.....	Address;.....
Postcode:.....	Postcode:.....
Guardian (if applicable)	Guardian (if applicable)
Name.....	Name.....
Address - as per child or:	Address - as per child or:
Postcode:.....	Postcode:.....
Telephone/s (H)..... (W)..... (Mobile)..... Email Address:.....	Telephone/s (H)..... (W)..... (Mobile)..... Email Address:.....
Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

Details of people who you authorise to collect or authorise permission of your child

Your consent is required for other people to collect and authorise on your behalf of the child attending the **children's service**. In the table below please list the details of those people you have authorised and to collect the child..

PLEASE list in order of preference 3-8. Persons under the age of 18 are not permitted to collect children.

The list may be added to or changed throughout the year.

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. **PLEASE list in order of preference 3-8**

Name (3)	Name (4)
Address	Address
Telephone/s (H).....(W)..... (Mobile).....	Telephone/s (H).....(W)..... (Mobile).....
Relationship to child	Relationship to child

Name (5)	Name (6)
Address	Address
Telephone/s (H).....(W)..... (Mobile).....	Telephone/s (H).....(W)..... (Mobile).....
Relationship to child	Relationship to child

Other persons to be notified in case of emergency

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 after accident, injury, trauma or illness.

Name (1)	Name (2)
Address	Address
Postcode:.....	Postcode:.....
Telephone/s (H)..... (W)	Telephone/s (H)..... (W)
(Mobile).....	(Mobile).....
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 the child or access to the child?

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

1. Bring the **original** court order/s for staff to see and a 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;
- in the case of a family day care service, the taking of the child outside the family day carer's residence or family day care venue by a family day carer,
- 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

b) give these powers to someone else,

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

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

Child's Health Information

Name Doctor/Medical Service: Telephone:

Address Doctor/Medical Service:

Medicare No. Private Health Fund Ins Number.....
Ambulance No.....

*Maternal & Child Health (MCH) Centre:

Does your child have a child health record? No Yes (please tick)

If yes, please provide to the service for sighting.

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

Name: Position:

I..... have reviewed my current enrolment form and have made any necessary changes. I acknowledge it is my responsibility to inform the program of any changes that may occur throughout the year.

Name

Signature.....

Date:.....

Inform Doctor Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Does the child take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the child (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Staff <input type="checkbox"/> Other	
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Program <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No Poison Rating

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (eg 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

In the case of anaphylaxis you will be provided with a copy of the services 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 your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does the child have any dietary restrictions?

If yes, the following restrictions apply:

.....

Declaration and consent to emergency medical treatment

I, (Print full name)

a person with 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 Director/staff of the Outside School Hours Care service to seek medical treatment for the child from a medical practitioner, hospital, ambulance services and when necessary the transportation in an ambulance.

Signature

Date

Child's Immunisation Record

Has the child been immunised?

No Yes (please tick)

***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 (valid from March 2008)	Birth	2months	4months	6 months	12 months	18 months	4 years
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24 months		18-24 months
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

***Other Information**

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

.....

.....

.....

.....

Declaration

I,
(Parents/Guardians name)

- Agree to pay the fees upon receipt of invoice and to pay fines for late pick up. (\$10 at 6:01 pm and \$5 per minute thereafter)
- Am aware that absent days will contribute towards my 42 'Allowable Absences' per year for Child Care Benefit purposes;
- Agree to accept full responsibility for my child's belongings whilst attending the program.
- Understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.
- Agree that in the event that my child is away, I understand that I must notify the program if possible 24 hours in advance or I will be billed as normal.
- Agree for my child to leave the OSHC service and school grounds with staff members where necessary for Emergency Evacuation incidents and Emergency Evacuation drills.
- Understand that the Coburg North OSHC program will involve incursions, excursions and in-centre activity days and I will be required to fill out permission forms where applicable for my child to be involved.
- Understand that written authorisation through Coburg North School Council must be obtained if my child is to leave the service, and accept that once they leave the service, Coburg North OSHC and their employees are no longer responsible for my child;

Parents/Guardians Signature: _____ Date: _____

I have read the Family Handbook, including the Anaphylaxis Policy, and I am aware of the requirements related to bringing outside food into the service.

Parents/Guardians Signature: _____ Date: _____

I am interested in becoming a member of the Coburg North Out of School Hours Program committee

- Yes
- No
- Maybe

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 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.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

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 2009 (Regulation 35(1) (d-e))