

WESTERNPORT CHILD CARE CENTRE & KINDERGARTEN-OSHC SQUAD ENROLMENT DETAILS-CONFIDENTIAL

A parent or a guardian who has parental responsibility in relation to the child must complete this form. A brief explanation of parental responsibility 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 through the Education and Care Services National Regulations 2014.

Updated October 2020

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Start Date: _____ Days booked: _____ Session type: Standard [] 10hour [] 9 hour [] Other []

Is the booking (Please circle) permanent (Routine basis) or casual (Flexible basis) See family handbook for session details

Do you want to also access care on a flexible basis e.g. extra day, occasional day swap: [] Yes [] No

Approximate drop off and pick up times anticipated: _____

Please note: All changes to the booked days MUST be given in writing as they will form a new CWA to access Child Care Subsidies

Information about the child

Family Name: _____ Given Names: _____ Usually called: _____

D.O.B: _____ Gender: M [] F [] Child's CRN Number:

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Home Address: _____ Suburb: _____ Postcode: _____

Languages spoken at home: _____ Cultural Background: _____

Is the child: Aboriginal Torres Strait Islander Both Neither (Please circle)

Siblings: Names and ages: _____

If attending for Outside School Hours Care (OSHC) School Attending: _____

Information about the child's family or guardians

Parent/Legal Guardian 1 - This parent/legal guardian is the one who the child is linked to for Centrelink and is the signing party for enrolment, they will need to approve the booking through 'MY GOV' to receive any benefits from Centrelink-FULL FEE'S APPLY UNTIL THEN

Parent CRN:

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Name: _____ D.O.B: _____ Cultural background: _____

Relationship to child: _____ Email: _____

Address—As per child or: _____

Home Phone: _____ Work: _____ Mobile: _____

Occupation: _____ Does the child live with this parent/guardian? Yes [] No []

Parent/Legal Guardian 2

Name: _____ D.O.B: _____ Cultural background: _____

Relationship to child: _____ Email: _____

Address—As per child or: _____

Home Phone: _____ Work: _____ Mobile: _____

Occupation: _____ Does the child live with this parent/guardian? Yes [] No []

Office Use Only- Staff completing this enrolment: _____

Highlight in box any special requirements e.g Court order, 'no' ticked for a permission(specify)

Are all declarations initialed and enrolment form signed and dated? _____

0-2 Routine sheet completed and returned? _____

Does the child have a form 21 Med Man Plan/Asthma plan, if so is it returned? _____

Immunisation history statement returned? _____

Are there any follow up's required? If yes, detail here _____

Follow up's completed? _____

COURT ORDER

MEDICAL MANAGEMENT/ASTHMA PLAN

NO PERMISSION FOR: _____

OTHER: _____

AUTHORISED NOMINEES- Details of other people you authorise to collect your child or be notified in an emergency. Please read the following before adding people to your list. If you send a person who is not authorised on here they will not be able to take your child, you are deeming this person responsible for your child by adding them to the list. PLEASE NOTE WE REQUIRE AT LEAST ONE EMERGENCY CONTACT. 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 an accident, injury, trauma or illness or consent to medical treatment of, or to authorise administration of medication to the child or to authorise an educator to take the child outside the education and care service premises. 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. (Can be added to or changed any time). (An authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service. See section 170(5) of the Law

Name: _____ Relationship to child: _____
Address: _____ Suburb: _____ Postcode: _____
Mobile: _____ Work: _____ Home: _____

Name: _____ Relationship to child: _____
Address: _____ Suburb: _____ Postcode: _____
Mobile: _____ Work: _____ Home: _____

Name: _____ Relationship to child: _____
Address: _____ Suburb: _____ Postcode: _____
Mobile: _____ Work: _____ Home: _____

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Mobile: _____ Work: _____ Home: _____

Name: _____ Relationship to child: _____
Address: _____ Suburb: _____ Postcode: _____
Mobile: _____ Work: _____ Home: _____

Name: _____ Relationship to child: _____
Address: _____ Suburb: _____ Postcode: _____
Mobile: _____ Work: _____ Home: _____

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No [] Please go on to next section. Yes [] Please complete the following.

1. Bring a copy of any current court orders to attach to this enrolment form. (Staff to add to office section on front)
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;
 - collect the child from the service; AND/ORb) give these powers to someone else,

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

If there is a parenting agreement in place how does this apply to the child e.g. In Shared care, Parent will collect every 2nd Friday(This is to assist the child with routine) _____

Name of Registered Medical Practitioner or Medical service: _____

Phone: _____ Address: _____

Medicare Number (If available): _____ Ref no on card ____ Ambulance cover? No [] Yes []

Does your child have a child health record available? No [] Yes []

(Child health record means a record that documents a child's health and development assessment and immunisations).

If Yes please provide to the service for sighting.

Name and signature of the staff at the service who has sighted the child's health record. (Staff will complete upon sighting)

Staff Name: _____ Signature: _____

Does your child have any special needs, developmental delays, or disabilities including sensory or physical impairment?

No [] Yes []

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

Has your child been diagnosed with asthma? No [] Yes []

If yes, you will be required to provide the service with an 'asthma action plan' for your child, this must be signed by the medical practitioner who is treating your child. Please note your child will not be able to attend without this signed plan and any medications listed on it.

Please list triggers _____

Does your child have any other medical conditions, allergies or sensitivities? No [] Yes []

If yes, please give details of any symptoms, reactions and any management procedure to be followed in respect to the medical condition. E.g. lethargic, difficulty breathing etc. and fill in a Form 21 'Medical Management Action Plan'

Does the child have any dietary restrictions including cultural beliefs? No [] Yes []

If yes, please complete a Form 21-'Medical Management Action Plan' and note the following dietary restrictions apply:

Does your child take any regular medications? No [] Yes [] Please specify: _____

Anaphylaxis

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

Does your child have an auto injection device? (e.g. EpiPen) No [] Yes []

Has the anaphylaxis medical management plan been provided to the service? No [] Yes []

Has the 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 'Action plan for Anaphylaxis' from the Australian Society of clinical Immunology and Allergy (ASCI) for your child, this must be signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form and displayed in the service.

More information can be found at www.education.vic.gov.au/anaphylaxis

Please note: It is a legal requirement to notify us of any medical condition that may affect the wellbeing of the child and those caring for the child. All conditions will be kept strictly confidential (only those directly affected will be informed.) Section 25 OHS Act 2004

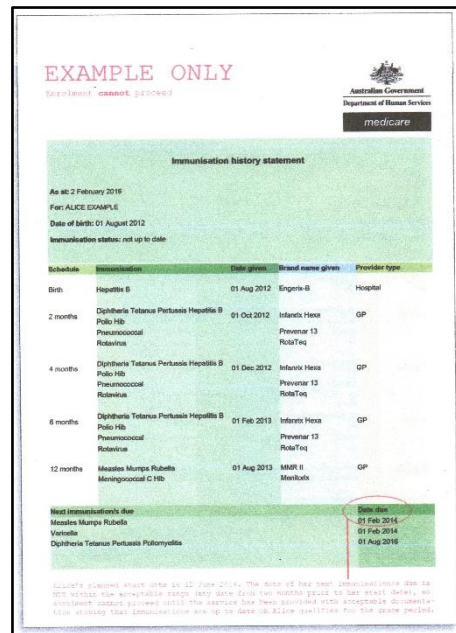
Child's Immunisation Record

Has the child been immunised? No [] Yes []

Due to 'No Jab, No Play' law, to enrol in an early childhood education and care service parents/guardian must provide an Immunisation History Statement to the service. This is kept securely with the child's enrolment records.

To access this statement, you have several options:

- Call the Immunisation Register on 1800 653 809 and request a statement posted to you (can take up to 3 weeks to receive).
- Visit a Medicare branch.
- Log on to 'MyGov' (<http://my.gov.au>) and link into Medicare from there. Here you can bring up your statement and print or email. You are welcome to email this direct to the service, please ask at your service for the best email.
- Access the 'Express Plus Medicare' App on your smart phone. Here you can view, print or email direct to the service
- Please provide a copy of your child's Immunisation History Statement from Medicare (Department of Human Services). Please see example of Immunisation History Statement below.



Special Information on your child

Please list your child's interests/favourite toys, books, activities etc

What are your child's food likes/dislikes?

Do you have any skills or talents including those from your cultural background that you may offer the service?

Do you have any cultural or religious requirements for your child?

If there is anything else that the Children's Service should know about the child (e.g. excessive fears, specific routines/rituals, attending Early Intervention Service etc)

Please explain:

Has your child attended another service? If so what did you like about it?

Does your child have a day sleep?(Children 0-2 will complete a routine sheet) No [] Yes []

Is your child toilet trained? No [] Yes [] Started []

Is there anything else that you would like to comment on, that you believe will assist us in getting to know your child? E. g Do you have pets, do you have extended family/friends your child would enjoy talking about

Permissions and Child Care Subsidy (CCS) requirements

Has your child used any Allowable Absences (AA's) at another service? No [] Yes [] If yes, how many? _____

*Each child has up to 42 AA's they can use in a financial year, please refer to Centrelink for details of what classifies as an Allowable Absence. (Including public holidays) **After all Allowable Absences are used, full fee applies.***

Has your family accessed Additional Child Care Subsidy this financial year? No [] Yes []

If yes, please detail type and length taken:

Would you like any of our policies translated? No [] Yes [] If yes what language _____

I give permission for my child to be photographed while at the centre. No [] Yes []

Please note: Photo's remain the property of Westernport Child Care Centre & Kindergarten/OSHC Squad and may be used in centre advertising and publications including online. (If you do not wish to have photos online tick No and no photos will be taken to avoid confusion)

Please note: Medical management plans are excluded and for child safety reasons a photo must be attached so child can be identified to staff and volunteers, these are displayed for safety reasons. (Bound by confidentiality policy)

I give permission for staff to apply sunscreen to my child: No [] Yes [].

If No you will need to supply their own. (See Sun care policy for full details)

I give permission for staff to apply insect repellent to my child during high risk mosquito periods: No [] Yes []

If your child has a known allergy to insect bites they must have a medical management action plan to ensure it is always put on. (Supply own)

I give permission for my child to be included in learning portfolio's displayed in their room/sent to families. No [] Yes []

e.g. Children may appear in a group photo

I give permission for staff to check my child for headlice No [] Yes []

If no, if a staff suspects the child may have head lice they will be sent home for you to check

Are you interested in finding out more about the National Quality Standards, and possibly being involved in this? No [] Yes []

Definitions

PARENTAL RESPONSIBILITY

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education and Care Services National Regulations 2014 refer to these powers and responsibilities as "Parental responsibility". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. Parental responsibility refers to a person who has all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.

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 parental responsibility. A legal guardian is given parental responsibility by a court order. The definition of "guardian" under the Children's Services Act 2010 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. Please refer to our attached privacy notice which includes our privacy collection statement for details.

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, to manage where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2014.

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT AND OTHER PERMISSIONS

I _____ (Print full name), A person with parental responsibility 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;

- Consent to the staff of the children's service seeking medical treatment for the child from a registered medical practitioner, hospital or ambulance service, or where appropriate, administering such emergency medical treatment as is reasonably necessary, or transportation of the child by an ambulance service and that I will reimburse any necessary expenses incurred by the children's service. **Initial:** _____
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service. **Initial:** _____
- I understand I need to keep my child at home if they have a temperature above 37.5deg are unwell or may be contagious, depending on the nature of the illness I may need a medical practitioner's clearance to return to care e.g. still have a rash, symptoms still apparent. **Initial:** _____
- I agree to disclose any medications the child has had administered on the day of attendance e.g. paracetamol, ibuprofen, Ventolin. **Initial:** _____
- I understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the service's premises under the direction and supervision of staff. **Initial:** _____
- I agree to having my child's medical condition information including their photo displayed in the service. **Initial:** _____
- I understand that if my child develops an allergy, intolerance or is diagnosed with a medical condition after enrolment that it is my responsibility to notify staff and update this information on my enrolment form. **Initial:** _____
- I have read & understood this service's handbook and agree to follow the service's policies and procedures. I understand these policies are kept in the office and I can request access to them any time **Initial:** _____
- I understand that the information collected on this form and the fee structure including full cost and session times in the family handbook is part of a Complying Written Arrangement (CWA) between myself and the service (Fees may be subject to change which the service will inform me with 14 days notice and displayed in the entrance). **Initial:** _____
- I will make any booking changes including casual days to the service in writing (email or handed to office) and approve enrolment in MYGOV. **Initial:** _____
- I understand that I only have 28 days to confirm my CWA and details with Centrelink, if I do not confirm I will be unable to claim any Child Care Subsidy(CCS) and will pay full fees. **Initial:** _____
- I have read and understood this service's fee policy, I understand fees are due at the start of each week and care may be cancelled if in arrears. (See Department of Human Services/Centrelink for more details on CCS) **Initial:** _____
- I understand that I need to give 2 weeks written notice to cancel my child's position, and my child must attend the last day of notice if I want to claim Child Care Subsidy, if they don't attend I will be liable for full fee for the period of absence. **Initial:** _____
- I understand that management reserves the right to withdraw care for my child and I will be informed of this process. **Initial:** _____
- (Outside School Hours Care OSHC ONLY) I authorise staff to transport my child to and/or from their nominated school as per school hours, not before 8:30am or after 3:30pm as per booking. I understand that there will be a maximum staff ratio of 1:15 and they may walk or drive in the service vehicle with 1 staff member. (Booster seat provided and mandatory up to 7yrs of age.) I understand that a Transportation policy and risk assessment is updated annually and is available to me at the service. If not applicable mark N/A. **Initial:** _____
- (OSHC Squad Koo Wee Rup only) I give permission for my child to join in activities throughout the school buildings and grounds of St John's as per service policies on supervision and ratio. If not applicable mark N/A. **Initial:** _____

Signature: _____ Date: _____



Privacy Notice

Dear parent,

Thank you for your interest in joining us at Westernport Child Care Centre/OSHC Squad and choosing us to be part of your child's early childhood education.

In order to provide care, we are required to collect a range of information, some of which is defined as personal or sensitive information, under the Privacy Act 1988

Under the Act:

'Personal information' means any information or opinion about an identified, or reasonably identifiable, individual.

'Sensitive personal information' means any information or opinion about an individual's racial or ethnic origin, political opinion or association, religious beliefs or affiliations, philosophical beliefs, sexual preferences or practices, trade or professional associations and memberships, union membership, criminal record, health or genetic information and biometric information or templates.

If the relevant personal information requested in the attached forms is not provided, we will be unable to assess your eligibility to access education and care at our service or your eligibility for any available childcare assistance support or funding that may be, or become, available.

The information that you provide will only be disclosed to relevant National or State based agencies for regulatory or compliance purposes and only if that disclosure is consistent with relevant laws, in particular the Privacy Act 1988.

All personal or sensitive information you entrust to us will be used, stored or disposed of, as necessary, in accordance with the Privacy Principles.

By completing and submitting the attached application and associated forms, you consent to the collection of all personal information, including sensitive personal information, contained in those forms.

Our Privacy Policy includes information about how to access, and if necessary, correct your personal information, a copy of the policy can be obtained from the services office or is posted on our web site.

If you need to talk to anyone about your personal information or to make a complaint, please ask to speak to the services privacy contact officer, our Director Joe Giacco 0409188571.

Welcome to our service

Regards

Westernport Child Care Centre and Kindergarten and/or OSHC Squad Koo Wee Rup