

# Enrolment Form – National Services

A parent or guardian in relation to the child must complete this form.

Licensed children's services may use this form to collect the child's enrolment information as required in regulations 160-162, 181(a-e), 182(a-f).

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Date                 | Service Name         | Family Name          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Child's Information

Child's First Name/s

Surname

Gender ☐ Male ☐ Female

Date of birth

Aboriginal or Torres Strait Islander ☐ Yes ☐ No

Child CRN

Religion

Year commences Prep/School

Cultural background

Language/s spoken

Home address

Town  Postcode

What school does your child attend? (if applicable)

Does your child have any cultural or religious requirements?  
☐ Yes ☐ No

If YES please specify

Are there any:

• **Court orders, parenting order or parenting plans relating to** the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

☐ Yes ☐ No

• **Other court orders** relating to the child's residence or the child's contact with a parent or other person?

☐ Yes ☐ No

**If YES to either of the above please:**

• **Bring the original order/s for educators to sight and attach a copy to this enrolment form.**

• **Describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:**

*\* If these orders change at any time please let the service know and provide a copy of the new order.*

## Parent 1 / Guardian Details

First Name/s

Surname

Gender ☐ Male ☐ Female

Date of birth (CRN & DOB for approved services only)

Relationship to child (Mother, Father, Guardian)

Aboriginal or Torres Strait Islander ☐ Yes ☐ No

Parent CRN

Religion

Cultural background

Language/s spoken

Mobile

Home phone

Email

Would you like your account emailed to you? (N/A for FDC) ☐ Yes ☐ No

Home address

Town  Postcode

Postal address (if different than above)

Town  Postcode

Best communication method  
☐ in person ☐ email ☐ phone ☐ pocket ☐ other

**Work Details**

Employer

Occupation

Work phone

Work address

Town  Postcode

## Parent 2 / Guardian Details

First Name/s

Surname

Gender ☐ Male ☐ Female

Relationship to child (Mother, Father, Guardian)

Aboriginal or Torres Strait Islander ☐ Yes ☐ No

Religion

Cultural background

Language/s spoken

Mobile

Home phone

Email

Home address

Town

Postcode

Postal address (if different than above)

Town

Postcode

Best communication method

☐ in person ☐ email ☐ phone ☐ pocket ☐ other

## Work Details

Employer

Occupation

Work phone

Work address

Town

Postcode

## Sibling Details

1. Full Name

Date of birth

Gender ☐ Male ☐ Female

School/child care service currently attended

Do you claim CCB for this child at another service? ☐ Yes ☐ No

2. Full Name

Date of birth

Gender ☐ Male ☐ Female

School/child care service currently attended

Do you claim CCB for this child at another service? ☐ Yes ☐ No

3. Full Name

Date of birth

Gender ☐ Male ☐ Female

School/child care service currently attended

Do you claim CCB for this child at another service? ☐ Yes ☐ No

## Child's Medical Details

Medicare Card Number

Does your child have a child health record? ☐ Yes ☐ No

If yes, please provide to the service for sighting.

Does your child have any specific health care needs eg allergies, epilepsy, asthma, diabetes? ☐ Yes ☐ No

If YES please specify

*\*If your child has a diagnosed health condition, please see the Nominated Supervisor to discuss the required Medical Management Plan and Risk Minimisation Plan.*

## Anaphylaxis (Reg. 162 (c) (ii) & (d))

Has the child been diagnosed as at risk of anaphylaxis?

☐ Yes ☐ No

Does your child have an auto injection device? (Eg. EpiPen or Anapen)

☐ Yes ☐ No

Has the 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

*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 your child. This will be attached to your child's enrolment form.*

*More information can be found at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis).*

## Dietary Restrictions

Does the child have any dietary restrictions?

☐ Yes ☐ No

If YES please specify

## Individual Developmental Needs

Does your child have any individual developmental needs?

☐ Yes ☐ No

If YES please specify

## Child Immunisation Status

Are your child's immunisations up to date? ☐ Yes ☐ No

*\* A copy of the child's immunisation record must be provided*

*\* If there is a reason a child is not, cannot, or will not be immunised a written statement must be provided.*

*\* In the event of a suspected or identified vaccine-preventable disease, unimmunised children will be excluded from the service for the recommended exclusion period.*

### Medical Information

Medical Centre

Child's Doctor

Work phone

Address

Town

Postcode

## Authorised Nominees

Please list below the details of those people who you give permission as Authorised Nominees. In the event that parents or guardians cannot be contacted the people listed below with authority will be contacted.

*\* Please tick the appropriate boxes for each contact to confirm authorisation.*

*\* Please note for Authorised Nominees photographic ID must be provided such as Driver's Licence 16+ card, Senior Citizens Card or Passport in order to collect the child/children.*

### Contact 1

First Name

Surname

Home address

Town

Postcode

Home phone

Work phone

Mobile

Relationship to child

- ☐ Authorised to collect child
- ☐ Authorised to consent to medical treatment or administration of medication
- ☐ Authorised to give permission for an educator to take my child outside the service. *Eg. Excursion*
- ☐ Authorised to contact in an emergency if parent/s cannot be contacted

### Contact 2

First Name

Surname

Home address

Town

Postcode

Home phone

Work phone

Mobile

Relationship to child

- ☐ Authorised to collect child
- ☐ Authorised to consent to medical treatment or administration of medication
- ☐ Authorised to give permission for an educator to take my child outside the service. *Eg. Excursion*
- ☐ Authorised to contact in an emergency if parent/s cannot be contacted

### Contact 3

First Name

Surname

Home address

Town

Postcode

Home phone

Work phone

Mobile

Relationship to child

- ☐ Authorised to collect child
- ☐ Authorised to consent to medical treatment or administration of medication
- ☐ Authorised to give permission for an educator to take my child outside the service. *Eg. Excursion*
- ☐ Authorised to contact in an emergency if parent/s cannot be contacted

## Additional Information

### Special Event

Throughout the year services celebrate and recognise various events.

*Eg. Birthdays, Easter and Christmas.*

Do you allow your child to celebrate on such occasions? ☐ Yes ☐ No

If **NO**, please indicate any occasion(s) you wish your child not to celebrate:

Please indicate any festivals/celebrations your family recognises and/or list any cultural/religious beliefs you wish the educators to be aware of:

### Special Talents / Time

Do you have any special talents or time that you would like to share with our centre to benefit the educational, social and emotional needs of our children? If so please provide details below and our staff will contact you.

- ☐ I would be interested in giving some time to assist in rooms with special projects.
- ☐ I have a special talent/skill/trade to share.

*Eg. Play a musical instrument, speak another language, artistic talent, dance, trade.*

Please list

## Acknowledgement & Receipt of the Early Years Parent Handbook

I have received and understood the information as provided in the Early Years Parent Handbook and agree to abide by the Policies and Procedures of the Service. ☐ Yes ☐ No

### Sunscreen

Do you allow sunscreen to be applied to the child whilst in care? ☐ Yes ☐ No

*\* If you wish to supply your own sunscreen for your child, please provide to educators clearly labelled with your child's name and expiry date.*

### Priority Of Access Policy

I am aware of the Priority of Access Guidelines which are set out in the services Priority of Access policy. ☐ Yes ☐ No

I understand my placement will be reviewed, and my bookings may be changed or modified as required, as per the Priority of Access policy. ☐ Yes ☐ No

### Centre Pets

I give permission for my child to participate in educational experiences involving the centre pets. ☐ Yes ☐ No

### Head Lice Policy

I give permission for my child to have their hair inspected for head lice at their child care service, as per the WUC Head Lice policy. ☐ Yes ☐ No

Please provide any other additional and relevant information about the child. *Eg. Abilities, likes, dislikes, family traditions, home routines, parenting strategies etc.*

### Photo and Video Consent:

I give Wimmera UnitingCare authority to use the name and/or photo of my child for:

- Individual child portfolios ☐ Yes ☐ No
- Programming Journals ☐ Yes ☐ No
- Individual child portfolios of my child's peers ☐ Yes ☐ No
- Centre displays ☐ Yes ☐ No
- Photographs or video that may be used to assist and promote Wimmera UnitingCare programs. This may include but not limited to newspapers, newsletters, displays and reports, and digital media. ☐ Yes ☐ No

### Fees / Attendance

- Fees will apply in accordance with our fee structure for all services as outlined in detail in the Early Years Fees policy.
- A late fee of \$1 per minute (minimum \$10 for 10 minutes or part thereof) will be charged for children who have not been collected at the service by closing time.
- Parents and guardians will be notified of any fee change at least 14 days before any fee changes are applied.
- Our preferred method of payment is Direct Debit.

## Authorisation and Declaration

I,

*Print full name of person with parental responsibility of the child.*

A carer or guardian with parental responsibility of the child referred to in this enrolment form (Reg. 161):

- Authorise the approved provider, nominated supervisor or an educator to seek and provide medical treatment for my child from a registered medical practitioner, hospital or ambulance service and transportation of my child by the ambulance service.
- Agree to keep my child away from the centre when she/he is suffering from an infectious disease or condition.
- Understand that if my child has a Medical Management Action Plan they will not be accepted in to care without his/her medication.

### Fees / Attendance

- I understand that fees must be paid by the due date at all times and that failure to pay my fees on time may result in my care being cancelled.
- I understand and agree to abide by the Early Years Fees Policy including payment for days where child is ill or absent, public holidays and any late fees resulting from late collection.
- I understand that two weeks' notice is required to cancel or reduce bookings and failure to attend for the notice period will result in full fees being applied, **CCB is not payable if care is ended on an absence.**
- I understand the importance of signing the attendance book and agree to do so on each day of my child's attendance.
- I understand that failure to sign in and out correctly will result in full fees being payable without Child Care Benefit reductions.
- If all reasonable attempts to recover the debt are unsuccessful I acknowledge that my account may be sent to a Debt Collection Agency. I understand that I will be responsible for any additional costs associated with collecting my debt should this occur.

Signature

Date

*Signature of person with parental responsibility of the child.*

## Verify Child's Information Annually

To be signed by parent/guardian in following years to verify child's information:

Signature

Date

Signature

Date

***Thank you for joining Wimmera UnitingCare, we hope you feel welcome.***

***Please don't hesitate to contact us on (03) 5362 4000 if you have any questions or suggestions.***

*Please note 'Service' when referred to in this document refers to the educators and all other employees of Wimmera UnitingCare.*

### For Service Use Only

Priority of Access Code ☐ 1 ☐ 2 ☐ 3 Date Received

Service/Educator Name

I,  have sighted a copy of the child's health record.

Signature

Date

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|