

CONFIDENTIAL CHILD ENROLMENT FORM

Siblings

Brothers and Sisters Name:	Age:	Sex:	Religion (Optional): _____ _____
		M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>	
Guardian		Guardian	
Name:		Name:	
Address:		Address:	
Occupation:		Occupation:	
Full / Part Time:		Full / Part Time:	
Country of Birth:		Country of Birth:	
Date of Birth:		Date of Birth:	
Telephone No: (H)		Telephone No: (H)	
(W) (MOB)		(W) (MOB)	
Email:		Email:	
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)	

Other persons to be notified

<i>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 Beacon Street Children's Centre should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.</i>	
Name:	Name:
Address:	Address:
Telephone No: (H)	Telephone No: (H)
(W) (MOB)	(W) (MOB)
Email:	Email:
Relationship to Child:	Relationship to Child:

Information for bodies which provide funding to this service

<i>From time to time The department of human Services seeks information on the characteristics of families. This is used in planning new policies and programmes and providing resources to support the service.</i>	
Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	
Does either parent or guardian have a disability? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	

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Child's Medical and health Information

Name of Doctor / Medical Service: _____ _____	
Address of Doctor / Medical Service: _____	
Telephone No: _____	Medicare No: _____
Maternal and Child Health (MCH) Centre: _____	
Telephone No: _____	Ambulance No: _____
Has the child had their 3½ year old assessment? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes, please provide details by attaching a copy of the Assessment from the Child Health Record Book.	
Does the child have any allergy or sensitivity? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes, please provide details by attaching a copy of the management plan.	
Does the child have any medical conditions and needs which are relevant to the children's service? (e.g. epilepsy, diabetes, asthma, etc) <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)</p> If yes, please provide details by attaching a copy of the management plan.	
Does the child have any dietary restrictions? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes please provide details by attaching a copy to this Enrolment Form.	

Child's Immunisation Record

Has the child been immunized? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes please provide details by: <ul style="list-style-type: none"> Attaching a copy of the Immunisation record from the Child Health Record Book Attaching a copy of the Immunisation record printout from local government Attaching the Child History Statement from the Australian Childhood Immunisation Register Completing the table below using the child's Immunisation Record to provide the dates of immunizations received.

Immunisation	2 months	4 months	6 months	12 months	18 months	4 to 5 years
DTP Diphtheria / Tetanus / Pertussis						
OPV Oral Polio Vaccine – Sabin						
MMR Measles, Mumps, Rubella						
Hib _ Titer						
Hib _ PedvaxHIB						
Meningococcal C						

Please provide dates for additional Immunisations

Hepatitis B (3 Injections)	1	2	3
Childhood Pneumococcal Vaccine			
Chicken Pox			

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Other Information

Has your child previously attended: (please tick) Day Care No <input type="checkbox"/> Yes <input type="checkbox"/> Play Group No <input type="checkbox"/> Yes <input type="checkbox"/> Kindergarten No <input type="checkbox"/> Yes <input type="checkbox"/>			
If yes name of centre? _____			
Which school do you wish your child to attend? _____			
Are you willing to have your child photographed to appear in videos, newspapers web pages and other publications? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)			
Do you allow sunscreen to be applied to your child at the centre? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)			
Please indicate festivals your family celebrate and list any cultural / religious issues that the centre staff need to be aware of: Easter <input type="checkbox"/> Christmas <input type="checkbox"/> Chinese New Year <input type="checkbox"/> Birthdays <input type="checkbox"/> Mothers Day <input type="checkbox"/> Fathers Day <input type="checkbox"/>			
Others please list: _____			
Pets: Name:		Type:	
Name:		Type:	
Do you have any special skills or a trade that could be of use to the centre? _____			

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:	
<ul style="list-style-type: none"> • 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 he / she become unwell at the service. • Consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical, hospital, dental or ambulance services or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service. • 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. • Have read and understood the centre's Information Handbook, Policies and Fees Structure. 	
Signature: _____	Date: _____

Lawful Authority

<p>Parents All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The <i>Children's Services Regulations</i> 1998 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.</p> <p>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 <i>Children's Services Act</i> 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.</p> <p>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.</p>
