

**Centre Name:** \_\_\_\_\_**Commencement Date:**     /     /**Room Name:** \_\_\_\_\_**Days enrolling** (please circle)     Monday   Tuesday   Wednesday   Thursday   Friday

Are you enrolling into the funded 3yo kindergarten program     • Yes     • No

Are you enrolling into the funded 4yo kindergarten program     • Yes     • No

**Child details**

Surname: \_\_\_\_\_ Given Name/s \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Do you require interpreter services to support your participation in our service? \_\_\_\_\_

Do you identify as a refugee or asylum seeker? \_\_\_\_\_

Does your child identify as Aboriginal and/or Torres Strait Islander? (Please tick)

 No, not Aboriginal or Torres Strait Islander Yes, Aboriginal Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Primary language spoken in the home: \_\_\_\_\_ Other language/s spoken in the home (if applicable) \_\_\_\_\_

Cultural background \_\_\_\_\_ Does your child understand / speak English?  Yes  NoReason for care? (Please tick)  Child/ren at Risk  Working parents  Other \_\_\_\_\_ Seeking employment Social Kindergarten**Contact Details for Parent/Guardians (Each known parents details must be provided)****Contact details - primary parent** Miss  Ms  Mrs  Mr  Other \_\_\_\_\_\_\_\_\_\_  
Full name of primary parent\_\_\_\_\_  
Relationship to the child\_\_\_\_\_  
DOB\_\_\_\_\_  
Address\_\_\_\_\_  
Occupation\_\_\_\_\_  
Telephone (W)\_\_\_\_\_  
Telephone (H)\_\_\_\_\_  
Telephone (M)\_\_\_\_\_  
Email AddressAuthorised to collect the child?  Yes  NoDo you have a disability?  Yes  No**Contact details - second parent (if relevant)** Miss  Ms  Mrs  Mr  Other \_\_\_\_\_\_\_\_\_\_  
Full name of second parent (if relevant)\_\_\_\_\_  
Relationship to the child\_\_\_\_\_  
DOB\_\_\_\_\_  
Address\_\_\_\_\_  
Occupation\_\_\_\_\_  
Telephone (W)\_\_\_\_\_  
Telephone (H)\_\_\_\_\_  
Telephone (M)\_\_\_\_\_  
Email AddressAuthorised to collect the child?  Yes  NoDo you have a disability?  Yes  No



**Have you created a myGov account?**

Yes  No (you will need to create a myGov account and link your Centrelink online account)

**Person Registered for CCS with Centrelink** (details must be **EXACTLY** as per Centrelink's records)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CRN: \_\_\_\_\_

**Child Registered for CCS with Centrelink** (details must be **EXACTLY** as per Centrelink's records)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CRN: \_\_\_\_\_

**Child custody information**

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Is your child the subject of any of the following:

Court Order/ Parenting Order / Parenting Plan  No  Yes (please circle any that apply)

If yes, Please provide the details: Date of issue: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate / Copy Attached:  No  Yes

Custodian full name (if applicable): .....

Address (if applicable): .....

Home ph: ..... Work ph: ..... Mobile ph: .....

Custodian's signature.....

Person(s) denied access and not to collect child: .....

Name/(s): .....

Any additional information about access arrangements: \_\_\_\_\_

***Please supply the Centre with copies of Court Orders, parental plan, parenting order or Access Arrangements that are in place for your child.***

**Family details**

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Please provide details of any siblings or other family members that live in your household.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

**I authorise the service to:**

- |   |     |    |
|---|-----|----|
| -Apply the Service's sunscreen (if no, you will need to provide your own)   | Yes | No |
| -Conduct Headlice Checks  | Yes | No |
| -Share my child's photographs, learning information and artwork for the purpose of internal displays and publications (including newsletters, learning stories, artwork, event reviews, promotions, etc.) | Yes | No |
| -Consent for shoes to be off outdoors   | Yes | No |
| -Share my child's photographs, learning information and artwork on the service's social media pages   | Yes | No |
| -I acknowledge that my child may move throughout the service, throughout the course of their day for educational purposes   | Yes | No |

## Authorised Nominee ( Minimum 2 people)

Whilst we will make every effort to contact you, there may be occasions when your child has an accident, injury or illness at the centre and the parents cannot be contacted. There may also be times where you are unable to collect your child due to other commitments. To deal with these situations, the centre must be able to notify one of the following people who you authorised to be and are available to collect and care for your child.

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 and who can be contacted by the Approved Provider or Nominated Supervisor in the case of an emergency (when either the parents cannot be contacted).

This list of people authorised to collect your child can be added to or changed throughout your child's enrolment. Any person not detailed above will not be permitted to collect your child without prior written permission.

**Person one** Name \_\_\_\_\_ Relationship to the child \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (M) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Address \_\_\_\_\_

I give permission for the person mention above to:

- Do you authorise this person to consent to medical treatment of your child, if contacted?
- Do you authorise this person to consent to the administration of medication to your child, if contacted?
- Do you authorise this person to consent to medical treatment from a registered practitioner, hospital or ambulance service, if contacted?
- Do you authorise this person to consent to the transportation of your child by an ambulance service, if contacted?
- Do you authorise that this person can consent to giving permission to an educator to remove your child from the centre in the event of an emergency if both parents cannot be contacted?
- Do you authorise that this person can be notified of an emergency involving your child if both parents cannot be immediately contacted?
- Authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the premises by an educator.

**Person Two** Name \_\_\_\_\_ Relationship to the child \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (M) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Address \_\_\_\_\_

I give permission for the person mention above to:

- Do you authorise this person to consent to medical treatment of your child, if contacted?
- Do you authorise this person to consent to the administration of medication to your child, if contacted?
- Do you authorise this person to consent to medical treatment from a registered practitioner, hospital or ambulance service, if contacted?
- Do you authorise this person to consent to the transportation of your child by an ambulance service, if contacted?
- Do you authorise that this person can consent to giving permission to an educator to remove your child from the centre in the event of an emergency if both parents cannot be contacted?
- Do you authorise that this person can be notified of an emergency involving your child if both parents cannot be immediately contacted?
- Authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the premises by an educator.

**Person Three** Name \_\_\_\_\_ Relationship to the child \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (M) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Address \_\_\_\_\_

I give permission for the person mention above to:

- Do you authorise this person to consent to medical treatment of your child, if contacted?

- Do you authorise this person to consent to the administration of medication to your child, if contacted?
- Do you authorise this person to consent to medical treatment from a registered practitioner, hospital or ambulance service, if contacted?
- Do you authorise this person to consent to the transportation of your child by an ambulance service, if contacted?
- Do you authorise that this person can consent to giving permission to an educator to remove your child from the centre in the event of an emergency if both parents cannot be contacted?
- Do you authorise that this person can be notified of an emergency involving your child if both parents cannot be immediately contacted?
- Authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the premises by an educator.

**Person Four** Name \_\_\_\_\_ Relationship to the child \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (M) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Address \_\_\_\_\_

I give permission for the person mention above to:

- Do you authorise this person to consent to medical treatment of your child, if contacted?
- Do you authorise this person to consent to the administration of medication to your child, if contacted?
- Do you authorise this person to consent to medical treatment from a registered practitioner, hospital or ambulance service, if contacted?
- Do you authorise this person to consent to the transportation of your child by an ambulance service, if contacted?
- Do you authorise that this person can consent to giving permission to an educator to remove your child from the centre in the event of an emergency if both parents cannot be contacted?
- Do you authorise that this person can be notified of an emergency involving your child if both parents cannot be immediately contacted?
- Authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the premises by an educator.

## Doctor Information

Name of family doctor: \_\_\_\_\_

Address of family doctor: \_\_\_\_\_

Phone number of family doctor: \_\_\_\_\_ Child's Medicare Number \_\_\_\_\_

Ambulance Membership Number: \_\_\_\_\_  NA

Maternal Child Health Nurse Centre & Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

- Do you give the service permission to contact your child's MCHN
- Does your child have a maternal child health record ( if yes, please bring to the service for sighting)

## Immunisation

Updated Immunisation details provided to the centre  Yes  No

In order to finalise enrolment for your child you must provide the service with an immunisation status certificate that shows your child is:

- up to date with vaccinations for their age, OR
- on a vaccine catch-up schedule, OR
- has a medical condition preventing them from being fully vaccinated.

An Immunisation Status Certificate It is a statement showing the vaccines your child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register. Please note 'Homeopathic immunisation' is not a recognised form of immunisation.

*How do I get an immunisation status certificate?*

Request an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR):

\*phone 1800 653 809 \*Visit Medicare Service Centre \*email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au) \* See your local Doctor or local Council

## Health/Medical Information

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*In the case of Anaphylaxis, Diabetes, Allergies or Asthma, the following must occur prior to commencement:*

1. A copy of the Medical Management Plan to be provided to the service
2. A prescribed auto-injection device (eg: Epipen) or required medications to be provided (if applicable)
3. A risk minimisation plan will be developed in conjunction with you

Does your child have any allergies? **(If yes, please provide details below)**  No  Yes  
Does your child have asthma? **(If yes, please provide details below)**  No  Yes

Has your child been diagnosed at risk of anaphylaxis? \_\_\_\_\_  No  Yes  
(If yes, please **attach** anaphylaxis medical management plan)

Does your child have a prescribed auto injection (epipen) device?  No  Yes

Has the anaphylaxis and medical conditions management policy for the Centre been provided to you?  No  Yes

Has the medical conditions risk minimisation plan been completed by the Centre in consultation with you?  No  Yes

***If you answer yes to any of the questions below that relate to your child's specific health care needs or required medical conditions while they are attending the Centre, please provide a supporting letter and or medical management plan prepared by your doctor.***

Asthma : (if yes, please specify and the signs/symptoms to be aware of, if any)  No  Yes

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Allergies to Food or other : (if yes, please specify and the signs/symptoms to be aware of, if any)  No  Yes

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Does your child have a history of illnesses or injuries? **(if yes, please provide details below)**  No  Yes

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Does your child have any other current specific health care needs or medical conditions? **(if yes, please provide details below)**  No  Yes

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Is your child currently on any prescribed medications **(if yes, please provide details below)**  No  Yes

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Does your child have any dietary restrictions including cultural/religious requirements?**(if yes, please provide details)**  No  Yes

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Does your child have any additional needs? **(if yes, please provide details below)**  No  Yes

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Does your child have any special considerations? **(if yes, please provide details below)**  No  Yes

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**If you answered yes to any of the above, please ensure you discuss with us prior to commencing.**

Has your child ever been diagnosed with any of the following medical conditions and/or any specific healthcare needs?

|                |     |                          |    |                          |                        |     |                          |    |                          |
|----------------|-----|--------------------------|----|--------------------------|------------------------|-----|--------------------------|----|--------------------------|
| German Measles | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Seizures               | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Mumps          | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Convulsions            | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Whooping Cough | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Chicken Pox            | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Measles        | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Eczema                 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Diabetes       | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Other (please specify) |     |                          |    |                          |

If you have ticked YES to any of the above, please list the details of any specific healthcare needs of the child including the medical condition/s and provide any management plans or risk minimisation plans to be followed with respect to the specific healthcare need or medical condition:

**DECLARATION:**

**I agree that by enrolling my child at this service, I**

- will abide by all policies, procedures, regulations, and guidelines set out by the service.
- consent to staff administering medications and/or first aid in the event of an emergency.
- authorise first aid trained staff to administer paracetamol if my child's temperature exceeds 38 degrees and I cannot be contacted (we will always attempt to contact you for verbal authorisation first)
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell.
- authorise staff to seek medical treatment for my child from a medical practitioner, hospital or ambulance service.
- consent to the transportation of my child by an ambulance service
- understand that I am responsible for all medical and emergency transportation costs associated with my child.
- consent to my child being removed from the premises in the event of an emergency or emergency evacuation drills
- consent to my child's medical information being displayed in public areas.
- will ensure my child's enrolment and authorised contact details are kept up to date.
- I understand that staff reserve the right to not release my child to an unknown or unauthorised person not listed in the enrolment or anyone under 16 years of age.
- will provide updated immunisation and medical details.
- will provide any Medical Action Plans and associated medications, as per medical condition policy
- will pay my fees to comply with the service's Fee Policy.
- will provide at least two weeks' notice to reduce or cease enrolment.

I, as the Parent/Guardian listed below declare I have lawful authority of the child referred to in this enrolment form and that the information provided is true and correct. I undertake to immediately inform the children's service in the event of any change to this information.

Full name of Primary parent \_\_\_\_\_

Signature of primary parent: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of Second parent (if applicable) \_\_\_\_\_

Signature of second parent: \_\_\_\_\_ Date: \_\_\_\_\_

**LAWFUL AUTHORITY**

**Parents:**

All parents have powers and responsibility in relation to their children that can only be changed by a court order. The Education and Care Services National Regulations 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.

**PRIVACY AND CONFIDENTIALITY**

Mayfield Childcare uses the data collected in this form for the purpose of programming, enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law.

**OFFICE USE ONLY**

Updated Enrolment Details entered and completed in full:

Yes  No

CWA Form has been signed and returned:

Yes  No

Updated Medical conditions with risk minimisation plan

Yes  No  N/A

Immunisation

- is up to date with vaccinations for their age  Yes  No
- is on a vaccine catch-up schedule OR  Yes  No
- \*has a medical condition preventing them from being fully vaccinated.  Yes  No

Child health record sighted  Yes  No Sighted by.....

\*Medical contraindication statement obtained  Yes  No  N/A Sighted by.....

**Nominated Supervisor signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_