



Churchill North Primary Before & After School Care



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CCB 1-AIQTZP

ENROLMENT FORM

Child Information:

Name: _____ Date of Birth: _____
Surname Given Names

Address: _____

Email: _____ Home Phone: _____

Nationality: _____ Languages spoken at home: _____

School attending: _____ Grade: _____

Interests: _____

Child CRN: _____ Gender Male Female

Is the child of Aboriginal and/or Torres Strait Islander origin?

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

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

Family Information:

Parent:

Name: _____
Surname Given Name

Address: _____

Parent/Guardian CRN: _____ D.O.B. _____

Occupation/Workplace: _____ Work phone & mobile: _____

Does the child live with the mother? No Yes (please tick)

Parent:

Name: _____
Surname Given Name

Address: _____

Parent/Guardian CRN: _____ D.O.B. _____

Occupation/workplace: _____ Work phone & mobile: _____

Does the child live with the father ? No Yes (please tick)

Custody Arrangements: Please complete if applicable:

If you are a sole parent is access available to the other parent?

Yes / No

Are there any court orders:

Yes / No

Please provide the program Coordinator with a copy of any court orders for custody or access relating to the child so that we may enforce them. The staff cannot take any action unless they hold copies of these documents.

Emergency And Pick Up Contacts (other than Parents/Guardians above):

These people may be asked to present licence etc for proof of identity when picking your child up.

NAME:
ADDRESS:
PHONE:
RELATIONSHIP TO CHILD:

NAME:
ADDRESS:
PHONE:
RELATIONSHIP TO CHILD:

NAME:
ADDRESS:
PHONE:
RELATIONSHIP TO CHILD:

NAME:
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RELATIONSHIP TO CHILD:

NAME:
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RELATIONSHIP TO CHILD:

NAME:
ADDRESS:
PHONE:
RELATIONSHIP TO CHILD:

Medical Details:

Date of last Tetanus Injection: _____

Doctor: _____ Phone: _____
Name Address (and name of clinic)

Medicare No: _____ Ambulance subscription no: _____

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? YES NO
Does your child have an auto injection device (eg EpiPen®)? YES NO

Has the anaphylaxis medical management plan been provided to the service? 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

Has a risk management plan been completed by the service in consultation with you?
No Yes

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (please tick)

If **yes** please provide evidence of any medical condition and any management procedure to be followed with respect to the medical condition.

UNTIL A PLAN IS SUPPLIED WHICH IS SIGNED BY YOUR DOCTOR YOUR CHILD WILL NOT BE PERMITTED TO ATTEND OUR SERVICE.

Child health record means a record that documents a child’s health and development assessments and immunisations.

Child’s immunisation record

Has the child been immunised? YES NO (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.

OFFICE SIGHTED YES NO (PLEASE TICK)

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

Does the child have any dietary restrictions? No Yes (please tick)

If **yes**, the following restrictions apply:

.....
.....

***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)

Does your child have any additional needs that you feel should be brought to our attention - are there any activities they should avoid?

Accident 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,

- 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;
- In the event of illness or injury to my child whilst at After School Care, I authorise the staff in charge of my child, where it is impractical to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes the use of an ambulance, attendance at a local clinic or to hospital. I also consent to the administering of anaesthetics, blood transfusions and operations. I will accept financial responsibility for any treatment received by my child.

Signature of Parent/Guardian: _____ Date: ____/____/____

WE STRONGLY ENCOURAGE FAMILIES TO HAVE UP TO DATE AMBULANCE COVER.

Video Authorisation:

I authorise my child to view any/all the videos with a rating of **G** and **PG** (subject to availability) as part of the After School Hours Care Program. Yes No

Photo Permission:

I give permission for the OSHC Staff to photograph my child and for my child’s first name/ initial and photo to be published in the Schools Newsletter or the Churchill & District News when the occasion arises. Yes No

Behaviour Management Policy:

I understand that the Out Of School Hours Care staff retains the right to exclude any child/children whose behaviour is disruptive and/or dangerous to other children and staff of the program.
I acknowledge that I have read, understood and agree to be bound by this policy.

Signature of Parent/Guardian: _____

Confidentiality of enrolment records

The 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’ Services Regulations 2009 (regulation 35(1) (d-e))

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.

I have read the contents of the Arrival/Attendance Policy and Risk Management Plan and understand my obligations for the use of the service.

Signed _____

Date _____

PLEASE BE ADVISED THAT YOU MUST BE CONTACTABLE ON THE PHONE NUMBERS PROVIDED DURING OSHC HOURS. IF THE PARENTS/GUARDIANS OF THE CHILD ON THIS ENROLMENT FORM CANNOT BE CONTACTED WHEN THEY HAVE BEEN BOOKED IN BUT HAVE NOT ARRIVED BY 3.30PM AND ALL ATTEMPTS HAVE BEEN MADE TO FIND THE WHEREABOUTS OF THIS CHILD WE HAVE NO CHOICE BUT TO CONTACT THE POLICE.