

# LITTLE RIVER PRIMARY SCHOOL

21 Flinders Street, Little River. 3211

Phone: 5283 1214 Fax: 5283 1629

## OUTSIDE SCHOOL HOURS CARE ENROLMENT 2015

### ENROLMENT DETAILS

Enrolment Date: \_\_\_\_\_

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority 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 in regulations 31 to 35. *Questions marked with an asterisk \* are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.*

NAME OF CHILD: \_\_\_\_\_

CLASS: \_\_\_\_\_

### INFORMATION ABOUT THE CHILD

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ \*Sex: M  F   
(please tick)

Given Names: \_\_\_\_\_ \*Usually called: \_\_\_\_\_

Home Address: \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

\*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander | <input type="checkbox"/> Yes, Aboriginal             |
| <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander   | <input type="checkbox"/> Yes, Torres Strait Islander |

\* Cultural background of child. Please list.

.....  
.....

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

CRN NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (this number needs to be supplied to formalise enrolment)

**INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS**

Mother	Father
Name	Name
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
<b>CRN NUMBER: _____ - _____ - _____</b> <b>This number needs to be supplied to formalise enrolment</b>	<b>CRN NUMBER: _____ - _____ - _____</b> <b>This number needs to be supplied to formalise enrolment</b>
<b>DATE OF BIRTH     /     /</b>	<b>DATE OF BIRTH     /     /</b>
Name	Name
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
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)
<b>CRN NUMBER: _____ - _____ - _____</b> <b>This number needs to be supplied to formalise enrolment</b>	<b>CRN NUMBER: _____ - _____ - _____</b> <b>This number needs to be supplied to formalise enrolment</b>
<b>DATE OF BIRTH     /     /</b>	<b>DATE OF BIRTH     /     /</b>

Are either parents/guardians of Aboriginal and/or Torres Strait Islander origin? (please tick)

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander | <input type="checkbox"/> Yes, Aboriginal             |
| <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander   | <input type="checkbox"/> Yes, Torres Strait Islander |

If yes please indicate: \_\_\_\_\_

Cultural background of parents. Please list.

.....  
 .....

<b>TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE</b>				
<b><u>PERMANENT BOOKINGS</u></b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b><u>CASUAL BOOKINGS / EMERGENCY CARE</u></b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

*Please make sure you notify the office of any changes to your permanent bookings as soon as possible.*

**OTHER PERSONS TO BE NOTIFIED**

*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 accident, injury, trauma or illness.*

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child

**COURT ORDERS RELATING TO THE CHILD**

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

No  go to the next section. Yes  **please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form;
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;
    - in the case of a family day care service, the taking of the child outside the family day carer’s residence or family day care venue by a family day carer,
    - consent to the medical treatment of the child;
    - request or permit the administration of medication to the child;
    - collect the child from the service or family day care, AND/OR
  - b) give these powers to someone else,

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

**DETAILS OF PEOPLE WHO YOU AUTHORISE TO COLLECT YOU CHILD.**

*Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child This list may be added to or changed throughout the year.  
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.*

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child

## CHILD'S HEALTH INFORMATION

Name Doctor/Medical Service: ..... Telephone:.....

Address Doctor/Medical Service:.....

Medicare Number: ..... Ambulance subscriber:.....

Private health Insurance .....

\*Maternal & Child Health (MCH) Centre: .....

Does your child have a child health record? No  Yes  (please tick)

If **yes**, please provide to the service for sighting.

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

### Office Use

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

Name: ..... Position: .....

## CHILD'S MEDICAL INFORMATION

Does your child have any special needs? No  Yes  (please tick)

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

.....  
.....  
.....

Does your child have any allergies or sensitivity? No  Yes  (please tick)

If **yes** please provide details of any allergies and any management procedure to be followed with respect to the allergy.

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### **Anaphylaxis**

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

Does your child have an auto injection device (eg EpiPen®)? No  Yes

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

Has a 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 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](http://www.education.vic.gov.au/anaphylaxis)

## Other Medical Conditions

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 details of any medical condition and any management procedure to be followed with respect to the medical condition.

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Does the child have any dietary restrictions? No  Yes  (please tick)  
 If **yes**, the following restrictions apply:

.....

.....

## CHILD'S IMMUNISATION RECORD

Has the child been immunised? No  Yes  (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 OR
- completing the table below using the child's Immunisation Record to provide the dates of immunisations received.

Immunisation (valid from March 2008)	Birth	2months	4months	6 months	12 months	18 months	4 years
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24 months		18-24 months
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

### \*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)

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**PLEASE NOTE IF YOU HAVE PROVIDED A COPY OF YOUR IMMUNISATION RECORDS TO THE SCHOOL WITH YOUR ENROLMENT A COPY WILL BE ATTACHED TO THIS ENROLMENT.**

## 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;
- consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.
- Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.

Consent to transport by Ambulance, when required.

.....  
**Signature**

.....  
**Date**

## Other Information

**Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural information etc.**

.....  
.....

## PHOTOGRAPHIC CONSENT

I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service,

YES            NO            (please circle)

I give permission for my child to be photographed and/or video taped in the event of media reportage.

YES            NO            (please circle)

## SUNSCREEN CONSENT

I give permission for my child to have a 30+ sunscreen applied as per the service's Sun Smart Policy.

YES            NO            (please circle)

## POLICY AND PHILOSOPHY STATEMENT

I have read and agree to abide by all policy and philosophy guidelines of the service.

YES            NO            (please circle)

## EXCURSIONS

Any person who is authorised to authorise an educator to take the child outside the education and care service premises.

***Parents are advised that there will never be any excursions conducted from this Outside School Hours Program***

**Signature:** \_\_\_\_\_

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

## Confidentiality of enrolment records

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, where expressly authorised by the parent or prescribed in the Children's 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.

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.

**PARENT / GUARDIAN SIGNATURE/S:** \_\_\_\_\_

**Date:** / /