K.A.R.E.

Enrolment Form
2012

Name: ........................................

Class: .................
I, the undersigned, approve of the enrolment and agree to abide by the rules and conditions of the Out of School Hours Program and meet any costs incurred. I authorise the Coordinator/Acting Coordinator in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I stand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the program staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either myself or an authorised person shall collect the child as soon as practical.

Signature (Parent/Guardian) ........................................... Date ..........................
ENROLMENT DETAILS

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.

**Information about the child**

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Date of Birth:</th>
<th><em>Sex:</em> M ☐ F ☐ (please tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Names:</td>
<td>*Usually called:</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language(s) spoken in the home:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ 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)

**Information about the child’s parents or guardians**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address - as per child or:</td>
<td>Address - as per child or:</td>
</tr>
<tr>
<td>Telephone/s (H) (W) (Mobile)</td>
<td>Telephone/s (H) (W) (Mobile)</td>
</tr>
</tbody>
</table>

*Does the child live with the mother?*

No ☐ Yes ☐ (please tick)

*Does the child live with the father?*

No ☐ Yes ☐ (please tick)

**Guardian (if applicable)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address - as per child or:</td>
<td>Address - as per child or:</td>
</tr>
<tr>
<td>Telephone/s (H) (W) (Mobile)</td>
<td>Telephone/s (H) (W) (Mobile)</td>
</tr>
</tbody>
</table>

*Does the child live with this guardian?*

No ☐ Yes ☐ (please tick)

**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 an accident, injury, trauma or illness.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Telephone/s (H) (W) (Mobile)</td>
<td>Telephone/s (H) (W) (Mobile)</td>
</tr>
<tr>
<td>Relationship to child</td>
<td>Relationship to child</td>
</tr>
</tbody>
</table>
**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 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Telephone/s (H) (W) Telephone/s (H) (W)</td>
<td>Telephone/s (H) (W) Telephone/s (H) (W)</td>
</tr>
<tr>
<td>(Mobile)</td>
<td>(Mobile)</td>
</tr>
<tr>
<td>Relationship to child</td>
<td>Relationship to child</td>
</tr>
</tbody>
</table>

---

**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Telephone/s (H) (W) Telephone/s (H) (W)</td>
<td>Telephone/s (H) (W) Telephone/s (H) (W)</td>
</tr>
<tr>
<td>(Mobile)</td>
<td>(Mobile)</td>
</tr>
<tr>
<td>Relationship to child</td>
<td>Relationship to child</td>
</tr>
</tbody>
</table>

---
Child's health information

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

*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.

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

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

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

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.

<table>
<thead>
<tr>
<th>Immunisation</th>
<th>Birth</th>
<th>2months</th>
<th>4months</th>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
<th>4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus and acellular pertussis (DTPa)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza (Type b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliomyelitis (IPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate (PvPCV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps and rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (VZV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional immunisations for Aboriginal and Torres Strait Islander children (if required)</td>
<td>12-24 months</td>
<td></td>
<td></td>
<td>18-24 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (23vPPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Other information*  
If there is anything else that the children’s service should know about the child? (e.g., excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**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.

Signature ..........................................................................................................

Date .............................................................................................................
Child’s Immunisation Record

If your child is enrolled at Korumburra Primary School, do you give permission for immunisation records to be shared between Korumburra Primary School and Korumburra Primary After School Care? If you agree with sharing this information please sign below.

I, .................................................. (Print full name)

agree to my child’s immunisation records being shared between Korumburra Primary School and Korumburra Primary After School Care.

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.