



## Westgate Childcare & Childrens Early Learning Centre

### Enrolment Form – 2006 / 2007

Enrolment Details For

Applicants Name \_\_\_\_\_

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

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority is set out below. **If the enrolment form is not completed in full by the commencement day, the child/ren cannot start at the centre until the completed form is approved by the centre director.**

#### Lawful Authority

##### *Parents*

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Childrens Services Regulations 1998 refer to those 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 those under the Family Law Act, may take lawful authority of a parent in regard to residency and access, 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 Childrens 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 case, the guardian is the person the child lives with who has day-to-day care and control of the child.

Please complete all areas of the enrolment forms with information or use N/A – Not Applicable

##### *Privacy and confidentiality*

5 Star Childcare & ELC collects information in relation to families and children to provide children services programs. We will only collect personal information and health records that are necessary for its functions and activities. We will not give out information we hold about you without your consent unless otherwise required to do so by law. You may access your personal information and health records held by us by contacting us on **8360 8828**

### INFORMATION ABOUT YOUR CHILD

Family Name _____	Date of Birth _____	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Given Names _____ Preferred Name _____				
Home Address _____				
PC _____				
Home Phone _____				
Language(s) spoken in the home _____ Religion _____				

### INFORMATION ABOUT THE CHILDS PARENTS

Mother's Name	Father's Name
Address – as per child:	Address – as per child:
Name of Work Place _____	Name of Work Place
Telephone (H) _____ (W) _____	Telephone (H) _____ (W) _____
Mobile	Mobile
Email _____	Email
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please tick)	Does the child live with the Father? N <input type="checkbox"/> <input type="checkbox"/> (Please tick)
Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?	
Mother <input type="checkbox"/> No Yes <input type="checkbox"/>	Fa <input type="checkbox"/> N <input type="checkbox"/> Yes



**OTHER PERSONS TO BE NOTIFIED IN THE EVENT OF AN ACCIDENT, INJURY, TRAUMA OR ILLNESS**

**The people listed here have given consent and have agreed to have their details recorded**

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 5 Star Childcare & ELC should notify one of the following people who are authorized to collect and care for the child. **Parents should not list themselves**

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

**COLLECTING THE CHILD FROM 5 STAR CHILDCARE & ELC**

Your consent is required for other people to collect the child from 5 Star Childcare & ELC on your behalf. Please list the details of those persons who can collect the child in the table below. In the event that the child is not collected from 5 Star Childcare & ELC and the parents or guardians cannot be contacted, this list will be used to arrange someone to collect the child.

**DETAILS OF PEOPLE WHO CAN COLLECT THE CHILD**

(This list may be added to or changed throughout the year

**Parents do not need to list themselves here.** All contacts must be listed even if they are the same people as above

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

## CHILDS MEDICAL AND HEALTH INFORMATION

<b>FAMILY DOCTOR</b>	
Name	
Phone No	
Street No and Name	
Suburb	

<b>MATERNAL &amp; CHILD HEALTH</b>
Centre Name
Has your child had their 3 ½ year old assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>

Does the child have any allergy or sensitivity? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) <b>If yes</b> , the following management procedures are to be followed (or a copy of the management plan is attached), give details:
--

Does the child have any medical conditions and/or special needs (eg epilepsy, diabetes, etc. which are relevant to the child's day to day care at 5 Star Childcare & ELC No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) <b>If yes</b> , the following management procedures are to be followed (or a copy of the management plan is attached), give details:
--

Does the child have any dietary restrictions No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) <b>If yes</b> , the following restrictions apply, give details:
--

<b>CHILDS IMMUNISATION RECORD</b>
Has the child been immunized No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) If yes, provide details by: <ul style="list-style-type: none"><li>• Attaching a copy of the Immunisation Record from the Child Health Record book or</li><li>• Attaching a copy of the Immunisation Record print out from the local government</li></ul>

## PARENT DECLARATION

I, \_\_\_\_\_ (Print full name of Parent/Guardian),

A person with the 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 5 Star Childcare & ELC 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 she/he becomes unwell at 5 Star Childcare & ELC
- Agree to 5 Star Childcare & ELC staff arranging the ambulance transport for my child to a hospital or doctor in the case of an emergency and that I am liable for all expenses incurred in arranging such emergency treatment.
- In order to minimize the possibility of adverse consequences occurring, 5 Star Childcare & ELC staff must be informed by the parents or guardians of the child, of all medical needs and requirements of the child in their care. This includes information of any medical condition, any medication required to be administered and any medication or other substances which should not be provided or administered to a child.
- I/we agree that the management of the child's medical condition, if any, remains my/our sole responsibility and is not and does not under any circumstances become the responsibility of the 5 Star Childcare & ELC staff.
- I/we agree that in the event of any adverse reaction by the child to the administration of medication which I/we have authorized or in the event that any action or inaction on the part of 5 Star Childcare & ELC staff results in any aggravation, exacerbation, acceleration or deterioration of any medical condition suffered by the child, I/we release and indemnify the directors, staff, and their respective agents and insurers or any of them from all actions, suits and claims of any nature, I/we or my/our child may have in relating to the administration of medication or the failure to administer medication or any action or failure to act related to any medical condition identified in this Child Action Plan.
- I/we accept full responsibility for my child's belongings whilst taking part in the program at 5 Star Childcare & ELC
- I/we agree to inform 5 Star Childcare & ELC staff if my child contracts any illness which could be detrimental to the health of others attending 5 Star Childcare & ELC

- I/we agree and fully understand the guidelines and policies of 5 Star Childcare & ELC as outlined in the Operational/Parent Handbook, including all aspects of the fee policy and agree to adhere to these.
- I/we give permission for my child to have photo's/video taken and displayed whilst attending 5 Star Childcare & ELC.
- I/we acknowledge that due to Children's Services Regulations and Childcare Benefit requirements there may be times when my child's full name will be displayed at 5 Star Childcare & ELC, in records which include but is not limited to: the Sign In and Out Book, Incident Report Book and Allergy list. If I have concerns about this issue I will advise 5 Star Childcare & ELC in writing.
- Any changes to the information provided on this form will be passed onto the staff at 5 Star Childcare & ELC in writing

**SIGNED by**

\_\_\_\_\_  
**Parent/Guardian**

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

\_\_\_\_\_  
**Print Name**

**SIGNED by**

\_\_\_\_\_  
**Parent/Guardian**

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

\_\_\_\_\_  
**Print Name**