

Crèche enrolment form Brimbank Aquatic and Wellness Centre

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. The licensed children's services must collect the child's enrolment information in this form, as required by the Children's Services Regulations 1998 (Regulations). Questions marked with an asterisk * are not required by the Children's Services Regulations 1998, but you are encouraged to answer these to assist in providing relevant children services.

Information about the child	Data of histhy			
Family name:				
Given name:	Usually called:			
Email: Address:				
Suburb:	Postcode:			
Is the child of Aboriginal and/or Torres Strait				
☐ No not aboriginal or Torres Strait Islander	Yes Aboriginal			
Yes Aboriginal and Torres Strait Islander	Yes Torres Strait Islander			
Information about the child's parents or guar	rdians			
Parent 1	Parent 2			
Name:	Name:			
Address – as per child or:	Address – as per child or:			
Telephone numbers:	Telephone numbers:			
(h) (w) (m)	(h) (w) (m)			
Does the child live with you $\ \square$ Yes $\ \square$ No	Does the child live with you			
Guardian 1 (if applicable)	Guardian 2 (if applicable)m			
Name:	Name:			
Address - as child or:	Address – as per child or:			
Telephone numbers:	Telephone numbers:			
(h) (w) (m)	(h) (w) (m)			
Does the child live with the guardian $\ \ \square$ Yes $\ \ \square$ N	lo Does the child live with the guardian ☐ Yes ☐ No			
	injury, trauma or illness and the parents or guardians cannot be s service should notify one of the following people who are lent, injury trauma or illness.			
Name:	Name:			
Address	Address			
Telephone numbers:	Telephone numbers:			
(h) (w) (m)	(h) (w) (m)			

Reviewed 16 January 2024

Consent

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below.

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

Details of people who can collect the child. (This list may be added to or changed throughout the year.)

Name: Address:			Name:	Name: Address: Telephone numbers:			
			Address:				
Telephone numbers:		Telephone n					
(h)	(w)	(m)	(h)	(w)	(m)		
Name:			Name:				
Address:			Address:				
Telephone numbers:			Telephone n	Telephone numbers:			
(h)	(w)	(m)	(h)	(w)	(m)		
_	o the next sectio						
if Yes,	please complet	e the following:					
		t order/s for staff to s	ee and a copy to att	ach to this enro	olment form		
	orders:	of a parent/guardian	to:				
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							
Consent to the medical treatment of the child							
•	-		of medication to the	child			
•	Collect the child						
		to someone else,					
Please desc	ribe these chang	jes and provide the co	ontact details of any pe	erson given these	e powers:		

Child's medical and health information **Doctor/medical service details** Name: Telephone: Address: Suburb: Postcode: Maternal & Child Health Centre: ☐ Yes ☐ No Has the child had their 3 ½ year old assessment? If **yes** provide details by attaching a copy of the 3 ½ year assessment from the Child Health Record Book. Does the child have any allergy or sensitivity? ☐ Yes ☐ No If yes, the following management procedures are to be followed (or a copy of the management plan is attached): Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc) which are relevant to the children's If yes, the following management procedures are to be followed (or a copy of the management plan is attached): Does the child have any dietary restrictions? ☐ Yes ☐ No If **yes**, the following restrictions apply: Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? * *If yes, does your child receive support from an agency or network? \square Yes \square No $\,$ Agency $_{\cdot}$ Child's immunisation record ☐ Yes ☐ No Has the child been immunised? If yes, provide the details by attaching the child's immunisation history statement from the Australian Immunisation Register via MyGov Medicare. **Confidential:** 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 intervention service, etc) describe below:

Declaration and consent to emergency medical treatment (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 the child becomes unwell at the service Consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's I declare and consent to the above \square Yes \square No **Photograph** Throughout the year crèche staff will be doing activities and special events with the children that may require your child being photographed. Any photos taken will be used solely for the use of crèche staff and/or crèche activities. We require your permission for your child to be photographed. I give my permission for staff to take photos of my child/children for use in crèche activities or special events. ☐ Yes ☐ No **Acknowledgement** I acknowledge that I must always remain within the facility while my child is attending crèche. ☐ Yes Parent/Guardian Name: Date: Signed:

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The Children's Services Regulations 1998 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.

Council Privacy Statement

The personal information requested on this form is being collected by Council for reference and identification purposes. To ensure confidentiality of information requested, we will only use personal information provided by you for the purposes of offering a range of leisure services and programs. The information may also be disclosed to third party providers acting on behalf or as agents of Council or in instances where Council is required by law to release or make the information available.

Enrolment record addendum for children's services

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

Child's name:	Date of birth:	<u> </u>	
Health information			
Does your child have any special needs? If yes please provide details of any special needs and a with respect to the special need.	ny management procedure to be followed	☐ Yes ☐ N	lo
Anaphylaxis			
Has your child been diagnosed at risk of anaphylaxis?		☐ Yes ☐ N	lo
Does your child have an auto injection device (eg EpiPer	1 [®])?	☐ Yes ☐ N	lo
Has the anaphylaxis medical management plan been pro	ovided to the service?	☐ Yes ☐ N	lo
Has a risk management plan been completed by the ser	vice in consultation with you?	☐ Yes ☐ N	lo
In the case of anaphylaxis you will by provided wi You will be required to provide the service with an signed by the medical practitioner who is treating enrolment form. More information can be found at	individual medical management plan f your child. This will be attached to you	or your child r child's	olicy
Does your child have a child health record? (If yes , plea	se provide to the service for sighting)	☐ Yes ☐ N	lo
Child health record means a record that document immunisations.	s a child's health and development asso	essments and	
Name and position of person at the children's service wh	no has sighted the child's health record		
Name:	Position:		
I,authority of the child referred to in this enrolment form immediately inform the children's service in the event of		rson with lawfu rrect and will	I
Parent's signature:	Date:		
Lawful Authority			

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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.

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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' Services Regulations 2009 (regulation 35(1) (d-e))