



**BAIRNSDALE  
CHILDCARE  
& KINDER**  
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This form must be completed by a parent or guardian who has parental responsibility in relation to the child. A brief explanation of 'parental responsibility' is contained at the end of this form. The Educational and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulations 160 to 162. Questions marked with an asterisk \* are not required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

Enrolment Date:  
Room:

Commencement Date:

### CHILD INFORMATION

Family Name	Date of Birth / /	Gender	Male	Female
Given Names	Usually Called			
Home Address				
Child CRN	Customer reference number from family assistance office ( <a href="http://www.familyassist.gov.au">www.familyassist.gov.au</a> )			
Country of Birth	Religion			
Is the Child of Aboriginal and /or Torres Strait Islander origin (please tick)		Language used in child's home		
<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 the child and, if applicable, the child's parents	Any special consideration for the child (e.g any cultural, religious or dietary requirements or additional needs)			
.....	.....			
.....	.....			
.....	.....			

### PARENT OR GUARDIAN INFORMATION

Parent 1		Parent 2	
Name		Name	
Address – as per child or:		Address - as per child or:	
Phone (H) (W)		Phone (H) (W)	
Mobile	DOB / /	Mobile	DOB / /
Email		Email	
Occupation		Occupation	
Does the child live with this parent?		Does the child live with this parent?	
Parent 1 CRN		Parent 2 CRN	
Guardian 1 (if applicable)		Guardian 2 (if applicable)	
Name		Name	
Address – as per child or:		Address - as per child or:	
Phone (H) (W)		Phone (H) (W)	
Mobile		Mobile	
Email		Email	
Occupation		Occupation	
Does the child live with this guardian?		Does the child live with this guardian?	
Parent 1 CRN		Parent 2 CRN	

### Days of Care Required (Please tick)

Mon	Tuesday	Wednesday	Thursday	Friday

#### OTHER PERSON/S AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parent or guardians cannot be contacted, the person on the list below with authority will be contacted regarding collecting the child in the event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an educator to take the child outside of the service premises. **Please tick the appropriated boxes for each contact to confirm authorisations**

<b>Name:</b>	<b>Name:</b>
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child
Authorised to Collect (Authorised Nominee) <small>(Reg. 160(3)(b)(iii))</small> <input type="checkbox"/>	Authorised to Collect (Authorised Nominee) <small>(Reg. 160(3)(b)(iii))</small> <input type="checkbox"/>
Notification in the event of an Emergency <small>(Reg. 160(3)(b)(ii))</small> <input type="checkbox"/>	Notification in the event of an Emergency <small>(Reg. 160(3)(b)(ii))</small> <input type="checkbox"/>
Authorised to Consent to Medical Treatment <small>(Reg. 160(3)(b)(iv))</small> <input type="checkbox"/>	Authorised to Consent to Medical Treatment <small>(Reg. 160(3)(b)(iv))</small> <input type="checkbox"/>
Authorisation for the administration of medication <small>(Reg. 160(3)(b)(iv))</small> <input type="checkbox"/>	Authorisation for the administration of medication <small>(Reg. 160(3)(b)(iv))</small> <input type="checkbox"/>
Authorised to authorise an Educator to take the child outside of the premises <small>(Reg. 160(3)(b)(iv)&amp;(v))</small> <input type="checkbox"/>	Authorised to authorize an Educator to take the child outside of the premises <small>(Reg. 160(3)(b)(iv)&amp;(v))</small> <input type="checkbox"/>
<b>Name:</b>	<b>Name:</b>
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child
Authorised to Collect (Authorised Nominee) <small>(Reg. 160(3)(b)(iii))</small> <input type="checkbox"/>	Authorised to Collect (Authorised Nominee) <small>(Reg. 160(3)(b)(iii))</small> <input type="checkbox"/>
Notification in the event of an Emergency <small>(Reg. 160(3)(b)(ii))</small> <input type="checkbox"/>	Notification in the event of an Emergency <small>(Reg. 160(3)(b)(ii))</small> <input type="checkbox"/>
Authorised to Consent to Medical Treatment <small>(Reg. 160(3)(b)(iv))</small> <input type="checkbox"/>	Authorised to Consent to Medical Treatment <small>(Reg. 160(3)(b)(iv))</small> <input type="checkbox"/>
Authorisation for the administration of medication <small>(Reg. 160(3)(b)(iv))</small> <input type="checkbox"/>	Authorisation for the administration of medication <small>(Reg. 160(3)(b)(iv))</small> <input type="checkbox"/>
Authorised to authorise an Educator to take the child outside of the premises <small>(Reg. 160(3)(b)(iv)&amp;(v))</small> <input type="checkbox"/>	Authorised to authorise an Educator to take the child outside of the premises <small>(Reg. 160(3)(b)(iv)&amp;(v))</small> <input type="checkbox"/>

#### Confidentiality of enrolment records

The approved provider of the Education and Care Services must ensure that the information in the child enrolment record is not divulged or communicated, directly or indirectly to any other person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised permitted or required to be given by or under an Act or law; or with the written consent of the person who provided the information.

## COURT ORDERS RELATING TO THE CHILD

Are there any:

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

\* **other court orders** relating to the child's residence or the child's contact with a parent or other person

Yes      No (please Circle)      If no, go to next section

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form;
2. Please describe the orders and provide the contact details of any persons given powers, duties, responsibilities or authorities:

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

## CHILD'S HEALTH INFORMATION

Doctor/Medical service name:

Phone:

Medical service address:

Maternal & Child Health (MCH) Centre:

Contact Name:

Medicare No:

Ambulance Subscription

Pension No:

Expiry Date:

Healthcare No:

Expiry Date

Is the child currently attending or has previously attended:

Counsellor/Psychologist       Occupational Therapy       Paediatrician

Speech Therapy       Dietician       Specialist       Other

If yes please, provide details:

## INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS EDUCATION AND CARE SERVICE

From time to time the regulatory Authorities seek information on the characteristics of the children and their families who use an education and care service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indicating Yes or No:

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?      Yes       No

Does either parent have a disability?      Yes       No

Is the family a single parent family?      Yes       No

## CHILD'S MEDICAL INFORMATION

### ANAPHYLAXIS (reg.162 (c)(iii) & (d))

Has your child been diagnosed at risk of anaphylaxis?      Yes      No      (Please circle)

Does your child have an auto injection device (eg EpiPen or Anapen)?      Yes      No      (Please circle)

If you child has an auto injection device, have you supplied to the service a device with a valid expiry date?

Yes      No      (please circle)

Has the anaphylaxis medical management plan been provided to the service?      Yes      No  
(please circle)

Has a risk management plan been completed by the service in consultation with you?

Yes      No      (Please circle)

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 enrolment form. More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

<p><b>SPECIFIC HEALTH CARE NEEDS</b> (Reg. 162© (i) &amp;(d)) – Does the child have any specific health care needs including any medical conditions that is relevant to the care &amp; education of the child? (e.g. asthma, epilepsy, diabetes etc) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please provide details: _____ Has medication been supplied? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b>ALLERGIES</b> (Reg.162 (c) (iii)) – Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If <b>yes</b> please provide details of any allergies and any management plan/s or risk minimisation plan/s to be followed with respect to the allergy.</p> <p>Attach a copy of any plan/s or additional pages if necessary. _____ Has medication been supplied? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b>DIETRY RESTRICTIONS</b> (Reg. 162(e)) – Does the child have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details of any dietary restrictions: _____</p>	
<p>If the service is aware that the child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Medical condition policy been provided to the parent or guardian of the child? (Reg. 91)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>Has a communication plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child? (Reg.90 (1) (c) (iv))</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	

<p><b>CHILD'S IMMUNISATION STATUS</b></p>	
<p>Has the child been immunised as set out in the Australian Immunisation Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If <b>yes</b>, provide the details by selecting one of the options below:</p> <p><input type="checkbox"/> Attaching a copy of the immunisation Record printout from local government OR</p> <p><input type="checkbox"/> Attaching the Child History Statement from the Australian Childhood Immunisation Register OR</p> <p><input type="checkbox"/> Providing the Child Health Record to the Education &amp; Care Service to determine their immunisation status</p> <p><b>VIC ONLY:</b> If <b>no</b>, provide the details by selecting one of the options below:</p> <p><input type="checkbox"/> Attach an up to date immunisation history statement with any your child is medically unable to have; OR</p> <p><input type="checkbox"/> Attach a commenced and on track catch schedule statement provided by an immunisation provider</p> <p>(Statements available from ACIR – Contact: 1800 653 809, <a href="http://www.humanservices.gov.au">www.humanservices.gov.au</a>, or local Medicare Office)</p> <p><b>Child's Health record means a record that documents a child's health and development assessments and immunisations</b></p>	
<p>Immunisation Record (from the child health record) sighted by (Reg. 162(g))</p> <p>Name: _____ Position: _____ Date: _____</p>	
<p>In some cases where there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from the Education &amp; Care Service as per the period of exclusion of contacts recommended by the National Health &amp; Medical Research Council. The exclusion periods table can be found at <a href="http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp">http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp</a></p>	

<p><b>ADDITIONAL INFORMATION</b></p>	
<p>Please provide any other relevant information about the child eg. Abilities, interests, likes, dislikes, family traditions, home routines, parenting strategies etc</p>	
<p>Is the child currently attending or previously attended:</p> <p>Kindergarten <input type="checkbox"/> Playgroup <input type="checkbox"/> Long Day Care <input type="checkbox"/> Family Day Care <input type="checkbox"/> Early Intervention Service <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If yes – please provide details: _____</p>	
<p>If applicable, which school have you or do you plan to enrol the child?</p>	
<p>Are you willing to have the child photograph to appear in videos, newspapers, social media purposes etc? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>To be used in learning &amp; development documentation – displays &amp; learning journals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Do you allow sunscreen to be applied to the child while in the care of the Education and Care Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Do you give permission to conduct head lice checks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the educators to be aware of:</p> <p>Australia Day <input type="checkbox"/> Birthdays <input type="checkbox"/> Christmas <input type="checkbox"/> Diwali <input type="checkbox"/> Easter <input type="checkbox"/> Family Day Care <input type="checkbox"/> Eid Al-Adha <input type="checkbox"/> Mother's Day <input type="checkbox"/></p> <p>Fathers Day <input type="checkbox"/> New Year <input type="checkbox"/> Hanukkah <input type="checkbox"/> Moon Festival <input type="checkbox"/> NAIDOC Week <input type="checkbox"/> Name Days <input type="checkbox"/> Orthodox Easter <input type="checkbox"/></p> <p>Ramadan <input type="checkbox"/> Tet <input type="checkbox"/> Winter/Summer Solstice <input type="checkbox"/></p> <p>Please List Others &amp; attach any specific information related to the above: _____</p>	

Pets:	Name & Type	Name & Type
Please provide details of any local community services you access with the child? Eg. Library, Toy Library, Swimming Pool, local park etc		
Do you have any specific skills or a trade that could be of use to the Education & Care Service?		
Please provide the name & age of your child's siblings:		
1/	3/	5/
2/	4/	
<b>AUTHORISATION AND DECLARATION</b>		
I .....(PRINT FULL NAME)		
A person with parental responsibility of the child referred to in this enrolment form (Reg. 161)		
. authorise the Approved Provider, Nominated Supervisor, or an educator to seek		
- medical treatment for the child from a register medical practitioner, hospital or ambulance service; and		
- transportation of the child by an ambulance service; and		
- if relevant, an authorisation given under regulation 102 for the Education & Care Service to take the child on regular outings.		
. agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;		
. agree to collect or make arrangements for the collection of the child if he or she becomes unwell;		
. understand in an emergency situation or whenever evacuation is necessary that the child may need to leave the Education & Care Service under the direction & supervision of the approved provider, nominated supervisor or educator;		
. have read and understood the Education & Care Service's policies including the 'payment of fees';		
. declare that the information in this enrolment form is true and correct and undertake to immediately inform the Education & Care Service in the event of any change to this information;		
<input type="checkbox"/> give permission to contact Maternal Child Health if needed.		
..... Signature of person with parental responsibility of the child		..... Date

<b>DEFINITIONS</b>
<b>Authorised Nominee/s</b> Authorised Nominee means a person who has been granted permission by a family member to collect the child from the Education and Care Service (Education and Care Services National Law – Section 170(5))
<b>Family Member/s</b> 'Family member' as defined in the Education & Care Service National Law 2010; Section 5 'Family member' in relation to a child means <ul style="list-style-type: none"> <li>(a) a parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise; or</li> <li>(b) a relative of the child according to Aboriginal or Torres Strait Islander tradition; or</li> <li>(c) a person with whom the child resides in a family-like relationship; or</li> <li>(d) a person who is recognised in the child's community as having a familial role in respect of the child.</li> </ul>
<b>Parental Responsibility</b> The term 'parental responsibility' is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children". All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". 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.