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ENROLMENT FORM

Proposed date of entry: _____ **\$50 Enrolment Fee attached:**

*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 Regulations, but you are encouraged to answer these to assist in providing relevant children services.*

Information about the child

Family Name:.....		Date of Birth:.....		*Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
				(please tick)	
Given Names:.....		Usually called:.....			
Child's CRN:					
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			
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)					

Information about the child's parents or guardians

CRN are issued by CentreLink and each child and the fee-paying parent are issued with a CRN. Families wishing to claim the Child Care Benefit (CCB) and / or the Child Care Tax Rebate must have a CRN provided with enrolment.

MOTHER / STEP-PARENT / GUARDIAN	FATHER / STEP-PARENT / GUARDIAN
Date of Birth:	Date of Birth:
CRN:	CRN:
Name	Name
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile) (Email)	(Mobile) (Email)
(Please tick) Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> Is the mother the Primary Contact? No <input type="checkbox"/> Yes <input type="checkbox"/>	(Please tick) Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> Is the father the Primary Contact? No <input type="checkbox"/> Yes <input type="checkbox"/>
*Religion:	*Religion:

Emergency Contacts

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. These individuals would also have authority to collect the 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 and responsibilities of the parents 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;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child, AND/OR
 - b) give these powers to someone else.

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

.....

Collecting the child from the children's service

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 other people who can collect the child.

(This list may be added to or changed throughout the year. If insufficient space, add an attachment.)

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

Child's medical and health information

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

Address Doctor/Medical Service:

Is the child covered by Private Health Insurance? No Yes (please tick)

Fund Name: Membership No.:

Does the child have Ambulance Cover? No Yes (please tick)

If yes, what is the Ambulance Cover Number?

Medicare Number:

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

*Has the child had their 3-year old assessment? No Yes (please tick)

If yes, provide details by attaching a copy of the 3-year assessment from the Child Health Record book.

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 from Medicare

Does the child have any allergies? No Yes (please tick)

If yes, a copy of the child's allergy management plan is to be attached for all moderate to severe reactions. Necessary medications are to be provided on the child's first day of attendance.

SEVERITY: Mild Moderate Severe (please tick)

Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc) which are relevant to the children's service? No Yes (please tick)

If yes, a copy of the child's medical condition management plan is to be attached.

SEVERITY: Mild Moderate Severe (please tick)

Does the child have any dietary restrictions? No Yes (please tick)

If yes, the following restrictions apply:

At the centre we provide some food. Please tick the foods that your child is able to consume.

Fresh Fruit Vegetables Plain crackers Cheese

Cup cakes Fruit juice Ice Blocks Warm Milo Dips

PREFERRED ATTENDANCE for NEW YEAR:

(Please tick the relevant boxes)

	PRE KINDER			OUT OF SCHOOL HOURS CARE		KINDERGARTEN Transition to School Full Days Only	
	2 yr old	3 yr old		Before School	After School	3 / 4 Year Old Sessions	4 Year Old Sessions
	Full Days	Half Days	Full Days				
Monday	x					x	x
Tuesday						x	
Wednesday						x	
Thursday							
Friday							

***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) this is as follows:

.....

***School Entry**

(Children attending Edinburgh Early Learning Centre will get priority for entry into Edinburgh Adventist Primary if enrolment forms are submitted to the school before May of the year prior to commencing school.)

*Proposed Year of Entry:

*Proposed School:

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* 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.

Lawful Authority: 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.

Consent to emergency medical treatment and Declarations

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

am a person with lawful authority over 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 make regular fee payments, ensuring that my fees are always paid two (2) weeks in advance;
- agree to give two (2) weeks notice when withdrawing my child from the centre and when altering my child’s regular bookings;
- 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 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 service.

.....

Signature **Date**

OFFICE USE ONLY:

Handbook Issued: _____

Calendar Issued: _____

Access Card Numbers: _____