

La Trobe University Community Children's Centre
Casual enrolment form for All Day Care or Sessional Care

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 on page 5 of this form. **The licensed children's service 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 information to the Centre.

DATES/SESSIONS ATTENDING:.....

Information about the child

Family Name	Date of Birth:	*Sex:
Given names	Usually called.....	M <input type="checkbox"/> F <input type="checkbox"/> (Please tick)
Home address.....		
Language spoken in the home.....		
*Is the child of Aboriginal 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 & 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"/>		

Information about the child's parents or guardians

Mother	Father
Name	Name
Date of Birth:	Date of Birth:
Address – as per child or:	Address – as per child or:
Telephones: (H) (mob)	Telephones: (H) (mob)
Place of work (W)	Place of work (W)
Email address:(La Trobe student or staff email address is required)	Email address:(La Trobe student or staff email address is required)
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/>
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address – as per child or:	Address – as per child or:
Telephones: (H) (mob)	Telephones: (H) (mob)
Place of work (W)	Place of work (W)
Email Address	Email address
Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/>

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 a serious situation the children's service, after consultation with Management – the Manager or in their absence Assistant Manager should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness:

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

CONFIDENTIAL

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 Centre 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.)

<u>Name</u>	<u>Name</u>
Address	Address
Telephone (H) (mob)	Telephone (H) (mob)
Place of work ph	Place of work ph
<u>Name</u>	<u>Name</u>
Address	Address
Telephone (H) (mob)	Telephone (H) (mob)
Place of work ph	Place of work ph
<u>Name</u>	<u>Name</u>
Address	Address
Telephone (H) (mob)	Telephone (H) (mob)
Place of work ph	Place of work ph
<u>Name</u>	<u>Name</u>
Address	Address
Telephone (H) (mob)	Telephone (H) (mob)
Place of work ph	Place of work ph

AUTHORISATIONS:

I authorise my child's/children's full name to be displayed/published by the Centre on the Centre premises for the purposes of supporting day-to-day operations of the Centre, and for reasons of health & safety of individual children.

Signature.....

I authorise my child's/children's photograph or video image to be taken at the Centre during special occasions by family members and/or staff. I also approve the display of such photos within the Centre and in the Centre's newsletter.

Signature.....

I authorise my child's/children's photograph or artwork to be published on the Centre's Web page. (No form of identification will be used). The Centre will contact you further if any item of your child's art work or photograph is going to be used.

Signature.....

I authorise my child/children to be taken out of the Centre on periodic occasions for the practice of fire drill evacuations.

Signature.....

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.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of a "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.

LA TROBE UNIVERSITY COMMUNITY CHILDREN'S CENTRE PRIVACY POLICY STATEMENT IS INCLUDED IN THIS ENROLMENT PACKAGE .

Connection with the University (circle)	Student	Staff	Place of work....	Community
Student Details:	Postgraduate/Undergraduate (circle)		Part-time/Full-time (circle)			
	International Student	Yes/No (circle)				
Faculty enrolled in:.....						
Student No:.....	La Trobe University students using the Sessional Care service are required to attach a copy of a University Guild Membership card for the year of usage.					

Names of brothers and sisters at the Centre:.....

For Child care Benefit and/or Child Care tax Rebate purposes please provide Centrelink Customer Reference number for Parent:..... and Child.....

Is your child attending another Centre this year? YES NO How many of your children attend some form of approved child care in the same week?

I have received a copy of the conditions of enrolment, and hereby agree that the management and staff may take all actions contained therein in respect of the enrolled child.

Signed

Date.....

Care Plan.

A Care Plan ensures that the Centre can make a positive contribution to the health and well-being of the children attending the service. These details will be used by section staff to ensure that your child's day- to-day needs are being met.

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

Address Doctor/Medical Service:

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

Ambulance Subscription number.....

Medicare number.....

If applicable has your child had their:-

- | | | |
|---------------------------|----|-----|
| • 3½ year old assessment? | No | Yes |
| • Dentist visit? | No | Yes |
| • Eyes tested? | No | Yes |
| • Hearing tested? | No | Yes |

If yes and applicable please provide details by attaching a copy of any available assessments.

Does your child have any allergy or sensitivity? No Yes
(E.G Nuts, Food, Soap, Sunscreen).

If yes please Complete Part A – Allergy Management Plan

If your Child requires an Epipen for allergies then an Anaphylaxis Medical Management Action Plan (signed and dated by a medical practitioner) & a complete EpiPen Kit must be supplied before your child attends.

Date Provided

Does your child have Asthma? No Yes

If yes please Complete Part B – Asthma Management Plan must be signed by a Doctor.

Have you identified any additional care needs? No Yes

If yes please Complete Part C – Individual Care Plan

Does your child have any dietary restrictions? No Yes

“Parents/Guardians are required on enrolment of their child at the Centre to identify any individual dietary requirements. Parents/Guardian of children identified as requiring individual menus must meet with Centre Management and staff to discuss and develop an individual menu. This meeting will be initiated by Centre Section Heads. Some individual dietary requirements can be provided for, however, depending on the special dietary requirements Parents may be requested to supply some food items. The menu agreed upon will be signed by and copied to all those present.” (La Trobe University Community Children’s Centre Information Manual – Nutrition Policy 2007 p. 47)

Date of meeting.....(completed by Section Head)

Child's immunisation record

Has the child been immunised?

No Yes

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.

Immunisation	2 months	4 months	6 months	12 months	18 months	4 years
Infanrix IPV (Diphtheria/Tetanus/Pertussis/Polio)						
Comvax (Hepatitis B & Haemophilus influenzae type b)						
Prevenar (Pneumococcal)						
RotaTeq (Rotavirus)						
Priorix (Measles, Mumps, Rubella)						
NeisVacC (Meningococcal C)						
Varilix (Chickenpox)						

You may have also purchased additional immunisations for the child. If so, please provide the dates these have been given:

PLEASE KEEP THIS IMMUNISATION SCHEDULE CURRENT BY INFORMING STAFF OF EACH NEW VACCINATION.

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 staff of the children's service seeking medical treatment or an ambulance in an emergency, 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

.....
Relationship to child

MANAGEMENT PLAN
PART A

Child's name:

Allergy Management.

Does your child have any allergies ? YES NO

Name / describe the allergies:
.....
.....

Describe the reactions / symptoms involved:
.....
.....

Medication to be used when symptoms develop:
.....
.....

At what stage do you give emergency medication?
.....
.....

Emergency procedure to implement.....
.....
.....

If I am unavailable to be contacted who should we contact?

Name.....

Relationship to child.....

Telephone number.....

Suggested risk management procedures
.....
.....

Signature.....

Name.....

Date.....

ASTHMA FIRST AID PLAN

Please tick your preferred Asthma First Aid Plan

4 STEP ASTHMA FIRST AID PLAN

1. Sit the child down and remain calm to reassure them. Do not leave the child alone.
2. Without delay shake a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) and give 4 separate puffs through a spacer* (use the puffer alone if a spacer is not available). Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, repeat step 2.
4. If still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the child is having an asthma attack. Continuously repeat steps 2 and 3 while waiting for the ambulance.

If the child's condition suddenly deteriorates or if at any time you are concerned — call an ambulance immediately.

*Children under five years of age may need to use a facemask attached to the spacer.

OR

CHILD'S EMERGENCY TREATMENT APPROVED BY YOUR DOCTOR
(if different from above)

If the child's condition suddenly deteriorates or if at any time you are concerned — call an ambulance immediately.

- In the event of an asthma attack, I agree to my child receiving the treatment described above.
- I authorise children's services staff to assist my child with taking asthma medication should he/she require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- Please notify me if my child has received asthma first aid.

Parent's/Guardian's Signature: _____ Date ___/___/___

Doctor's Signature: _____ Date ___/___/___

For further information please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or visit our website www.asthma.org.au

Suggested risk management procedures.....
.....
.....
.....
.....

Please complete the below section if Centre Staff are required to administer medication for the identified additional care needs by your Doctor/Medical Practitioner.

Doctor's authorisation for administration of medication by non-medical person(s), (as outlined above)

Dr's Name..... Signature..... Date.....

If I am unable to be contacted please telephone my child's Doctor for advise.

Doctor's name.....

Telephone number.....

Signature (Parent/Guardian)Name.....Date.....

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