

PENINSULA AQUATIC RECREATION CENTRE CRECHE ENROLMENT FORM 2020



Enrolment date: _____ Member number: _____

Please note: It is essential that prior to commencement the following information is complete and up to date as required in Children Services Regulations 2009 31-35. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please notify the Centre of any change of address, phone number or care arrangements. Questions marked with an asterisk (*) are not required to be answered by regulations however will assist in the caring of your child.

Child details

Full name: _____ *Usually called: _____ *Gender: M F

Home address: _____ Postcode: _____

Date of birth: _____ Language(s) spoken at home: _____

*Is your child of Aboriginal and/or Torres Strait Islander origin? Yes No

Parent or Guardian details

Full name: _____ Relationship to child: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Email: _____

Does the child live with this parent/guardian? Yes No

Full name: _____ Relationship to child: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Email: _____

Does the child live with this parent/guardian? Yes No

Other persons to be notified in an emergency

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations the children's services should notify one of the following people who are authorised to permit the administration of medication, collect and care for the child. **Identification must be produced on request from staff.**

Full name: _____ Relationship to child: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Full name: _____ Relationship to child: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child?

No, go to the next section Yes, please complete the following:

Bring the court order/s for staff to see and a copy to attach to this enrolment form;

1. If these orders affect the powers of a parent/s or guardian/s of the child 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;

2. Give these powers to someone else,

ADDITIONAL GUARDIAN INFORMATION AS STATED IN COURT ORDER - NON EMERGENCY CONTACT INFORMATION

Please describe these changes: _____

Full name: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Does the child live with this parent/guardian? Yes No

Details of the people who are authorised to collect your child

Your consent is required for other people to collect your child from the children's service on your behalf. In the event that your child is not collected and the parent/s or guardian/s cannot be contacted, the children's service will use this list to arrange someone to collect the child. This list may be added to throughout the year. **Identification must be produced on request from staff.**

Full name: _____ Relationship to child: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Full name: _____ Relationship to child: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Full name: _____ Relationship to child: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Full name: _____ Relationship to child: _____

Home address: _____ Postcode: _____

Telephone: H _____ W _____ M _____

Child's medical and health information

Medical service: _____

Doctor's name: _____

Address: _____ Postcode: _____

Telephone: _____ Medicare number: _____

Medical and child health centre: _____

Contact name: _____ Telephone: _____

Ambulance subscription: Yes No Private health cover: Yes No

Does your child have a development delay or disability including intellectual, sensory or physical impairment?

Yes No

If yes, please provide details of information or strategies that may assist staff to meet your child's needs.

Does your child have any allergies?

Yes No

If yes, please list and note an action plan is required from your medical practitioner prior to your child attending the service.

Does your child have any sensitivities?

Yes No

If yes, please list and provide details of how to manage the sensitivity. _____

Anaphylaxis

- Has your child been diagnosed as at risk of anaphylaxis? Yes No
- Does your child have an auto injection device (eg. Epipen®)? Yes No
- Has the anaphylaxis medical management plan been provided to the child care service? Yes No
- Has a risk management plan been completed by the service in consultation with you? Yes No

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's enrolment form. More information available at www.education.vic.gov.au/anaphylaxis

Does your child have any medical conditions or needs (eg. Asthma, epilepsy, diabetes etc.), which are relevant to the care of your child? Yes No

If yes, an action plan is required from your medical practitioner prior to your child attending the service.

Does your child have any dietary restrictions?

Yes No

If yes, the following restrictions apply: _____

THIS TABLE IS TO BE COMPLETED BY PARC STAFF

ACTION	DATE	STAFF MEMBER
Copy of Management Policy and Management Plan given to person with Lawful Authority		
Copy of Management Plan attached to child's enrolment form		

Immunisation status

From January 1 2016 the State of Victoria Department of Health and Human Services requires all children enrolling in early childhood education and care services to be up to date with their immunisations or have an approved exemption.

Has your child been immunised? Yes No

If your child has not been immunised an approved exemption letter must be provided to the care service management prior to the child attending care.

Are your child's immunisations up to date? Yes No

If your child's immunisations are not up to date this must be discussed with care service management prior to the child attending care.

An Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR) must be provided to the child care service. Both the online version (that can be printed) or a posted version are considered acceptable.

National Immunisation Program Schedule
From 1 April 2019



Age	Disease	Vaccine Brand
Childhood vaccination (also see influenza vaccine)		
Birth	<ul style="list-style-type: none"> Hepatitis B (usually offered in hospital)^a 	H-B-Vax® II Paediatric or Engerix B® Paediatric
2 months Can be given from 6 weeks of age	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal Rotavirus^b 	Infanrix® hexa Prevenar 13® Rotarix®
4 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal Rotavirus^b 	Infanrix® hexa Prevenar 13® Rotarix®
6 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) 	Infanrix® hexa
Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA and SA) and medically at-risk children ^c	<ul style="list-style-type: none"> Pneumococcal 	Prevenar 13®
12 months	<ul style="list-style-type: none"> Meningococcal ACWY Measles, mumps, rubella Pneumococcal 	Nimenrix® M-M-R® II or Priorix® Prevenar 13®
Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA and SA)	<ul style="list-style-type: none"> Hepatitis A 	Vaqta® Paediatric
18 months	<ul style="list-style-type: none"> <i>Haemophilus influenzae</i> type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough) 	ActHIB® Priorix-Tetra® or ProQuad® Infanrix® or Tripacel®
Additional vaccines for Aboriginal and Torres Strait Islander children (QLD, NT, WA and SA)	<ul style="list-style-type: none"> Hepatitis A 	Vaqta® Paediatric
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), polio 	Infanrix® IPV or Quadracel®
Additional vaccines for medically at-risk children ^c	<ul style="list-style-type: none"> Pneumococcal 	Pneumovax 23®

STAFF USE ONLY - Key date work form for immunisation status

KEY DATE 1	KEY DATE 2	KEY DATE 3	Is key date 3 AFTER key date 2?	Documentation attached to enrolment form - staff signature
First date child will attend service	Date two months prior to child first attending service	Date of next due immunisation	<input type="checkbox"/> Yes - confirm enrolment <input type="checkbox"/> No - do not confirm enrolment	

DECLARATION

I _____

PRINT FULL NAME

- have lawful authority of the child referred to in this enrolment form.
- give permission for sunscreen to be applied to my child for outdoor play.
- give permission for the Centre to check my child's hair for head lice. I understand that if live head lice are found my child will not be permitted to attend child care until effective treatment has commenced.
- give permission that in the event of an emergency evacuation/drill the child will be required to evacuate the premises and assemble at a central point of safety. The child will be fully supervised by educators. I understand this and give the Centre permission for my child to leave the Centre premises for the emergency fire practices.
- declare that the information provided for the purpose of this enrolment is true and correct and that I 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 to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and that I will reimburse any necessary expenses incurred by the children's service.
- give permission for PARC educators to take photographic images for use in program documentation, newsletters, children's developmental portfolios and PARC training/education purposes.
- have read, understand and agree to follow the fee payment structure and policies.
- agree to complete a new enrolment form yearly
- agree to receive information from the Peninsula Leisure group.

Signature: _____

Date: _____

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 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 the Family Law Act may take away the authority of a parent to do something or may give it to another person.

GUARDIAN

A guardian of a child 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.