

# PENINSULA AQUATIC RECREATION CENTRE

## CRECHE ENROLMENT FORM 2022

STAFF USE ONLY



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 2020 107-110. 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

What is the child/parents cultural background? \_\_\_\_\_

### 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 Are they authorise to collect the child? ☐ 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 Are they authorise to collect the child? ☐ Yes ☐ No

### Other persons to be notified in an emergency - Please provide 2 authorised people to collect your child or administer medication

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. \_\_\_\_\_

Does your child have any cultural or religious considerations?

☐ Yes ☐ No

If yes, please list and provide details of how to manage these considerations. \_\_\_\_\_

## Anaphylaxis

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Has your child been diagnosed as at risk of anaphylaxis?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Does your child have an auto injection device (eg. EpiPen®)?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Has the anaphylaxis medical management plan been provided to the child care service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Has a risk management plan been completed by the service in consultation with you?   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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](http://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/religious or cultural considerations?

☐ Yes ☐ No

If yes, the following restrictions/considerations 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.



Australian Government  
Services Australia

**medicare**

### Immunisation history statement

**As at:** 12 September 2021  
**For:** Jill Citizen  
**Date of birth:** 29 July 2017  
**Individual Healthcare Identifier (IHI):** 8003 60 XX XXXX XXXX  
**NIP immunisation status:** up to date

Schedule	Date given	Immunisation	Brand name given
Birth	30 Jul 2017	Hepatitis B	Engerix-B
2 months	30 Sep 2017	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyelitis	Hexaxim
		Pneumococcal	Prevenar 13
		Rotavirus	Rotarix
4 months	30 Nov 2017	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyelitis	Hexaxim
		Pneumococcal	Prevenar 13
		Rotavirus	Rotarix
6 months	30 Jan 2018	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyelitis	Hexaxim
12 months	30 Jul 2018	Measles Mumps Rubella	MMR II
		Meningococcal ACWY	Nimenrix
		Pneumococcal	Prevenar 13
18 months	30 Jan 2019	Hib	Hiberix
		Diphtheria Tetanus Pertussis	Infanrix
		Measles Mumps Rubella Varicella	Priorix-Tetra
4 years	30 Jul 2021	Diphtheria Tetanus Pertussis Poliomyelitis	Infanrix IPV

Next NIP immunisation/s due	Date due
No vaccines due.	
Notice/s	
This individual has received all vaccines required under the National Immunisation Program childhood schedule.	

**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 and provide an new IHS whenever it has been updated.
- agree to receive information from the Peninsula Leisure group.
- agree to remain on the Centre premises during the child's session.

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 2020 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.