



Gilson College CHILDRENS CENTRE



<input type="checkbox"/> 4 year old - part time	<input type="checkbox"/> 3 year old - part time	
<input type="checkbox"/> 4 year old - full time	<input type="checkbox"/> 3 year old - full time	<input type="text"/> Year commencing

CHILD INFORMATION

Family Name: <input type="text"/>	Date of Birth: <input type="text"/>
Given Names: <input type="text"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Preferred Name: <input type="text"/>	Parent CRN: <input type="text"/>

PRIMARY FAMILY HOME ADDRESS:

No. & Street: <input type="text"/>	Child CRN: <input type="text"/>
Suburb: <input type="text"/>	Customer Reference Number (CRN) from the Family Assistance Office (www.familyassist.gov.au or 136 150)
State: <input type="text"/> Postcode: <input type="text"/>	
Contact Number: <input type="text"/>	

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

Country of birth: <input type="text"/>	Religion: <input type="text"/>	Language spoken at home: <input type="text"/>
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Cultural background of the child and, if applicable, the child's parents:

Any special considerations for the child (e.g. any cultural, religious or dietary requirements or additional needs):

PARENT or GUARDIAN INFORMATION

MOTHER

FATHER

Name: <input type="text"/>	Name: <input type="text"/>
DOB: <input type="text"/>	DOB: <input type="text"/>
Address - as per child or: <input type="text"/>	Address - as per child or: <input type="text"/>
Phone (Home/W): H <input type="text"/> W <input type="text"/>	Phone (Home/W): H <input type="text"/> W <input type="text"/>
Phone (Mobile): <input type="text"/>	Phone (Mobile): <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>
Does the child live with this parent?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child live with this parent?: <input type="checkbox"/> YES <input type="checkbox"/> NO

Any other person(s) living in the child's home (eg grandparents, step-parents)

Name: <input type="text"/>	Known to the child as: <input type="text"/>	Relationship to the child: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CHILD'S HEALTH INFORMATION

Registered Medical Practitioner / Medical Service Name:

Registered Medical Practitioner / Medical Service Address:

Medical Practitioner / Service Phone Number:

Maternal & Child Health (MCH) Centre:

Medicare No:

Ambulance Subscription No:

Pension No:

MHC Contact Name:

MHC Phone Number:

Expiry Date: / /

Expiry Date: / /

Expiry Date: / /

Is the child currently attending or has previously attended:

Counsellor/Psychologist

Occupational Therapy

Speech Therapy

Pediatrician

Dietitian

Other

If YES, please provide details:

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment (see below)?

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)(ii) & (d))

Has the child been diagnosed as at risk of anaphylaxis?

YES NO

Does your child have a auto injection adrenaline device?

YES NO

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

YES NO

Has the anaphylaxis medical management plan completed by a medical practitioner been provided to the service?

YES NO

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

YES NO

Does your child have dietary requirements related to their Anaphylaxis?

YES NO

If YES, please provide a list of allergens:

.....

Does your child have any environmental requirements related to their Anaphylaxis?

YES NO

If YES, please provide a list of allergens:

.....

In the case of anaphylaxis you will be provided with a copy of the service's 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 can be found at www.allergyfacts.org.au

SPECIAL HEALTHCARE NEEDS (Reg. 162(c)(ii) & (d))

Does the child have any specific healthcare needs including any medical conditions/long term medications that are relevant to the care and education of the child? (e.g. asthma, epilepsy, diabetes, behavioural, medically diagnosed intolerances etc.)

YES NO

If YES please provide details of any specific healthcare needs or medical condition and any management plan/s or risk minimisation plan/s to be followed with the respect to the specific healthcare need/s or medical condition/s. Attach a copy of any plan/s or additional pages if necessary.

If necessary, has medication been supplied to the service?

YES NO

ALLERGIES (Reg. 162(c)(ii))

Does your child have any allergies?

YES NO

If YES please provide details of any allergies and any medical management plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.

If necessary, has medication been supplied to the service?

YES NO

ALLERGIES (Reg. 162(e))

Does the child have any dietary restrictions including intolerances not formally diagnosed from a medical practitioner?

YES NO

CHILD'S IMMUNISATION STATUS

Has the child been immunised as set out in the Australian Immunisation Schedule? (Reg. 162 (f)) YES NO

If **YES**, provide the details by selecting one of the options below:

- Attaching the Child History Statement from the Australian Childhood Immunisation Register; OR
- Attaching an immunisation Status Certificate from an immunisation provider indicating the child is age appropriately immunised; OR
- Attaching a copy of the Immunisation Record printout from local government

If **NO**, provide the details by selecting one of the options below:

NOTE: From 1 July 2018, to enrol in a service, families must provide a copy of one or more of the following documents - children that are not vaccinated due to their parents objection will no longer be able to be enrolled.

- Attach the Child History Statement from the Australian Childhood Immunisation Register which shows that the child is up to date with their scheduled vaccinations; OR
- Attach a Medicare Immunisation History Form (IMMU13) on which the immunisation provider has certified that the child is on a recognised catch-up schedule; OR
- Attach a Medicare Immunisation Exemption - Medical Contraindication Form (IMMU11) which has been certified by an immunisation provider

(Statements available from ACIR - Contact: 1800 653 809, www.humanservices.gov.au, or local Medicare office)

Child health record means a record that documents a child's health and development assessments and immunisations

Immunisation Record sighted by
(from the Child Health Record)
(Reg. 162 (g)):

Name:

Position:

Date:

 / /

PERIOD OF EXCLUSION: In some cases when there is an outbreak of a vaccine preventable diseases, unimmunised children will be excluded from the Education and Care Service as per the period of exclusion of contacts recommended by the National Health and Medical Research Council. The exclusion table can be found at <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>

Please list any previous serious injuries or illnesses related to your child that may affect their time at the centre:

COURT ORDERS IN RELATION 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 OR other court orders relating to the child's residence or the child's contact with a parent or other person?

- NO - move onto the next section YES - please complete the following

If you answered YES to the above:

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

ADDITIONAL INFORMATION

Please provide any other relevant information about the child eg. abilities, interests, likes, dislikes, family traditions, home routines, parenting, strategies, etc

Age and Gender of Child's brothers and sisters (if applicable)

Name:

Age:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Male:

Female:

Male:

Female:

Male:

Female:

ADDITIONAL INFORMATION

Is the child currently attending or previously attended:

Preschool/
Kindergarten Playgroup Long Day Care Family Day Care Early Intervention Service Other

If YES, please provide details:

If applicable, which school have you or do you plan to enrol the child?

Are you willing to have the child photographed to appear in videos, newspapers and other publications?

YES NO

To be used in learning and development documentation - displayed at the service, on Open Days or public events?

YES NO

Do you allow sunscreen to be applied to the child while in the care of the Education and Care Service?

YES NO

Do you give permission to conduct head lice checks?

YES NO

DO YOU HAVE ANY PETS?

Name:

Type:

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 and Care Service?

AUTHORISED EMERGENCY CONTACTS

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 parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child in 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 appropriate boxes for each contact to confirm authorisations.

Name:

Address:

Phone:

Mobile:

Email:

Relationship to Child:

Name:

Address:

Phone:

Mobile:

Email:

Relationship to Child:

AUTHORISATION & DECLARATION

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 registered 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 and 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 that in an emergency situation or where evacuation is necessary that the child may need to leave the Education and Care Service under the direction and supervision of the approved provider, nominated supervisor or educator;
- declare that the information in this enrolment form is true and correct and undertake to immediately inform the Education and Care Service in the event of any change to this information;

Signature of person
with parental:

Date: