



## EARLY CHILDHOOD SERVICES ENROLMENT RECORD FORM 2021

**A separate Application Form is to be completed for each child.**

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. Approved Providers of Early Childhood Services may use this form to collect the child's enrolment information as required in the **Children's Services Regulations 2020**.

### INFORMATION ABOUT THE CHILD

Family Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Sex: Male  Female

Home Address:

\_\_\_\_\_

\_\_\_\_\_

Is your family from a non-English speaking background? No  Yes

Language(s) Spoken at home: \_\_\_\_\_

Cultural Background \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander descent?

No,  Yes, Aboriginal  Yes, Torres Strait Islander

Does the child have any development delay or disability including intellectual, sensory or physical impairment?

No  Yes

**HEALTH CARE CARD DETAILS**

If you have a Health Care Card  
please provide Card Number:

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**INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS**

<b>Mother</b>	<b>Father</b>
Name:	Name:
Address: - as per child or:	Address: - as per child or:
Telephone:	Telephone:
Home:                      Work:	Home:                      Work:
Mobile:	Mobile:
Email:	Email:
Does the child live with the mother? No Yes (please tick)	Does the child live with the father? No Yes (please tick)

<b>Guardian (if applicable)</b>	<b>Guardian (if Applicable)</b>
Name:	Name:
Address: - as per child or:	Address: - as per child or:
Telephone:	Telephone:
Home:                      Work:	Home:                      Work:
Mobile:	Mobile:
Email:	Email:
Does the child live with this guardian? No Yes (please tick)	Does the child live with this guardian? No Yes (please tick)

**EMERGENCY CONTACTS**

There may be times when the child has an incident, accident, injury, trauma or illness and the parents or guardians of the child cannot be immediately contacted. To deal with these situations Oakgrove Early Childhood Services should notify one of the following people who are authorised to collect and care for the child.

<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Home:                      Work:	Home:                      Work:
Mobile:	Mobile:
Relationship to child:	Relationship to child:

**EMERGENCY CONTACTS MEDICAL AUTHORISATION**

There may be times when the child has an incident, accident, injury, trauma or illness and the parents or guardians of the child cannot be immediately contacted. To deal with these situations Oakgrove Early Childhood Services should notify one of the following people who are authorised to collect and care for the child and administer any medication to the child.

<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Home:                      Work:	Home:                      Work:
Mobile:	Mobile:
Relationship to child:	Relationship to child:

**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 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;
- in the case of a family day care service, the taking of the child outside the family day carer's residence or family day care venue by a family day carer,
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service or family day care,                      AND/OR

b) Give these powers to someone else,

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

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<b>DETAILS OF PEOPLE WHO YOU AUTHORISE TO COLLECT YOUR CHILD (Minimum of 3)</b>
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Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. 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.

<b>Authorised Person 1</b>	<b>Authorised Person 2</b>
Name:	Name:
Address:	Address:
Telephone: Home:                      Work:	Telephone: Home:                      Work:
Mobile:	Mobile:
Relationship to child:	Relationship to child:

<b>Authorised Person 3</b>	<b>Authorised Person 4</b>
Name:	Name:
Address:	Address:
Telephone: Home:                      Work:	Telephone: Home:                      Work:
Mobile:	Mobile:
Relationship to child:	Relationship to child:

## CHILD'S HEALTH INFORMATION

Name of Doctor/Medical Service:

\_\_\_\_\_

Address of Doctor/Medical Service:

\_\_\_\_\_

Contact Number of Doctor/Medical Service:

\_\_\_\_\_

\*Maternal & Child Health (MCH) Centre:

\_\_\_\_\_

Does your child have a health record? No  Yes

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

Name and position of person at Oakgrove Early Childhood who has sighted the child's health record.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

## CHILD'S MEDICAL INFORMATION

### CHILD'S IMMUNISATION RECORD

Has the child been immunised? No  Yes

**\*If No**, the Public Health Amendment (No Jab No Play) Act 2015 means that we cannot enroll a child unless the parent/guardian has provided documentation that shows the child is fully vaccinated for their age.

**\*If Yes**, provide the details by obtaining a copy of the child's **Immunisation History Statement from the Australian Childhood Immunisation Register (AIR)**.

**Immunisation History Statements** are available on request at any time by contacting Medicare:

- By telephone on 1800 653 809
- By email on [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Online at [www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts](http://www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts)
- In person at your local Medicare service centre.

For your reference below is the National Immunisation Program. (Australian Government Department of Health).

**A copy of the Immunisation History Statement must be attached to this Application Form**

### The Childhood Schedule from 1 July 2020

<b>Birth</b>	Hepatitis B (usually offered in hospital)
<b>2 months</b> (can be given from 6 weeks of age)	Diphtheria, tetanus, whooping cough, hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal Rotavirus Meningococcal B—Aboriginal and Torres Strait Islander children
<b>4 months</b>	Diphtheria, tetanus, whooping cough, hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal Rotavirus Meningococcal B—Aboriginal and Torres Strait Islander children
<b>6 months</b>	Diphtheria, tetanus, whooping cough, hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal—Aboriginal and Torres Strait Islander children in Qld, NT, WA and SA
<b>12 months</b>	Meningococcal ACWY Measles, mumps, rubella Pneumococcal Meningococcal B—Aboriginal and Torres Strait Islander children
<b>18 months</b>	<i>Haemophilus influenzae</i> type b (Hib) Measles, mumps, rubella, chickenpox Diphtheria, tetanus, whooping cough Hepatitis A—Aboriginal and Torres Strait Islander children in Qld, NT, WA and SA
<b>4 years</b>	Diphtheria, tetanus, whooping cough, polio Pneumococcal—Aboriginal and Torres Strait Islander children in Qld, NT, WA and SA Hepatitis A—Aboriginal and Torres Strait Islander children in Qld, NT, WA and SA

**Influenza vaccine is funded for:**

- Children 6 months and over with specified medical risk conditions.
- All children aged 6 months to less than five years of age.
- Aboriginal and Torres Strait Islander children aged 6 months and over.

**Additional meningococcal and pneumococcal vaccines are also NIP funded for people with specified medical risk conditions.**

### Anaphylaxis

Has your child been diagnosed at risk of Anaphylaxis? No  Yes

You will be required to provide Oakgrove Early Childhood Services 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 is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

Does your child have an auto injection device (eg EpiPen®)? No  Yes

Has the Anaphylaxis Medical Management Plan from your Doctor been provided to Oakgrove Early Childhood Services?

No  Yes

Has a Risk Management Plan been completed by the Oakgrove Early Childhood services in consultation with you?

No  Yes

### Asthma

Has your child been diagnosed at risk of Asthma? No  Yes

You will be required to provide Oakgrove Early Childhood Services 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 is available at [www.education.vic.gov.au/asthma](http://www.education.vic.gov.au/asthma)

Has the Asthma Medical Management Plan from your Doctor been provided to Oakgrove Early Childhood Services?

No  Yes

Has a Risk Management Plan been completed by the Oakgrove Early Childhood Services in consultation with you?

No  Yes



Does your child have any other medical conditions? (Eg. Epilepsy, Diabetes etc. that is relevant to the care of your child)? No  Yes

If yes please provide details of any medical conditions and any Management Procedure to be followed with respect to the medical condition?

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Does your child have any additional needs that staff should be aware of? E.g. Autism, ADHD, Speech Delay etc. No  Yes

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Does your child have any food/dietary requirements? No  Yes  If yes, the following restrictions apply:

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### Other Information

Is there anything else that the children's services should know about the child? (e.g. excessive fears, favorite activities, attending other early childhood service or early intervention service etc.). Are there any special considerations for the child e.g. cultural, religious, dietary requirements or special needs?

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**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 Oakgrove Early Childhood Services 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 he/she becomes unwell at the service;
- Consent to the staff of Oakgrove Community Centre Early Childhood Services to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ (Print Full Name)

- Have read and received the Oakgrove Community Centre Early Childhood Information Booklet and will abide by the conditions therein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Privacy**

Oakgrove Community Centre collects personal information such as your name, address and contact details, primarily for the purposes of providing you with information about the programs and activities at the Oakgrove Community Centre.

We collect personal information directly from you by the means of a Membership Form, or in the case of Playgroup and Pre-Kinder, an Enrolment Form.

The collection of this information for Early Childhood Services is required by the Children's Services Regulations 2020 (reg. 31 to 35).

We may use your personal information to consider any requests you make of us, for the purpose of performing administrative functions (for example account services, and processing transactions and payments), and to identify you.

If you do not provide this information in whole or in part, we may be unable to provide you with new or continue to provide all or part of the Services you require, and we may not be able to permit your participation in our programs or activities.

We will treat any information that you give us as confidential. However, we may pass this information onto persons, companies or other entities who perform functions or services on our behalf, such as mailing functions, debit collectors, or where otherwise required by law.

You are able to request access to the personal information that we hold about you, and to request that it be corrected. Please contact the Oakgrove Community Centre on (03) 9704 2781.

