**Confidential Enrolment Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. This form must be completed by a parent or guardian who has lawful authority in relation to the child. 2. A brief explanation of Lawful Authority is at the end of the form. 3. Questions marked with an Asterisk\* are not required by the Children’s Service Regulations 2011 but you are encouraged to answer these to assist in providing relevant children services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attendance Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enrolment Date: | | | | | | | |  | | | | | | | | | Proposed Start Date: | | | | | | | | |  | | | | |
| Program: | | | Pre Kinder Program with After Kinder Care  Long Day Care Program  Out of Kindergarten Hours Care - AM  Out of Kindergarten Hours Care - PM  Out of School Hours Care - AM  Out of School Hours Care - PM  Vacation Care | | | | | | | | | | | | | | Preferred Days:  Preferred Days:  Preferred Days:  Preferred Days:  Preferred Days:  Preferred Days:  Preferred Days: | | | | | | | | W Th  M Tu W Th F  M Tu W Th F  M Tu W Th F  M Tu W Th F  M Tu W Th F  M Tu W Th F | | | | | |
| **Child Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given Name: | | | | | |  | | | | | | Family Name: | |  | | | | | | | | | | Usually called: | | | | | |  |
| Child’s CRN: | | | | | |  | | | | | | Date of Birth: | |  | | | | | | | | | | | | Sex: | | Male Female | | |
| Home Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Language(s) spoken at home: | | | | | | | | | |  | | | | | | \*Country of Birth: | | | | | | | | | | |  | | | |
| \*Is the child of Aboriginal and/or Torres Strait Islander decent? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| **Parent or Guardian Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mother** | | | | | | | | | | | | | **Father** | | | | | | | | | | | | | | | | | |
| Name: | | *(as appears on driving licence, etc.)* | | | | | | | | | | | Name: | | | | | | | *(as appears on driving licence, etc.)* | | | | | | | | | | |
| Family CRN: | | | | | | |  | | | | | | Family CRN: | | | | | | | | | |  | | | | | | | |
| Date of Birth: | | | | | | |  | | | | | | Date of Birth: | | | | | | | | | |  | | | | | | | |
| *(This information is for the linkage to Childcare Management System to obtain rebate)* | | | | | | | | | | | | | *(This information is for the linkage to Childcare Management System to obtain rebate)* | | | | | | | | | | | | | | | | | |
| Address: | | | | | As per child’s | | | | | | | | Address: | | | | | | | | As per child’s | | | | | | | | | |
| Or: |  | | | | | | | | | | | | Or: | | | | |  | | | | | | | | | | | | |
| Telephone: | | | | | *Mobile*  *Home* *Work* | | | | | | | | Telephone: | | | | | | | | *Mobile*  *Home       Work* | | | | | | | | | |
| Email: |  | | | | | | | | | | | | Email: | | | | |  | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | |  | | Occupation: | | | | | | | | | | | | | | | |  | |
| Does the child live with mother? | | | | | | | | | | | Yes  No | | Does the child live with father? | | | | | | | | | | | | | | | | Yes  No | |
| **Guardian** *(if applicable)* | | | | | | | | | | | | | **Guardian** *(if applicable)* | | | | | | | | | | | | | | | | | |
| Name: | | *(as appears on driving licence, etc.)* | | | | | | | | | | | Name: | | | | | | | *(as appears on driving licence, etc.)* | | | | | | | | | | |
| Family CRN: | | | | | | |  | | | | | | Family CRN: | | | | | | | | | |  | | | | | | | |
| Date of Birth: | | | | | | |  | | | | | | Date of Birth: | | | | | | | | | |  | | | | | | | |
| *(This information is for the linkage to Childcare Management System to obtain rebate)* | | | | | | | | | | | | | *(This information is for the linkage to Childcare Management System to obtain rebate)* | | | | | | | | | | | | | | | | | |
| Address: | | | | | As per child’s | | | | | | | | Address: | | | | | | | | As per child’s | | | | | | | | | |
| Or: |  | | | | | | | | | | | | Or: | | | | |  | | | | | | | | | | | | |
| Telephone: | | | | | *Mobile*  *Home       Work* | | | | | | | | Telephone: | | | | | | | | *Mobile*  *Home       Work* | | | | | | | | | |
| Email: |  | | | | | | | | | | | | Email: | | | | |  | | | | | | | | | | | | |
| Does the child live with guardian? | | | | | | | | | | | Yes  No | | Does the child live with guardian? | | | | | | | | | | | | | | | | Yes  No | |
| **Court Orders Relating to the Child** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any **court orders** relating to the powers, duties, responsibilities or authorities of the parents in relation to the child or access to the child? | | | | | | | | | | | | | | | | | | | | | | No  Yes (Please complete this Section) | | | | | | | | | |
| Please tick if the centre received the copy of the court order, if these order(s):  Change the power on 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  Give these powers to someone else.  Please describe these changes and provide the contact details of any person given these powers: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Persons to be Notified in case of emergency (other than Parents)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In case of an emergency, we will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.  Please attach a copy of legal photo ID of each emergency/authorised person. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | Name: | | | | | | |  | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | |
| Telephone: | | | | *Mobile*  *Home*  *Work* | | | | | | | | | | | Telephone: | | | | | | | *Mobile*  *Home*  *Work* | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | Email: | | | | | | |  | | | | | | | | | |
| Relationship to the Child:  Pick Up/Drop Off Emergency Contact | | | | | | | | | | | | | | | Relationship to the Child:  Pick Up/Drop Off Emergency Contact | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | Name: | | | | | | |  | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | |
| Telephone: | | | | *Mobile*  *Home*  *Work* | | | | | | | | | | | Telephone: | | | | | | | *Mobile*  *Home*  *Work* | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | Email: | | | |  | | | | | | | | | | | | |
| Relationship to the Child:  Pick Up/Drop Off Emergency Contact | | | | | | | | | | | | | | | Relationship to the Child:  Pick Up/Drop Off Emergency Contact | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | Name: | | | | | | |  | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | |
| Telephone: | | | | *Mobile*  *Home*  *Work* | | | | | | | | | | | Telephone: | | | | | | | *Mobile*  *Home*  *Work* | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | Email: | | | | | | |  | | | | | | | | | |
| Relationship to the Child:  Pick Up/Drop Off Emergency Contact | | | | | | | | | | | | | | | Relationship to the Child:  Pick Up/Drop Off Emergency Contact | | | | | | | | | | | | | | | | |

*Please note if ID has not previously been supplied with enrolment form, the nominated collectors and emergency contacts of the child will be required to present photographic ID such as a Drivers License, 18+ card, Senior’s card or passport before being granted access to the Child.*

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| **Children’s Medical & Health Information** | | | | | | | |
| Does your child have a **Child Health Record \***? Yes  No  \* *Child Health Record means a document of your child’s health and developmental assessments and immunisations.* | | | | | | | |
| Name of Doctor/Medical Service: | | | | | Telephone: | | |
| Address of Doctor/Medical Service: | | | | | | | |
| Maternal & Child Health (MCH) Centre: | | | MCH contact name: | | | | |
| Medicare No:       Ambulance Subscription No: | | | | | | |
| Do you give permission for Educators to communicate with other Educators within Karmai Community Children’s Centre, as well as specialists, including Maternal Health and Child, Speech Therapists, Occupational Therapists etc., and schools, to enable relevant sharing of information to ensure best possible outcomes and transitions for your child.  **Yes**  No  Does your child have any additional needs? Yes  No  *If yes, please provide details of any special needs and any management procedure to be followed with respect to this need.*    Does your child access Early Intervention Services Yes  No  *If yes, please provide details* | | | | | | |
| Does your child have any allergy or sensitivity? *(e.g. sunscreen, soaps, nappy creams, etc.)* Yes  No  *If yes, the following management procedures are to be followed (or a copy of the management plan is attached)* | | | | | | |
| Does your child have any medical conditions and needs, (e.g. Epilepsy, Diabetes, Asthma Yes  No  Anaphylaxis, etc.) which are relevant to the children’s service? Have they ever suffered from any  serious illness/injury that required hospitalization?  *If yes, the following management procedures are to be followed (a copy of the management plan MUST be attached)* | | | | | | |
| Does your child have any **DIETARY** restriction? Yes  No  *If yes, the following restrictions apply:* | | | | | | |
| **ANAPHYLAXIS** | | | | | | |
| Has your child been diagnosed at risk of anaphylaxis? | | | | | | Yes  No |
| Does your child have an auto injection device (e.g. EpiPen?) | | | | | | Yes  No |
| Has the anaphylaxis medical management plan been provided to the 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 is available at* [*www.education.vic.gov.au/anaphylaxis*](http://www.education.vic.gov.au/anaphylaxis)  **Medical Authorisation**  I give permission for the approved provider, nominated supervisor or educator to seek the following services for the child referred to in this enrolment form:  Yes  N o Medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and  Yes  N o Transportation of the child by an ambulance service | | | | | | |
| **Immunisation Record** | | | | | | |
| Please provide copy of Immunisation Record. *Original sited and copied for file*  **(Office use only)** | | | | | | |
| **Information for bodies that provide funding to this service** | | | | | | |
| *From time to time the Department of Early Childhood & Education seeks information on the characteristics of families who use this children’s service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions.* | | | | | | |
| Does the child have any special needs/developmental delay or disability including intellectual, sensory or physical impairment?  Does either parent have a disability?  Is the family a single parent family? | | | | | Yes  No  Yes  No  Yes  No | |
| **Other Information** | | | | | | |
| Has your child previously attended:  Kindergarten  Playgroup  Long Day Care  Pre Kinder  If yes, name of the Service:  Do you have other children attending after school care at another service? Yes  No  If yes, please state where: *(Centrelink information)*  Are you willing to have your child photographed to appear in videos, newspapers  and other publications? Yes  No  Please indicate / provide festivals / special occasions that your family celebrate:  Birthday  Easter  Christmas  Mother’s Day  Father’s Day  Chinese New Year  Others:  Any cultural/religious issues that service centre staff need to aware of:  Do you give permission for your child to be photographed by a photographer for  individual and group photos for the family to purchase? Yes  No  Do you give permission for your child to be photographed in individual and group photos  for the purpose of the curriculum, also to be placed in the children’s portfolio? Yes  No | | | | | | |
| Is there is anything else that the Karmai Community Children’s Centre should know about the child *(e.g. excessive fears, favourite activities, favourite foods, etc.) this is as follows.* | | | | | | |
| Our program is boosted by the special skills and abilities that our parent/guardians have. Do the child’s parents have any special Skills or a Trade that could be useful to the centre?  *If yes, please state:* | | | | | | |
| Please tell us how we can best communicate to you management information about the centre?  Newsletter  Emailed newsletter  Notice board | | | | | | |
|  | | | | | | |
| **Terms & Conditions of Payment** | | | | | | |
| **Kindergarten**  **Kindergarten Subsidy**  The Department of Education and Early Childhood Development provides a Kindergarten fee subsidy to a parent/guardian or child who holds a current Health Care Card/Pensioners Concession Card/Visa 786/Visa 785 and families with triplets/quadruplets attending a funded kindergarten program in the same year. The subsidy is paid to the kindergarten directly to reduce fees paid by families.  To obtain the subsidy the supporting documentation (Health Care Card/Pensioner Concession Card/Visa 786/Visa 785) **must** be sighted by the Administrator prior to the start of each semester.  **Child Absence**  Fees are still required to maintain a preschool place if the child is absent for any reason, including holidays and illness.  **Late Enrolments**  Pro-rata fee rates will be calculated according to total term fee divided by 10 and multiplied by the remaining weeks left in the term.  **Long Day Care/Pre-Kinder/Out of School Hours Care/Out of Kinder Hours Care**  Permanent bookings are to be paid weekly, unless other arrangements have been made with Karmai Community Children’s Centre.  Casual bookings are to be paid for as attended.  Karmai Community Children’s Centre requires at least two (2) weeks notice, in writing, of any alterations to permanent bookings due to leave or termination of service.  Karmai Community Children’s Centre requires 48 hours notice for all other booking cancellations.  If the position is filled no payment will be required. If the position is not filled, full payment is to be made.  Daily cancellations must be paid for and cannot be swapped to alternate days.  Accounts more than 28 days in arrears will result in suspension of childcare until the total outstanding amount has been paid.  It is the responsibility of each family to apply for Child Care Subsidy through the Family Assistance Office.  **Late Collection Fee**  A late collection fee may be applied to **all programs**, when the parent/guardian is late in collecting their child in a non-emergency situation, the fee will be $5.00 for every 10 minutes, or part thereof, from the conclusion of the session. | | | | | | |
| **Membership:**  I/we wish to apply for Full Membership of the Karmai Community Children’s Centre Incorporated.  I/we support the purposes of the Association.  I/we agree to comply with the Karmai Community Children’s Centre Rules for an Incorporated Association.  I/we wish to apply for:  Individual Membership (*Only the individual named may attend and vote at meetings)*  Family Membership (Membership can be for both parents or primary caregivers who enrol a child. Only one of the parents/caregivers named may vote at any meeting, but all named members may attend meetings).  I/we agree to receive notices and correspondence electronically | | | | | | |
| **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 2011 refer to these power 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 “guardian” under the Children’s Service Act 2010 (including all ammendments) also covers situations where a child does not live with his/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. | | | | | | | |
| *Confidentiality of enrolment records: The proprietor of the children’s service will ensure that the information in the child’s enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children’s Services Regulations 2011.* | | | | | | | |
| **Declaration and Parent Agreement** | | | | | | | |
| I, 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 Karmai Community Children’s Centre 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 the child becomes unwell whilst at Karmai Community Children’s Centre. * consent to the staff at Karmai Community Children’s Centre seeking, 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. This may include administration of EPIPEN if my child has any allergic reaction that may require this administration. * understand that in an emergency situation or fire drill where evacuation is necessary, that my child may need to leave the Karmai Community Children’s Centre premises under the direction and supervision of staff. * consent to the staff of Karmai Community Children’s Centre inspecting my child/children’s hair for head lice. * agree to notify Karmai Community Children’s Centre immediately of any changes in emergency contacts and/or phone numbers. I agree to ring the centre or leave a written message every time any of the authorised people listed on my child’s enrolment form will be collecting my child from the centre. * will ensure that my child is collected before closing time and that he/she is signed out correctly to meet Federal Government and State Government regulations. * agree to notify Karmai Community Children’s Centre and specify any illness my child may have for the wellbeing of other children. * give permission for the staff at Karmai Community Children’s Centre to apply SPF30+ sunscreen as per their SunSmart Policy. * have completed the enrolment form, and have in my possession the Karmai Community Children’s Centre Fee Structure and Payment Policy and Information Book. * consent to Karmai Community Children’s Center collection, use and display of my child’s information on the Educa application, in accordance with the privacy policy set out on the Educa website, <http://www.qeteduca.com/privacy-policy>.   NB: If you would like us to use an alternate email address for Educa, please advise Admin Staff   * have read and understand the Karmai Community Children’s Centre Fee Structure and Payment Policy, which includes two (2) weeks’ notice of termination when leaving the service and understand the terms and conditions outlined. I further understand that failure to pay my child’s fees may result in cancellation of my child’s place. * agree to abide by the details of the Karmai Community Children’s Centre Information Booklet and Fees and Payment Policy. * wish to accept enrolment for my child at Karmai Community Children’s Centre. | | | | | | | |
| Name of child: | Name of Parent/Guardian: | | | | | | |
| Signed: (Parent/Guardian signature) | | | Date:       (dd/mm/yyyy) | | | | |