

# Paradise Kids Children's Centre

1 Paradise Way, South Morang VIC 3752  
Phone: (03) 9436 5244 Email: admin@paradisekidsc.com.au

## Enrolment Form

Please complete EVERY section of this form  
This form MUST be returned prior to commencement

Commencement Date:     /     /

Mon    Tues    Wed    Thurs    Fri                      Room: \_\_\_\_\_

### CHILD DETAILS

Surname:		First Name:	
Male      Female      (please circle)		Preferred Name:	
Medicare No.		CRN No.	
Home Address:			
Suburb:		Postcode:	
Date of Birth:		Age at Commencement:	
Is the child of Aboriginal and/or Torres Strait Islander origin?		YES	NO
Nationality:		Religion:	
Child's First Language:			
Other Language/s Spoken:			
Cultural Background of Child:		Cultural Background of Parent/s:	
Brothers and/or Sisters	Name:	Age:	
	Name:	Age:	
	Name:	Age:	

## PARENT/GUARDIAN DETAILS

(Circle)      Mother   OR   Guardian 1	(Circle)      Father   OR   Guardian 2						
Surname:	Surname:						
First Name:	First Name:						
Date of Birth:	Date of Birth:						
CRN No:	CRN No:						
Country of Birth:	Country of Birth:						
Religion:	Religion:						
Main language used at home:	Main language used at home:						
Other languages:	Other languages						
Home Phone:	Home Phone:						
Mobile:	Mobile:						
Work Phone:	Work Phone:						
Email:	Email:						
Do you live with the child:      Yes      No	Do you live with the child:      Yes      No						
If no, provide your address:	If no, provide your address:						
Address:	Address:						
Suburb:	Suburb:						
Postcode:	Postcode:						
Occupation:	Occupation:						
Employer:	Employer:						
Do you have a disability?      Yes      No	Do you have a disability?      Yes      No						
Reason for Care:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Child/ren at Risk      <input type="checkbox"/></td> <td style="width: 50%;">Working parents      <input type="checkbox"/></td> </tr> <tr> <td>Seeking Employment      <input type="checkbox"/></td> <td>Social      <input type="checkbox"/></td> </tr> <tr> <td>Kindergarten      <input type="checkbox"/></td> <td>Other.....</td> </tr> </table>	Child/ren at Risk <input type="checkbox"/>	Working parents <input type="checkbox"/>	Seeking Employment <input type="checkbox"/>	Social <input type="checkbox"/>	Kindergarten <input type="checkbox"/>	Other.....
Child/ren at Risk <input type="checkbox"/>	Working parents <input type="checkbox"/>						
Seeking Employment <input type="checkbox"/>	Social <input type="checkbox"/>						
Kindergarten <input type="checkbox"/>	Other.....						

### CUSTODY DETAILS:

Are the parents Separated or Divorced?	Yes	No
Is there a legal document (eg: Court Order) relating to the powers, responsibilities or authorities of any person in relation to the child or access to the child?	Yes	No
Is there a legal document (eg: Court order) relating to the child's residence or the child's contact with a parent or other person?  (if yes, the service requires a copy before commencement)		

## **AUTHORISED NOMINEES**

An **Authorised Nominee** is a person who has been given permission by the Parent/Guardian to collect the child from the education and care service

NOMINEE 1	NOMINEE 2
Relationship to Child:	Relationship to Child:
Surname:	Surname:
First Name:	First Name:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Address:	Address:
Suburb: <span style="float: right;">Postcode:</span>	Suburb: <span style="float: right;">Postcode:</span>
Do you authorise this person to consent to medical treatment of your child, if contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	Do you authorise this person to consent to medical treatment of your child, if contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>
Do you authorise this person to consent to the administration of medication to your child, if contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	Do you authorise this person to consent to the administration of medication to your child, if contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>
Do you authorise this person to consent to medical treatment from a registered practitioner, hospital or ambulance service, if contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	Do you authorise this person to consent to medical treatment from a registered practitioner, hospital or ambulance service, if contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>
Do you authorise this person to consent to the transportation of your child by an ambulance service, if contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	Do you authorise this person to consent to the transportation of your child by an ambulance service, if contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>
Do you authorise that this person can consent to giving permission to an educator to remove your child from the centre in the event of an emergency if both parents cannot be contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	Do you authorise that this person can consent to giving permission to an educator to remove your child from the centre in the event of an emergency if both parents cannot be contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>
Do you authorise that this person can be notified of an emergency involving your child if both parents cannot be immediately contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	Do you authorise that this person can be notified of an emergency involving your child if both parents cannot be immediately contacted?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>

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Relationship to Child:	Relationship to Child:
Surname:	Surname:
First Name:	First Name:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Address:	Address:
Suburb:                                  Postcode:	Suburb:                                  Postcode:
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## IMMUNISATION

In order to finalise enrolment for your child you must provide the service with an immunisation status certificate that shows your child is:

- up to date with vaccinations for their age, OR
- on a vaccine catch-up schedule, OR
- has a medical condition preventing them from being fully vaccinated.

An Immunisation Status Certificate It is a statement showing the vaccines your child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register. Please note 'Homeopathic immunisation' is not a recognised form of immunisation.

### How do I get an immunisation status certificate?

Request an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR):

- phone 1800 653 809
- email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- visit [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)
- visit a Medicare service centre
- See your local doctor or local council

## MEDICAL CONTACTS

Doctor's Name (if applicable):		
Medical Service:		
Address:		
Suburb:		Postcode:
Phone:		
Ambulance Subscription No:		
Private Health Fund Name and No:		
Maternal & Child Health (MCH) Centre:		
Maternal & Child Health Nurse (MCHN) name		Phone:
Do you give the service permission to contact your child's MCHN	YES	NO
Does your child have a child health record? (if yes, please bring to the service for sighting)	YES	NO
Sighted by: _____		
Date: _____		

## **MEDICAL BACKGROUND**

Has your child been diagnosed at risk of Anaphylaxis?	Yes	No
<u>If so</u> , does your child have an auto-injection device (eg: EpiPen)	Yes	No
In the case of Anaphylaxis, the following must occur prior to commencement:		
<ol style="list-style-type: none"><li>1. A copy of the Anaphylaxis Management Plan to be provided to the service</li><li>2. A prescribed auto-injection device (eg: EpiPen) to be provided to the service</li><li>3. You will be given a copy of the service's Anaphylaxis Policy</li><li>4. A risk minimisation plan will be developed in conjunction with you</li></ol>		
Does your child have any <u>food allergies or intolerances not noted in an Anaphylaxis Management Plan</u> ?	Yes	No
<i>If Yes, please provide detailed information:</i>		
Does your child have any <u>other allergies and/or sensitivities</u> ?	Yes	No
<i>If Yes, please provide detailed information:</i>		
Does your child have any <u>dietary restrictions</u> ?	Yes	No
<i>If Yes, please provide detailed information:</i>		
Does your child have any <u>special considerations</u> ?	Yes	No
<i>If Yes, please provide detailed information:</i>		

## **MEDICAL BACKGROUND (cont'd)**

Does your child have a <u>developmental delay or disability</u> (to your knowledge)?	Yes	No
If Yes, please provide detailed information:		
Do you believe your child will require additional assistance whilst in our care?	Yes	No
If Yes, please provide detailed information:		

**If you answered yes to any of the above, please ensure you discuss with us prior to commencing.**

## **AUTHORISATIONS:**

**I authorise the service to:**

Apply the Service's sunscreen (if no, you will need to provide your own)	Yes	No
Administer the centre's nappy rash cream, if required. (if no, you will need to provide your own)	Yes	No
Conduct Headlice Checks	Yes	No
Share my child's photographs, learning information and artwork for the purpose of internal displays and publications (including newsletters, learning stories, artwork, event reviews, promotions, etc.) (internal displays and publications may be in hard copy and/or electronic format)	Yes	No
Share my child's photographs, learning information and artwork on the service's Facebook Page and Website	Yes	No

## **DECLARATION:**

I agree that by enrolling my child at this service, I

- will abide by all policies, procedures, regulations, and guidelines set out by the service.
- consent to staff administering medications and/or first aid in the event of an emergency.
- authorise first aid trained staff to administer paracetamol if my child's temperature exceeds 38 degrees and I cannot be contacted (we will always attempt to contact you for verbal authorisation first)
- authorise staff to seek medical treatment at for my child from a medical practitioner, hospital or ambulance service, at my expense.
- Consent to the transportation of my child by an ambulance service, at my expense.
- consent to my child being removed from the premises in the event of an emergency.
- consent to my child's medical information being displayed in public areas, if deemed appropriate.
- will ensure my child's enrolment and authorised contact details are kept up to date.
  - I understand that staff reserve the right to not release my child to an unknown or unauthorised person.
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell.
- will provide updated immunisation and medical details, upon request.
- will provide any Medical Action Plans and associated medications, as required.
- will pay my fees in advance and understand that full fees are payable on public holidays and absences.
- will provide at least two weeks' notice to reduce or cease enrolment.

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I, as the Parent/Guardian listed below, declare I have lawful authority of the child referred to in this enrolment form and that the information provided is true and correct. I undertake to immediately inform the children's service in the event of any change to this information.

Parent/Guardian 1

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

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

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

Parent/Guardian 2

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

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

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

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### **LAWFUL AUTHORITY**

#### ***Parents:***

All parents have powers and responsibility in relation to their children that can only be changed by a court order. The Education and Care Services National Regulations 2011 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 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 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.

### **PRIVACY AND CONFIDENTIALITY**

Paradise Kids Children's Centre uses the data collected in this form for the purpose of programming, enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law.