



Brunswick Baths Child Service Enrolment Form

Please note: The following information is confidential. It is essential that prior to commencement the following information is complete and up to date. 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. Thank you for your cooperation.

Lawful Authority

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 2009 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.

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.

How did you hear about us?

Child/rens Details

Family Name	Given Name(s)	Usually Called	Date of Birth	M/F
1.				
2.				
3.				

Language(s) spoken at home: _____

Does the child/ren live with: Both parents/guardians Parent/guardian 1 Parent/guardian 2

Is the child/ren of Aboriginal and/or Torres Strait Islander decent? Yes No

Parent or Guardian 1 Details

Full Name: _____ R'ship to the child: _____

Home Address: _____ P/C: _____

Telephone: H _____ W _____ M _____

Email Address: _____
(this is the only way the childcare newsletter is distributed)

Occupation: _____ Place of Employment: _____

Parent or Guardian 2 Details

Full Name: _____ R'ship to the child: _____

Home Address (if different to Parent/guardian 1): _____

P/C: _____ Telephone: H _____ W _____ M _____

Occupation: _____ Place of Employment: _____



COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? NO – proceed to the next section YES – please read and complete the following

1. Bring in the original court orders for staff to view and attach a copy to this enrolment form.
2. If these court orders give powers to other persons AND/OR affect the powers, duties, responsibilities and/or authorities of a parent or guardian of the child to:
 - o consent to the medical treatment of the child/ren and the authorisation of the service to seek medical treatment by an appropriate medical or ambulance service
 - o request or permit the administration of medication to the child/ren
 - o authorises the taking of the child/ren outside the premises by a staff member of the service in the case of an emergency when reasonably required
 - o collect the child

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

DETAILS OF PEOPLE WHO CAN COLLECT THE CHILD

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. In the event that the 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. To deal with these situations the children's service should notify one of the following people who are authorised to collect/care and consent to medical treatment for the child. **Identification must be produced on request from staff.**

1. Full Name: _____ R'ship to the child: _____
Home Address: _____ P/C: _____
Telephone: H _____ W _____ M _____
2. Full Name: _____ R'ship to the child: _____
Home Address: _____ P/C: _____
Telephone: H _____ W _____ M _____
3. Full Name: _____ R'ship to the child: _____
Home Address: _____ P/C: _____
Telephone: H _____ W _____ M _____
4. Full Name: _____ R'ship to the child: _____
Home Address: _____ P/C: _____
Telephone: H _____ W _____ M _____



MEDICAL AND HEALTH INFORMATION

Doctor Name: _____

Medical Service: _____

Address: _____

Telephone: _____ Medicare No: _____

Ambulance Subscription: Yes No Private Health Cover: Yes No

Please provide details and attach a copy of relevant management procedures or plans for any “yes” responses to the following questions.

In the case of anaphylaxis you will be provided with a copy of the services Anaphylaxis Policy and Risk Minimisation Plan. You are required to provide the service with an individual medical management plan (Action Plan) for your child signed by the medical practitioner who is treating your child. More information is available at www.education.vic.gov.au/anaphylaxis

CHILD 1 Name _____

Has your child been diagnosed at risk of **anaphylaxis**? YES NO

Does your child have an auto injection device (e.g. EpiPen®)? YES NO

Does your child have any **special needs** e.g. medical/physical conditions? YES NO

Does your child suffer from any **allergies or sensitivities**? YES NO

Does your child have any **dietary restrictions**? YES NO

CHILD 2 Name _____

Has your child been diagnosed at risk of **anaphylaxis**? YES NO

Does your child have an auto injection device (e.g. EpiPen®)? YES NO

Does your child have any **special needs** e.g. medical/physical conditions? YES NO

Does your child suffer from any **allergies or sensitivities**? YES NO

Does your child have any **dietary restrictions**? YES NO

CHILD 3 Name _____

Has your child been diagnosed at risk of **anaphylaxis**? YES NO

Does your child have an auto injection device (e.g. EpiPen®)? YES NO

Does your child have any **special needs** e.g. medical/physical conditions? YES NO

Does your child suffer from any **allergies or sensitivities**? YES NO

Does your child have any **dietary restrictions**? YES NO

We regret that we are unable to care for **sick children** or children with **contagious illnesses**. Please note if your child requires the administration of medication you will need to complete an “**Authority to Give Medication**” form.



OTHER INFORMATION

If there is anything else that the children's service should know about the child (eg excessive fear, toileting, interests and abilities, behavioural styles, cultural values and religious beliefs etc) please provide details:

SUNSCREEN PROTECTION

In line with the Cancer Council Victoria and SunSmart recommendations, the children's service suggests all children are protected by SPF 30 (or higher) sunscreen when exposed to sunlight. In conjunction with the YMCA SunSmart Policy, **we ask that each parent apply SPF 30 (or higher) sunscreen to their child PRIOR to their arrival at the children's service.** Children are also required to wear a hat while outside, if one is not supplied your child/ren will not be able to go outside. Copies of the YMCA Sun Smart Policy are available on request from staff.

Yes **Reapply** SPF 30 (or higher) sunscreen, which I have supplied, to my child/ren as required when going outside during August through to and including April.

No **Do not reapply** SPF 30 (or higher) sunscreen to my child/ren.

PHOTOGRAPHS

Do you consent to your child/ren being photographed while participating in the program for internal use only?

Yes **I consent** to having my child/ren's photo taken

No **I do not consent** to having my child/ren's photo taken

IMMUNISATION

In accordance with the 'No Jab, No Play' legislation parents are required to attach a copy of their child/ren's immunisation History Statement before their enrolment can be processed. **The only accepted form of immunisation documentation status is an Immunisation History Statement (IHS) from the Australian Immunisation Register.** Parents also have an ongoing obligation to keep immunisation information current at our service. Please attach immunisation statement to enrolment, or email (Brunswickbaths@ymca.org.au).

To obtain the documentation you can either:

- Go through Medicare online accounts.
- Email www.medicareaustralia.gov.au/online
- Call the Immunisation Register (Australian Childhood Immunisation Register) Phone: 1800 653 809
- Visit a local Medicare service centre
- Requested a statement to be sent in the mail



CONDITIONS OF ENROLMENT

By enrolling my child/ren in the Brunswick Baths Children’s Service, I agree to the following conditions:

1. Children are only accepted into the facility from 6 weeks of age through to pre-school age.
2. Although every care will be taken, childcare staff are free from all responsibility for accidents or loss of property in connection with any child’s participation in the program.
3. I am willing for my child/ren to participate in all activities offered in the facility. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/ren to participate in a particular activity.
4. I agree to collect or make arrangements for the collection of the child/ren referred to in this enrolment form if s/he becomes unwell at the service.
5. In the event of accident, injury, trauma or illness suffered by my child/ren, childcare staff are authorised, on behalf of myself, to seek or where appropriate administer such medical treatment as is reasonably required. I shall then reimburse the centre for any expense incurred.
6. In the case of an emergency and for training purposes I authorise the taking of my child/ren outside the premises of the service by a staff member.
7. I give consent for the proprietor to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service if required.
8. I have read, understood and agree to follow the payment structure and policies.
9. The Centre reserves the right to exclude children from the facility for misbehaviour that is deemed inappropriate. In the event of suspension or expulsion from the facility, it is the parents’ responsibility to have the child collected immediately. No monies will be refunded for that session of care.
10. The Centre reserves the right to refuse any person entry to the childcare facility as decided by Centre Management.
11. I agree that my child/ren may be photographed while participating in the program for internal use only (on the display wall).

DECLARATION

I _____

Print Full Name

- a person with lawful authority of the child referred to in this enrolment form,
- 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;
- have read, understand and agree to the conditions outlined above.

Parent/Guardian Signature

Date: ____ / ____ / ____

Privacy Disclaimer

The YMCA uses this form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies, staff and administrators. You will be able to access and amend or correct information on request.