



# Enrolment Form

## 2012

*305 Raglan Street*

*Sale Vic 3850*

*Phone: 5144 6952*

*[www.gumnutselc.com.au](http://www.gumnutselc.com.au)*

*[gumnutselc@netspace.net.au](mailto:gumnutselc@netspace.net.au)*

**CHILD'S NAME:** \_\_\_\_\_

---

**DETAILS OF CHILD**

First Name.....Surname.....

Date of Birth ..... ( Please circle)      Male      Female

Is the child of Aboriginal or Torres Strait Islander decent? (please circle) YES NO

If yes please stipulate.....

Main Language spoken at home .....

Names and ages of other children in the family .....

Any special issues in relation to your child e.g. religion, diet etc.?  
.....

Will your child be attending our Gumnuts Kindergarten program (must be 4 years by 30<sup>th</sup> April and not receiving kinder funding elsewhere) YES NO.

If so do you have a health care card or pension card? YES NO.

**CHILD CARE BENEFIT** – Please contact the Family Assistance Office on 13 61 50 or call into to your local Centrelink branch before commencing care, to register for Child Care Benefit. You will be given a reference number (CRN) for yourself and your child. Please list these details below.

**Child CRN** \_\_\_\_\_ **Parent 1 CRN** \_\_\_\_\_

**Please inform the Director if you have any other children in care at other services.**

---

**DETAILS OF PARENT 1  
(Parent listed to claim Child Care Benefit)**

**DETAILS OF CO-PARENT**

Does the child live with this Parent/guardian  
YES / NO

Does the child live with this parent/guardian  
YES / NO

Name.....

Name.....

DATE OF BIRTH .....

Address.....  
.....

Address.....  
.....

Telephone(home).....

Telephone(home).....

(work).....

(work).....

(mobile).....

(mobile).....

Employer.....

Employer.....

Occupation.....

Occupation.....

Languages spoken.....

Languages spoken.....

Email Address:.....

**Other residency arrangements** (please give details)

Name/Relationship.....

Address.....

Telephone (home).....

(work).....

(mobile).....

**MEDICAL INFORMATION**

Does your child have any special needs? (Please circle) YES NO

If yes please provide details.....  
.....

Is he/she under any medical treatment?.....  
.....

Has he/she had any history of illness?.....

Is there anything about his/her physical well being that you feel we should know? (e.g allergies, food intolerances, asthma, sensitivities etc.)  
.....

**Please Note: If there is a specific management procedure to be followed due to the child’s allergy/illness, please complete an ‘Emergency Management Plan’. Please ask the Director for a copy of the Centres Health Management Policy.**

**OTHER INFORMATION**

Is there anything else that we should know about your child? (eg. Excessive fears, favourite belongings/activities, pets, early intervention services etc.  
.....  
.....  
.....

**Anaphylaxis**

Has your child been diagnosed at risk of anaphylaxis? (please circle) YES NO

Does your child have an auto injection device (eg: EpiPen)? YES NO

Has the anaphylaxis medical management plan been provided to the service? 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*

**IMMUNISATION RECORD**

Has your child been immunised? (please circle)            YES            NO

Please bring in your child’s health care book so a copy of their immunisation details can be taken. Where the Centre already has a copy of your child’s immunisations, please provide any updated information.

**NOTE:** THE CENTRE HAS AN EXCLUSION POLICY BASED ON CURRENT RECOMMENDATIONS FROM HEALTH AUTHORITIES. PLEASE ENSURE YOU UPDATE YOUR CHILD’S IMMUNISATION DETAILS AT THE CENTRE EACH TIME THEY HAVE AN IMMUNISATION. WHERE THE CENTRE DOES NOT OBTAIN A COMPLETE RECORD OF A CHILDS IMMUNISATION DETAILS, THE CHILD WILL BE TREATED AS UNIMMUNISED. *IMMUNISATION INFORMATION IS AVAILABLE TO FAMILIES AT THE CENTRE.*

**LAWFUL AUTHORITY**

**Parents**

All parents have powers and responsibilities in relation to their children, which can only be challenged by a court order.

Lawful authority 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.

**COURT ORDERS RELATING TO THE CHILD**

Are there any court orders regarding the powers and responsibilities of the parents in relation to the child or access to the child?

NO (go to next section)

YES (please complete the following)

1. Bring the original court order/s for staff to see and a copy to attach to the 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

\*consent to the medical treatment of the child

\*request or permit the administration of medication to the child

\*collect the child AND/OR

b) give these powers to someone else,

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

.....  
.....

**EMERGENCY CONTACT**

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could collect the child and take care of them for the day. In the event that the child is not collected from the Centre and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name..... Relationship.....

Address.....

Phone number (home).....

(work).....

(mobile).....

Name..... Relationship.....

Address.....

Phone number (home).....

(work).....

(mobile).....

**AMBULANCE SUBSCRIPTION** (please circle) NO YES Number.....

**MEDICARE NO.** ..... **PRIVATE HEALTH NO.** .....

**FAMILY DOCTOR**

Name of Doctor..... Name of Practice .....

Address..... Phone.....

**PERSONS AUTHORISED TO COLLECT CHILDREN**

1) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

2) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

3) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

## **DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT**

I/We.....print full name/s

Person/s 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 children's service in the event of any change to this information
- agree to collect or make arrangement 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 the children's service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the children's service

## **PRIVACY NOTIFICATION**

Gumnuts Early Learning Centre uses the enrolment form to collect personal information for the purposes of program 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. You are able to amend or correct information on request, by contacting the Centre Director.

## **PARENT CONSENT TO THE FOLLOWING CENTRE PRACTICES AND PROCEDURES**

- I give permission for my child to be photographed and/or video taped by staff members. I understand that these photos and video footage are for centre use only

YES                      NO                      (please circle appropriate response)

- I give permission for my child to be photographed and/or video taped in the event of media reportage.

YES                      NO                      (please circle appropriate response)

- I give permission for my child to have a 30+ sunscreen applied as per Centre Sunsmart Policy

YES                      NO                      (please circle appropriate response)

- If you do not want any of the following products used on your child IF REQUIRED please cross them out;

NAPPY RASH CREAM    AEROGUARD    SALINE SOLUTION    BANDAIDS

- I give permission for staff to check my child's hair for head lice to minimise the spread of cross infection in the Centre

YES                      NO    (please circle appropriate response)

- I give permission for staff of Gumnuts Early Learning Centre to take my child on incidental excursions out of the Centre premises to the soccer oval, vegetable garden or sensory garden when convenient, with the permission of the Centre Director or person in charge and in accordance with Education and Care Services Regulations 2011.

- I agree to abide by all policy and philosophy guidelines of Gumnuts Early Learning Centre.

YES                                      NO    (please circle appropriate response)

I \_\_\_\_\_ declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children's service in the event of any change to this information.

PARENT/GUARDIAN SIGNATURE: .....

DATE:.....

DIRECTOR/INTERVIEWER SIGNATURE: .....

DATE:.....

## **EMERGENCY MANAGEMENT PLAN**

Please complete this form if your child is asthmatic, epileptic, has allergies eg. bee stings or any other condition that may require an emergency plan NB: You may need to consult your Doctor when filling in this information sheet. This information should be updated each time the child's emergency management plan is changed.

CHILD'S NAME \_\_\_\_\_

PARENT/GUARDIAN CONTACT NUMBERS:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(H): \_\_\_\_\_ (B): \_\_\_\_\_ (M) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(H): \_\_\_\_\_ (B): \_\_\_\_\_ (M) \_\_\_\_\_

AMBULANCE NO. \_\_\_\_\_

DOCTOR/MEDICAL SERVICE

NAME	ADDRESS	PHONE
------	---------	-------

EMERGENCY CONTACT PERSON:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(H): \_\_\_\_\_ (B): \_\_\_\_\_ (M) \_\_\_\_\_

WHAT IS YOUR CHILD'S MEDICAL CONDITION (Please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TRIGGER FACTORS (if known):

\_\_\_\_\_

\_\_\_\_\_

COMMON SIGNS & SYMPTOMS:

\_\_\_\_\_

\_\_\_\_\_

REGULAR MEDICATION (if required)

MEDICATION	DOSE	TIME(S) GIVEN
------------	------	---------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY TREATMENT PLAN (eg. Peak flow meter for children with asthma)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I, \_\_\_\_\_ hereby authorise Gumnuts Early Learning Centre Management and/or staff to follow the emergency treatment procedure for my child if the need may arise.

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

IS THERE ANYTHING ELSE YOU FEEL THE CENTRE SHOULD KNOW ABOUT YOUR CHILD'S MEDICAL CONDITION (Please attach further information if required)

## PARENT INDUCTION/ORIENTATION CHECKLIST

- When first enrolling at our Centre, you will be given a family information pocket located in the foyer. In this pocket you will find your fees each week, and any other important information such as newsletters, fact sheets and upcoming events, please check your pocket each time you visit the Centre.
- A list and photographs of Gumnuts staff members can be found in the foyer
- A parent suggestions form can also be found in the foyer near the office door. Please complete a form if you have any suggestions or comments about our Centre and our practices
- A committee information board is located next to the Koala's room door in the foyer. Please check the board for minutes of committee meetings and changes to policies and procedures. Parents will be asked to have input into these changes through the newsletter and notification on the committee notice board

### ***The Director will go through the following details on your first visit –***

- S/D- Introduction to room staff
- D- Fee payment procedure
- D- Child Care Benefit details given to Centre
- D- Centre has obtained a copy of child's Immunisation details
- D- Provided with a copy of the Parent Handbook
- D- Location of General Policy Handbook

### ***Your Team Leader will go through the following on your child's first day -***

- S/D- Introduction to room staff
- S- Location of room, locker and fee pocket
- S- Accident/Medication Book location and explanation of procedures
- S- Location of room program and location of parent comments sheet
- S- Discussion of how programs are created
- S- Discussion of Children's observations and progress reports
- S- Location of toilet areas/nappy change areas
- S- Location of child Attendance Book & Child information sheet/book
- S- Dietary information & procedure for birthday cakes
- S- Location of fridge microwave and where to place bottles
- S- Parent complaints procedure
- S- Location of outdoor areas
- S- Room emergency evacuation procedure
- S- Explanation for procedures for staff who are absent
- S- Explanation of items to pack for the child
- S- Centre Sun Smart Policy
- S- Location and procedure of resource books
- S- Explanation of cancellation of care and exit procedure
- Parent Comments/feedback or suggestions on induction -

---

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_