

Aquarena Child Service Enrolment Details Enrolment Date: _____

Please note: 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. Aquarena children's service must collect the child's enrolment information in this form, as required by the Children's Services Regulations 2009 (Regulations). Questions marked with an asterisk* are not required by the Regulations, but you are encouraged to answer these to assist us in caring for your child.

It is essential that prior to commencement of care the following information is complete and up to date.

Please notify the centre of any change of address, phone number or care arrangements. Thank you for your cooperation.

Information about the child

Family Name: _____	Date of Birth: ____/____/____ *Sex (please tick): M <input type="checkbox"/> F <input type="checkbox"/>
Given Names: _____	*Usually called: _____
Home Address: _____	
Language(s) spoken in the home: _____	
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)	
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander
* Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?	
No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	

Information about the child's parents or guardians

Parent	Parent
Name	Name
Address- as per child or:	Address- as per child or:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address- as per child or:	Address- as per child or:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

Other Persons to be notified

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Name:	Name:
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(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 the parents 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 or guardian of the child 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 these powers _____

Details of people who you authorise to collect your child

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. 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.

Details of people who can collect the child (This list may be added to throughout the year).

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)

Child's medical and health information

Name Doctor/Medical Service: _____ Telephone: _____

Address Doctor/Medical Service: _____

*Maternal & Child Health (MCH) Centre: _____

Does your child have a child health record? No Yes (please tick)

If yes, please provide to the service for sighting.
(Child health record means a record that documents a child's health and development assessments and immunisations)

Name and position of person at the children's service who has sighted the child's health record

Name: _____ Position: _____

Child's medical information

Does your child have any special needs? No Yes (please tick)

If yes, please provide or attach details of any special needs and any management procedure to be followed with respect to the special need.

Does your child have any allergies or sensitivity? No Yes (please tick)

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy:

Anaphylaxis

Has your child been diagnosed as at risk of anaphylaxis? No Yes

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

Has the anaphylaxis medical management plan been provided to the service? No Yes

Has a risk management plan been completed by the service in consultation with you? No Yes

In the case of anaphylaxis you will be provided with a copy of the service's 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.

Does your child have any other medical conditions and needs (eg asthma, epilepsy, diabetes, etc), which are relevant to the care of your child? No Yes

If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition:

Does the child have any dietary restrictions? No Yes (please tick)

If yes, the following restrictions apply:

*Sunscreen Protection

In line with the Anti-Cancer Council of Victoria recommendations, the children's service suggests all children are protected by SPF 15 (or higher) sunscreen when exposed to sunlight. In conjunction with the YMCA Sun Smart Policy, we ask that each parent apply SPF 15 (or higher) sunscreen to their child prior to their arrival at the children's service. Copies of the YMCA Sun Smart Policy are available on request from staff.

Yes **reapply** SPF 15 (or higher) sunscreen, which I have supplied, to my child as required when going outside during October through to and including April.

No do not **reapply** SPF 15 (or higher) sunscreen to my child.

Child's Immunisation Record

Has the child been immunised? No Yes (Please Tick)

If yes, provide the details by:

- attaching a copy of the immunisation record from the Child Health Record book **OR**
- attaching a copy of the immunisation print out from local government **OR**
- attaching the Child History Statement from the Australian Childhood Immunisation Register **OR**
- completing the table below using the child's Immunisation Record to provide the dates of immunisations received.

Immunisation	Birth	2 months	4 months	6 months	12 months	18 months	4 years
Hepatitis B							
DTPa(Diphtheria, Tetanus and acellular pertussis)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
MMR (Measles, Mumps, Rubella)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24 months		18-24 months
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

*Other Information

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc) this is as follows:

Are you willing to have your child photographed to appear in videos or newspapers? Yes No (Please Tick)

The YMCA acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in a YMCA children's service, providing you with updated information and assisting us improve our services to you. The personal information collected is of the parents/ guardians and the child enrolled in the program. By completing this form, YMCA accepts that the parents/ guardians of the child have consented for this information to be collected. The intended recipients of this information are the YMCA, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and YMCA Privacy Policy. As part of your enrolment with the YMCA, you will receive information from time to time regarding our programs and services. The YMCA may also provide promotional material from our strategic partners, or any other third party. If you do not wish to receive this information please tick the "OPT OUT" box below and return this to the YMCA. Your name will be removed from the mailing list within a reasonable period of time.

OPT OUT

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 the children's service 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 s/he becomes unwell at the service
- consent to the staff of the children's service seeking medical treatment of the child from a medical practitioner, hospital or ambulance service, 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

Signature

Date

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that 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.

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.

OFFICE USE ONLY

FORM COMPLETE: FORM CHECKED BY : _____ DETAILS ENTERED BY : _____

CHILDCARE BACKGROUND INFORMATION

(This information sheet will be used for program planning and evaluation and to help settle your child into our childcare facility)

CHILD'S NAME: _____

DATE OF BIRTH: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

SIBLINGS NAMES AND AGES: _____

LANGUAGE (S) SPOKEN AT HOME: _____

HEALTH/MEDICAL ISSUES: _____

FAMILY PETS: _____

INTERESTS: _____

SPECIAL FRIENDS: _____

ATTENDS AQUARENA CHILD CARE, ON AVERAGE.....DAYS A WEEK