

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 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/guardian to:
 - o Authorise the taking of the child outside the service by a staff member of the service;
 - o Consent to the medical treatment of the child;
 - o Request or permit the administration of medication to the child;
 - o 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:

*** Information for bodies which provide funding to this service:**

From time to time the Department of Human Services 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 a developmental delay or disability including intellectual, sensory or physical impairment? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | (please tick) |
| * Does either parent have a disability? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | (please tick) |
| * Is the family a single parent family? | 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 parents or guardians 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 in such circumstances.

| | |
|-----------------------------------|-----------------------------------|
| Name | Name |
| Address | Address |
| Telephone/s (W) Home Mobile | Telephone/s (W) Home Mobile |
| Relationship to child: | Relationship to child: |

COLLECTING THE CHILD FROM THE CHILDREN'S SERVICE:

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below.

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 or changed throughout the year).

| | |
|-----------------------------------|-----------------------------------|
| Name | Name |
| Address | Address |
| Telephone/s (W) (H) Mobile: | Telephone/s (W) (H) Mobile: |
| | |

| | |
|--------------------------------|--------------------------------|
| Name | Name |
| Address | Address |
| Telephone/s (H) (W) Mobile: | Telephone/s (H) (W) Mobile: |

CHILD'S MEDICAL AND HEALTH INFORMATION:

Name Doctor/Medical Service _____ Telephone: _____
Address Doctor/Medical Service _____
*Maternal and Child Health (MCH) Centre _____
*MCH Contact Name _____

| | |
|-----------------------|---------------------------|
| Medicare No. _____ | Healthcare Card No: _____ |
| Expiry Date: _____ | Pension No: _____ |
| | Expiry Date: _____ |

Do you have Ambulance cover? Yes No (please tick) Ambulance Subscription No.: _____

EMERGENCY MEDICAL TREATMENT DECLARATION

I _____ (PLEASE PRINT FULL NAME)
a person with lawful authority of the child referred to in this enrolment form, consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical, hospital, dental, or ambulance services, or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

Parent/Guardian's Signature: _____ Date: _____

CHILD'S IMMUNISATION AND MATERNAL HEALTH RECORD:

Has your child been immunised? No Yes (please tick) If yes, please provide the details by:

- Attaching a copy of the Immunisation Record from the Child Health Record book OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register.

NB: If your child has not been vaccinated, you may need to provide a certified letter stating that you have made a conscientious decision not to vaccinate your child.

* Has the child had their 3½ year old assessment? No Yes (please tick)
If yes, provide details by attaching a copy of the 3½ year assessment from the Child Health Record book.

HEALTH MANAGEMENT

I give permission for the centre to display a picture of my child and/or their name and relevant emergency or medical details. This is for the purpose of staff awareness and my child's safety.

Parent/Guardian's Signature: _____ Date: _____

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

If yes, the following management procedures are to be followed (or, a copy of the management plan is attached):

Does the child have any medical conditions and needs (e.g. epilepsy, diabetes, etc) that are relevant to the children's service? No Yes (please tick)

If **yes**, the following management procedures are to be followed (**or**, a copy of the management plan is attached):

Is your child known to have a reaction to bee or wasp sting or to any other insects? If so, how severe and what treatment is most effective?

Does your child have any dietary restrictions/food intolerance? No Yes (please tick)

If **yes**, please supply details of special diet/ restricted diet/ food intolerance: _____

Relevant illness/accident history:

Toileting: Is your child toilet trained, in nappies, fully independent or in need of some assistance?

Please complete the following if your child will be attending both Beechworth Kindergarten and Beechworth Community Child Care on either a regular or casual basis:

I hereby authorise the staff of Beechworth Kindergarten Inc. to take my child to and from the Beechworth Community Child Care.

Signature: _____ Date: _____

*** OTHER INFORMATION:**

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

* Has your child previously attended: Kindergarten Playgroup Day Care (please tick)

* If yes, Name of Centre/s

* Which school do you wish your child to attend next year?

* Please indicate festivals your family celebrate and/or list below any cultural/religious issues that centre staff need to be aware of:

Easter Christmas Chinese New Year Birthdays Mother's Day Father's Day

Other: Please List: _____

* Pets:

Name: _____ Type: _____ Name: _____ Type: _____

* Do you have any special Skills or a Trade that could be of use to the Centre?

SUNSCREEN Does your child have any allergic reaction to sunscreen? No Yes

I give permission for staff to apply sunscreen provided by the Centre to my child as part of our sun protection routine

Signature: _____ Date: _____

OR Permission to apply sunscreen to my child which has been supplied by myself:

Signature: _____ Date: _____

PHOTOGRAPHS

Are you willing to have your child photographed to appear in videos, newspapers and other publications? No Yes

If yes, I give permission for my child to be photographed whilst attending the Centre

Signature: _____ Date: _____

Are you willing to have your child photographed by an Early Childhood student(s)? No Yes

If yes, I give permission for an Early Childhood student on placement to take photographs of my child

Signature: _____ Date: _____

EMERGENCY EVACUATION

I give permission for the staff members of Beechworth Kindergarten to take my child out of the kindergarten grounds in the event of an Emergency Evacuation or an Emergency Evacuation Drill.

Parent/Guardian's Signature: _____ Date: _____

OBTAIN AND RELEASE INFORMATION Do you give permission for the Director/Teacher from this service to obtain or release information regarding your child? No Yes (please tick)

Person/s or organisations that we would wish to share this information with, or obtain information from, would include:

Primary School Maternal and Health Child Care Nurse Occupational Therapists

Speech Therapists Early Years Development Advisor

I understand that I will receive a copy of letters/reports released under this authority.

Parent/Guardian's Signature: _____ Date: _____

DECLARATION:

I, _____ (PLEASE 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 my child becomes unwell at the service;

Parent/Guardian's Signature: _____ Date: _____

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 1998* 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.