

Enrolment Form Checklist

Child/ren's Name: _____

PLEASE ENSURE ALL SECTIONS OF THIS ENROLMENT FORM HAVE BEEN COMPLETED PRIOR TO SUBMITTING THE FORM TO AQUALINK.

- All child/ren and parent/guardian details
- At least two emergency contacts
- Details of people authorised to collect your child/ren
- Court orders information filled in and attached (if applicable)
- Medical service details completed
- Copy of immunisation history statement (ACIR website)
- Medical information completed and management procedures attached (must include a current colour photo of the child, and signed by a doctor. If it is an anaphylaxis/asthma action plan it must be a colour copy)
- Declaration signed and dated.

OFFICE USE ONLY (DO NOT SIGN/DATE, IF THE FORM IS INCOMPLETE)	
Checked by: _____	Date: ____ / ____ / ____
Parent Membership Number (members only): _____	

Confidential and subject to approval by the Crèche Coordinator

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of 'lawful authority' can be found at the end of this form. It is essential that prior to the commencement of care, the following information is complete. Please notify the centre of changes such as address, phone numbers, immunisation status or care arrangements.

Date: ____ / ____ / ____

CHILD/REN DETAILS

FAMILY NAME	GIVEN NAME(S)	PREFERRED NAME	DATE OF BIRTH	M/F
1.				
2.				
3.				

Home Address: _____

Suburb: _____ Postcode: _____

Email Address: _____

Language(s) spoken at home: _____

Does the child/ren live with: both parents one parent guardian

Are you willing to have your child photographed for planning purposes (internal only)?: Yes No

PARENT/GUARDIAN 1 DETAILS (PLEASE CIRCLE)

Full Name: _____ R/ship to the Child/ren: _____

Address: (if different to child's details provided above) _____

Suburb: _____ Postcode: _____

Telephone (h): _____ (w): _____ (m): _____

PARENT/GUARDIAN 2 DETAILS (PLEASE CIRCLE)

Full Name: _____ R/ship to the Child/ren: _____

Address: (if different to child's details provided above) _____

Suburb: _____ Postcode: _____

Telephone (h): _____ (w): _____ (m): _____

EMERGENCY CONTACT (IN ADDITION TO PARENT/GUARDIAN AS LISTED ABOVE)

Please provide names of two people authorised to collect your child/ren from the crèche facility or the centre in the case of an emergency and consent to the medical treatment of your child/ren in the event that NEITHER parent/guardian is available. **Identification must be produced upon request.** Alternate arrangements will only apply where proper notification from you in writing is received on that particular day.

Full Name: _____ R/ship to the Child/ren: _____

Address: _____ Telephone: _____

Full Name: _____ R/ship to the Child/ren: _____

Address: _____ Telephone: _____

ACCESS AND CUSTODY ARRANGEMENTS

Are there any access or custody arrangements in place? Yes No (proceed to next section)

Who has legal custody of the child/ren? Parent 1 Parent 2

Please provide a copy of any court orders for custody, access or other useful information regarding custody of child/ren.

DOCTOR / MEDICAL SERVICE

Full Name: _____ Clinic: _____

Address: _____ Telephone: _____

GENERAL HEALTH

MEDICAL INFORMATION	CHILD 1		CHILD 2		CHILD 3	
	YES	NO	YES	NO	YES	NO
Does your child have any special needs?						
Does your child suffer any allergies or sensitivities (including food, drink)?						
Does your child have any dietary restrictions?						
Has your child been diagnosed as at risk of anaphylaxis?						
Does your child have an auto injection device (EpiPen)?						
Has the anaphylaxis medical management action plan from your GP been provided to the crèche service (if applicable)?						
Does your child have any other medical conditions (e.g diabetes, epilepsy, asthma)?						

If you answered 'yes' to any of the above questions please provide details:

IMMUNISATION

IMMUNISATION INFORMATION	CHILD 1		CHILD 2		CHILD 3	
	YES	NO	YES	NO	YES	NO
Immunisations currently up to date?						
Child at primary school?						
Immunisation History Statement attached?						
Medical exemption attached?						
Catch up program attached?						

OTHER INFORMATION

Is there any other information you feel the crèche educators need to be aware of in relation to your child/ren and/or family (eg: excessive fears, toileting, behavioural styles, interests, cultural values etc)?



CONFIDENTIALITY OF ENROLMENT RECORDS

The proprietor of the children's service must ensure that information in the child/ren's enrolment record is not divulged to another person unless necessary for the care or education of the child/ren, to manage medical treatment of the child/ren, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e)).

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/ren does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child/ren lives with who has day to day care and control of the child/ren.

PRIVACY STATEMENT

Council believes that the responsible handling of personal information is a key aspect of democratic governance and is strongly committed to protecting an individual right to privacy. Accordingly, Council is committed to full compliance with its obligations under the Privacy and Data protection Act 2014 (Vic) & under the Health Records 2001 (Vic) Act. In particular, Council will comply with the Information Privacy Principles contained in both Acts. The personal information on this form is required to register your child in the Aqualink crèche. The information is used for administration purposes and to contact you in an emergency. The information may also be used to inform you of changes to our procedures or to ascertain your satisfaction with our services. The intended recipients of the information are authorised Council officers. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it. If you do not provide this information then your application may not be processed. If you have any questions please contact the Aqualink Crèche Coordinator at Aqualink Box Hill or Aqualink Nunawading. You may view Council's Privacy Policy on our website www.whitehorse.vic.gov.au or obtain a copy from any of the Council offices.

CONDITIONS OF ENROLMENT

By enrolling my child/ren in the Crèche facility, I agree to the following conditions:

1. Child/ren are only accepted into Aqualink crèche from six weeks until 12 years of age.
2. Although every care will be taken, crèche educators are free from all responsibility for accidents or loss of property in connection with any child/ren participation in the program/service.
3. I am willing for my child/ren to participate in all activities offered by the Aqualink crèche. 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. In the event of an accident, injury, trauma or illness suffered by my child/ren, crèche educators are authorised, on behalf of myself, to seek or where appropriate, administer such medical treatment as is reasonably required. In regards to cases where an ambulance is called, I shall then reimburse the centre for any expense incurred.
5. In the case of an emergency and for training purposes, I authorise the taking of my child/ren outside of the premises of the service by an Aqualink staff member.
6. The centre reserves the right to refuse any person entry into the Aqualink crèche as decided by centre management.

DECLARATION

I have read and understand Aqualink's crèche fee policy, terms and conditions.

Print Name: _____

Signature: _____ **Date:** ____ / ____ / ____