

## CONFIDENTIAL ENROLMENT FORM

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

This form must be completed by a parent or guardian who has *LAWFUL AUTHORITY* in relation to the child.  
 An explanation of lawful authority is contained at the end of this enrolment form.

### Information about the child

Family name:	Date of birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> (please tick)
Given names:	Preferred name:	
Home address:		
Telephone:		
Language(s) spoken at home:		
Is the child of Aboriginal or Torres Strait Islander descent?		Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)
Sibling/s:	Name:	Age:
Sibling/s:	Name:	Age:
Sibling/s:	Name:	Age:
Sibling/s:	Name:	Age:
Other household members:	Name:	Relationship to child:
Other household members:	Name:	Relationship to child:

***ALL SECTIONS OF THIS FORM MUST BE COMPLETED***

## Information about the child's parents or guardians

*NOTE: Please list details of BOTH parents, regardless of who the child lives with.*

<b>Mother</b>	<b>Father</b>
Name:	Name:
Home address:	Home address:
Home telephone:	Home telephone:
Mobile telephone:	Mobile telephone:
Occupation:	Occupation:
Employer:	Employer:
Work address:	Work address:
Work telephone:	Work telephone:
Email:	Email:
Does the child live with the mother? Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)	Does the child live with the father? Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)

<b>Guardian</b> (if applicable due to court orders)	<b>Guardian</b> (if applicable due to court orders)
Name:	Name:
Home address:	Home address:
Home telephone:	Home telephone:
Occupation:	Occupation:
Employer:	Employer:
Work address:	Work address:
Work telephone:	Work telephone:
Mobile telephone:	Mobile telephone:
Relationship to child:	Relationship to child:
Does the child live with the guardian? Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)	Does the child live with the guardian? Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)

## 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? Please note that the Centre can only enforce court orders if we have been provided with a copy of them.

No  (go to the next section)      Yes  (complete the following)

1. Please provide the Centre with a copy of the court order.
2. If these orders change the powers of a parent or guardian of the child to undertake any of the following, please describe below:
  - 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.

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3. If these orders give these particular powers to someone else, please provide their details.

Name:
Home address:
Home telephone:
Occupation:
Employer:
Work address:
Work telephone:
Mobile telephone:
Relationship to child:
Does the child live with this person? Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)

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## Collecting the child

Please provide details of any person authorised to collect the child.

Name:	Name:
Address:	Address:
Home telephone:	Home telephone:
Work telephone:	Work telephone:
Mobile telephone:	Mobile telephone:
Relationship to child:	Relationship to child:

Name:	Name:
Address:	Address:
Home telephone:	Home telephone:
Work telephone:	Work telephone:
Mobile telephone:	Mobile telephone:
Relationship to child:	Relationship to child:

## Emergency contacts

Please provide details of at least two people, other than the parents or guardians, who you wish to be notified in the event of accident, injury, trauma, illness or other emergency. These people CANNOT collect the child in case of an emergency. If you wish that these people be able to collect your child in an emergency please also list them in the "collecting the child" section above.

Name:	Name:
Address:	Address:
Home telephone:	Home telephone:
Work telephone:	Work telephone:
Mobile telephone:	Mobile telephone:
Relationship to child:	Relationship to child:

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## Child's immunisation record

Has the child been immunised? Y  N  (please tick)

Please complete the table below by marking which immunisations your child has been given.

Please bring in your child's health record book to be sighted by the Centre or provide the Centre with a copy.

Immunisation	Birth	2 mths	4 mths	6 mths	12 mths	18 mths	4 yrs
Diphtheria, tetanus and acellular pertusis (DTPa)							
Oral poliomyelitis vaccine (OPV)							
Haemophilis influenzae type b (Hib)							
Measles, mumps and rubella (MMR)							
Hepatitis B <i>(See note below)</i>							
Pneumococcal conjugate vaccine (7vPCV) <i>(See note below)</i>							
Meningococcal C (MenCCV)							
Pneumococcal polysaccharide vaccine (23vPPV) <i>(See note below)</i>							

*Hepatitis B:*

*Pneumococcal conjugate vaccine:*

*Pneumococcal polysaccharide vaccine:*

Total three doses required following birth dose.

Recommended for all children under two years of age, all Aboriginal and Torres Strait Islander children under five years of age and children under five years of age with medical risk factors that predispose them to high incidence or high severity of pneumococcal infection.

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## Information for bodies which provide funding to this service (Optional)

From time to time the Department of Human Services seeks information on the characteristics of families who use this children's services. 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?	Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)
Does either parent have a disability?	Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)
Is the family a single parent family?	Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)

## Additional information

Please include any additional information that you feel the Centre needs to know about your child or your family.

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Do you give permission for the centre to take photographs of your Child? These Photo's may appear in display's around the centre, group photo's may also Appear in other Children's portfolio's.

Y  N  (please tick)

Please indicate if you have a job, skill or hobby that might be of interest to the children.

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## Care required

Please detail the care you require for your child, commencing from \_\_\_\_\_.

Sessions/ Days Required:		Mon	Tue	Wed	Thu	Fri
	AM					
	PM					

## Out of School Hours Care

Which School does your Child attend? \_\_\_\_\_.

Address of the School \_\_\_\_\_.

Telephone number \_\_\_\_\_.

Name of Principal \_\_\_\_\_.

Opening hours of the School \_\_\_\_\_.

Please detail the care you require for your child \_\_\_\_\_.

Sessions/ Days Required:		Mon	Tue	Wed	Thu	Fri
	AM					
	PM					

I give permission to Bellarine Children's Centre for the transport of my Child to and from School

Print name \_\_\_\_\_ Signed \_\_\_\_\_.

## Conditions of enrolment

- I agree to pay my fees each week or fortnight or as arranged with the Office Manager. I understand that I will be charged a late payment fee if my fees become more than two weeks overdue.
- I agree to pay a fully-refundable enrolment security deposit equivalent to one week's fees (before any Government assistance is deducted) to secure my booking.
- I agree to give two weeks notice of leaving the Centre, and understand that failure to do so will result in forfeiture of my enrolment security deposit.
- I agree to pay any outstanding fees upon leaving the Centre.
- I understand that the Centre will take debt recovery and/or legal proceedings against me should my fees fall into arrears, and I agree to the Centre providing details held on my family's file at the Centre to any third parties in order to enable debt recovery and/or legal proceedings to be taken against me.
- I agree that my child will not be left at the Centre before 6.30am or after 6.30pm. I understand that a late departure fee will be charged if my child is collected after 6.30pm or after 12.30pm if my child is booked into a morning session.
- I agree that my child will not attend the Centre at any other time outside their booked session without prior arrangement.
- I agree to pay for my booked sessions if my child is absent from the Centre.
- I understand that I am not charged fees for the period during the Christmas holidays that the Centre is closed, but that fees will be charged from the first day that the Centre reopens after the holiday period.
- I understand that when the Centre is closed for a public holiday I am still liable for fees due on that day, but I will be given an extra day in lieu that my child can attend the Centre for a make up credit day. I understand that credits are not available to full-time bookings. I understand that credits expire when my child leaves the Centre. I understand that the use of credits is subject to a vacancy at the Centre, cannot be booked in advance and cannot take the place of my regular bookings. I understand that credits need to be used within six months of an absence.
- I understand that a copy of the Centre's Priority of Access Policy is available to me upon my request.
- I have read and understand and agreed to abide by the Centre policies and requirements.
- I understand that group observations are taken on all children, my child's name may appear in other Children's portfolios.
- I authorize the centre to apply SPF 30+ sunscreen to my Child during the months 1<sup>st</sup> September – 30<sup>th</sup> April.

I have read and understanding the above conditions of enrolment and agree to abide by them.

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Name _____	Signed _____	Date _____
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## Declaration

I, ..... (print full name) Signed \_\_\_\_\_

A person with lawful authority (refer to page 2) 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 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 administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service; and
- acknowledge that while every care will be taken while my child attends Bellarine Children's Centre I understand that I will not find its directors and/or staff or other persons nominated liable in the case of an accident or illness that my child may sustain while attending the service.

## LAWFUL AUTHORITY

### Parents

The natural parents of a child have powers and responsibilities in relation to their children which can only be changed by a court order. The *Children's Services Relations 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 live 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 give the authority to another person.

### Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court. 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 the day-to-day care and control of the child.

### Note

Only a court order has the power to transfer lawful authority from one person to another. A person who has lawful authority cannot transfer it to another person. For example, a parent cannot transfer it to a relative or friend. Only a person with lawful authority is able to:

- authorise another person to collect the child from the service;
- authorise the taking of the child outside the premises of the service by a staff member;
- request or permit the administration of medication to the child\*;
- consent to medical treatment of the child; or
- authorise the service to seek medical treatment by a medical practitioner, hospital or ambulance service.

\* *Please note that only a person with lawful authority (the parent or guardian) is able to request or permit the administration of medication to the child.*

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