

CHILDREN'S SERVICES ENROLMENT FORM

PART A: FAMILY FORM



(✓ Please tick) if you need help with this form.

Please return your completed enrolment form to the service with
PART B: Child form/s

Greater Shepparton City Council complies with the Information Privacy Principles contained in the Information Privacy Act 2000 (Vic) and the Health Records Act 2001.

The information recorded on these enrolment forms complies with the above acts and relevant regulatory requirements. A copy of the Greater Shepparton City Council Information Privacy Policy is available on request.

PRIMARY ADULT (parent/guardian)	SECOND ADULT (parent/guardian)
Name:	Name:
Address:.....	Address:.....
Post code	Post code.....
Phone Mobile:.....	Phone Mobile:.....
Work:.....	Work:.....
Home:	Home:
Email:	Email:
Date of birth:	Date of birth:
Relationship to child:	Relationship to child:
Cultural background:	Cultural background:
Language/s spoken at home (if not English):	Language/s spoken at home (if not English):
Occupation/Study:	Occupation/Study:
CRN Number:	CRN Number:

Declared Service Closures – preferred contact

In case of a declared emergency/emergency evacuation, your child’s service being closed, an incident or illness involving your child or in the event that staff are not available, Council will attempt to notify parents/guardians as soon as possible.

Who would you like us to contact first? Primary Adult
(✓ please tick) Second Adult

What is your preferred method of notification for **non- urgent** communication?

- SMS to your preferred mobile
- Telephone call
- Email

FAMILY MEDICAL INFORMATION

Medicare Number (if applicable):

Registered Medical Practitioner/Medical Service:

Name:

Address:.....

Phone Number:.....

To better support you and your child are you or a member of your family affected by (✓ please tick if applicable)

- Mental Health
- Physical Illness
- Grief
- Family Separation
- Family Violence
- Refugee Statue
- Other e.g. fear

AUTHORISATION

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator (*Education and Care Services National Law – section 170(5)*).

Photo ID of the *Authorised nominee* is needed on their first visit to collect a child.

(✓ Please tick) if you have **No *Authorised nominee*** and you are the only authorised person for your child/ren.
(You will be required to be contactable at all times whilst your child is in education and care)

Please Note:

In the event of an emergency/incident if you are not contactable then the appropriate authorities will be notified.

In the event of an evacuation your child will be taken to the secondary evacuation point (Location of the evacuation point will be in the handbook at the service).

Please provide the name, address and contact details of any person on the following pages who is an *Authorised nominee*:

To authorise medical treatment

To authorise the administration of medication

Be notified in an emergency where the Primary or Secondary Adult (parent/guardian) can't be immediately contacted

Provide authorisation for the child to participate in excursions/regular outings (routine excursions)

Collect the child from the service

Authorised nominees other than Parents/Guardians are authorised to:	
Name:	Yes (please tick) <input type="checkbox"/> Collect my child/ren from the service <input type="checkbox"/> Complete excursion permission forms for my child/ren <input type="checkbox"/> Consent to medical treatment for my child/ren <input type="checkbox"/> Consent to the administration of medication to my child/ren <input type="checkbox"/> Be notified in the event of any emergency involving my child/ren if the primary or second adult listed cannot be immediately contacted
Address:	
..... Post Code:	
Phone Home:..... Work:..... Mobile.....	
Relationship to child:	

Name:	Yes (please tick) <input type="checkbox"/> Collect my child/ren from the service <input type="checkbox"/> Complete excursion permission forms for my child/ren <input type="checkbox"/> Consent to medical treatment for my child/ren <input type="checkbox"/> Consent to the administration of medication to my child/ren <input type="checkbox"/> Be notified in the event of any emergency involving my child/ren if the primary or second adult listed cannot be immediately contacted
Address:	
..... Post Code:	
Phone Home:..... Work:..... Mobile.....	
Relationship to child:	

Name:	Yes (please tick) <input type="checkbox"/> Collect my child/ren from the service <input type="checkbox"/> Complete excursion permission forms for my child/ren <input type="checkbox"/> Consent to medical treatment for my child/ren <input type="checkbox"/> Consent to the administration of medication to my child/ren <input type="checkbox"/> Be notified in the event of any emergency involving my child/ren if the primary or second adult listed cannot be immediately contacted
Address:	
..... Post Code:	
Phone Home:..... Work:..... Mobile.....	
Relationship to child:	

Name:	Yes (please tick) <input type="checkbox"/> Collect my child/ren from the service <input type="checkbox"/> Complete excursion permission forms for my child/ren <input type="checkbox"/> Consent to medical treatment for my child/ren <input type="checkbox"/> Consent to the administration of medication to my child/ren <input type="checkbox"/> Be notified in the event of any emergency involving my child/ren if the primary or second adult listed cannot be immediately contacted
Address:	
..... Post Code:	
Phone Home:..... Work:..... Mobile.....	
Relationship to child:	

DECLARATION

I _____ the authorised person of the
(Print full name)

child/ren referred to in Part B: Child Form (Please provide child/ren's names) :

Child's first name: _____ Surname: _____

Child's first name: _____ Surname: _____

Child's first name: _____ Surname: _____

Confirm that the information provided on this form is true and correct and that I undertake to immediately inform the service in the event of any change to this information.

Agree to follow the Fees policy as provided by the service and make all fee payments in accordance with the policy.

Consent to seek Emergency Assistance

Authorise the approved provider, nominated supervisor or educator to seek:
Medical treatment for my child/ren from a registered medical practitioner, hospital or ambulance service; and
Transportation of my child/ren by an ambulance service

_____/_____/_____
Parent/Guardian Signature Date

_____/_____/_____
Verified Staff Member's Name Verified Staff Member's Signature Date