

CHILDREN'S SERVICES ENROLMENT FORM

PART B: CHILD FORM

Service: Enrolment Date: ___/___/___	
Please return your completed enrolment form to the service	
Child's First Name:	Surname:
Home Address:	
Postal Address:	
Date of birth: ___/___/___	Does your child identify as <input type="checkbox"/> Male <input type="checkbox"/> Female
Child Reference Number (CRN):	
Cultural Background of the child:	
Language(s) spoken at home (if not English):	
Does your child identify as Aboriginal or Torres Strait Islander Origin <input type="checkbox"/> No – Not Aboriginal or Torres Strait Islander (✓ please tick) <input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> Yes – Aboriginal and Torres Strait Islander	
Do you have a Health Care Card/Pension Card? (Kindergarten only) (Please provide a copy only) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child Care Benefit (CCB) Are you receiving CCB for your child at another service? Yes <input type="checkbox"/> No <input type="checkbox"/> How many hours do you want to claim CCB from this service? _____ Hours per week	
Pre- Kindergarten - Is your child eligible for two years FREE kindergarten? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure? Ask your Service Leader about the Early Start Program today.	

CHILD'S MEDICAL INFORMATION

Anaphylaxis N/A

Has the child been diagnosed as at risk of anaphylaxis?

No Yes

Does your child have an auto injection device (e.g EpiPen or Anapen)?

No Yes

Has the anaphylaxis medical management plan been provided to the service?

No Yes

Has a medical condition risk minimisation plan been completed by the service in consultation with you?

No Yes

Please Note: A current anaphylaxis medical management plan, signed by a registered medical practitioner, and a medical conditions risk minimisation plan **must** be provided and attached to this enrolment form, before education and care can commence.

Diagnosed Healthcare Needs

Does the child have any diagnosed health care needs, including any medical conditions? (e.g asthma, epilepsy, diabetes, ADHD) N/A Yes

If **Yes** please provide details of any specific health care need/s or medical condition and any management plan/s or medical condition risk minimisation plan/s (completed by the service in consultation with you) to be followed with respect to the specific healthcare need/s or medical condition/s.

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Has a copy of any medical management plans or medical condition risk minimisation plans been attached to this enrolment form? No Yes

Allergies, Intolerances or Sensitivities?

Does the child have any allergies, intolerances or sensitivities? N/A Yes

If **Yes** please provide details of any allergies, intolerances or sensitivities and any management plan/s or medical condition risk minimisation plan/s (completed by the service in consultation with you) to be followed with respect to the allergy, intolerance or sensitivity.

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Has a copy of any medical management plans or medical condition risk minimisation plans been attached to this enrolment form? No Yes

Dietary restrictions

Does the child have any dietary restrictions? N/A Yes

If **Yes** please provide details of any dietary restrictions

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If the service is aware that the child has a specific healthcare need, allergy or other medical condition as identified above, has the service provided you a copy of the Medical Conditions Policy? No Yes

ADDITIONAL INFORMATION

Does your child go to school? (Out of school hours (OSHC) and FDC only)
Yes No

If Yes, please provide details of which school

Siblings

Does your child have siblings? No Yes

Name Date of birth ____/____/____

Name Date of birth ____/____/____

Name Date of birth ____/____/____

Has or does your child receive services from any of the following :

Yes No (If yes please tick which service/s)

- Maternal Child Health GV Health Family Care
- Primary Care Connect Community Interlink Scope
- Physiotherapist Occupational Therapist
- Speech Pathologist Early Child Inclusion Support
- Other

Do you give permission for us to contact these agencies to help support your child's development at our services? No Yes

PERMISSION FROM PARENT/GUARDIAN

The following to be applied to my child: (please tick)

- | | |
|--|--|
| <input type="checkbox"/> Sunscreen 30+ or higher | <input type="checkbox"/> Saline Solution |
| <input type="checkbox"/> Band Aids/Elastoplast | <input type="checkbox"/> Sudocream |
| <input type="checkbox"/> Antiseptic Wipes | |

**Photographs of my child may be taken by (please tick),
(first names only will be used with these photos)**

- Early childhood educators – to be used for display in the service, individual records, photo albums, the service program and reflective journals.
- Promotion on the service's private centre Facebook Group.
- Council promotional purposes
- Parents – on excursions, in service visits, birthdays, special events
- Students on placement for work experience, observation and/or study purposes

Photos/videos/filming of my child to be taken at the service or on a service excursion by:

- Other parents e.g. on service excursions/events, child's birthdays, Christmas parties
- Media/Television (full name will be used)

Please note:

- The service provider has no control over the use of the photographs/videos taken by parents or guardians.
- Families are requested not to put photos/videos etc. of our children on any social media website.

Observations, planning details and development records will be kept for my child.

The following persons may have access to the information contained in these files (either directly or by discussion) under the supervision of the Service Leader, Program Leader, Family Day Care Educator or Coordination Unit:

- Visiting professionals monitoring the services program e.g. Children's Service Authorised Officer, Council Children's and Youth Services management staff.
- Early Childhood Professionals (e.g. Specialist Children's Services) to whom my child has been referred with my knowledge.
- School staff who will be directly involved with my child's transition to school
- Development screening conducted by Early Years Development Advisor.

The results of this screening will be discussed with my child's educator. I understand that I will be able to access this information by speaking to my child's educator.

Notes

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_____ /_____/_____
(Parent/Guardian Name) (Parent/Guardian signature) Date

This form is to be signed in conjunction with the,

Children's Services Enrolment Form Part A: Family Form, for the following family:

Family Name: _____
(Please print)

ADDITIONAL CONSIDERATION FOR THE CHILD IF APPLICABLE

Please provide any additional consideration information for the child, for example any cultural, religious or additional needs.