

# CHILDREN'S SERVICES ENROLMENT FORM

## PART B: CHILD FORM



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

<b>Service</b> .....		<b>Enrolment Date:</b> ...../...../.....	
<b>Please return your completed enrolment form to the service</b>			
Child's first name:		Surname:	
Home Address: .....			
..... Post Code .....			
Date of Birth:...../...../.....	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self -described		
<b>Child Reference Number (CRN):</b> (N/A to Kindergarten/Rural Occasional Care) .....			
Country of Birth:			
Cultural Background of the child :			
Language(s) spoken:			
Does your child identify as Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> No – Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes – Aboriginal (✓ please tick) <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> Yes – Aboriginal and Torres Strait Islander			
<b>(Optional):</b> If <b>Yes</b> please complete a Goulburn Area KESO Program Referral (Referral forms can be obtained from the service)			
<b>(Kindergarten only):</b> Do you have a Health Care Card/Pension Card? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please provide a copy only)			
<b>(Pre- Kindergarten only):</b> Is your child eligible for two years FREE kindergarten? No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure? Ask your Service Leader about Early Start Kindergarten			
<b>(FDC only)</b> Does your child go to school? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please provide details of which school .....			

## COURT ORDERS, PARENTING ORDERS OR PARENTING PLANS RELATING TO YOUR CHILD

Are there any court orders, parenting orders or parenting plans relating to the power, duties, responsibilities or authorities of any person in relation to the child or access to the child? No  Yes

If 'Yes' – please provide a current copy, with this enrolment form

Are there any court orders relating to the child's residence or the child's contact with a parent or other person? No  Yes

If 'Yes' – please provide a current copy, with this enrolment form

Expiry date (if applicable) ...../...../.....

**Please note:** The service is unable to action an order without a current copy provided.

## CHILD'S IMMUNISATION STATUS

Has the child been immunised? No  Yes

**Please note:** If 'Yes', please provide a current

- AIR Immunisation History statement (issued from Medicare) to confirm enrolment.

This **must** be kept with this enrolment form before education and care can commence.

**Please note:** If 'No', please speak to the Service Leader to determine if you are eligible for the 'grace period'.

If eligible you are required to complete a 'grace period' eligibility assessment form to be kept with this enrolment form.

Please ensure you notify the Service Leader upon the completion of each immunisation update

## CHILD'S HEALTH RECORD

To be completed only if sighted:

Sighted on .... /.... /.... by .....

Staff member's name

Staff signature

## CHILD'S MEDICAL INFORMATION

### **Anaphylaxis**

Has the child been diagnosed as at risk of anaphylaxis? No  Yes

**Please note:** If 'Yes', please provide

- an anaphylaxis medical management plan provided by a registered medical practitioner (Doctor),
- a risk minimisation plan (completed by the service in consultation with you) and
- a communication plan (provided by the service)

These **must** be kept with this enrolment form before education and care can commence.

### **Diagnosed Healthcare Needs/ Allergies/ Medical Conditions**

Does the child have any diagnosed health care needs, including any medical conditions or allergies? (e.g asthma, epilepsy, diabetes) No  Yes

If **Yes**, please provide details.....

.....

.....

**Please note:** If 'Yes', please provide

- a medical management plan provided by a registered medical practitioner (Doctor),
- a risk minimisation plan (completed by the service in consultation with you) and
- a communication plan (provided by the service)

These **must** be kept with this enrolment form before education and care can commence.

### **Diagnosed Additional Specific Needs**

Does your child have any diagnosed additional specific needs? (e.g. Autism, Asperger's, ADHD, Developmental delays) No  Yes

If **Yes**, please provide details.....

.....

.....

**Please note:** If 'Yes' please provide

- details of any additional needs and management procedure to be followed with respect to the additional specific need.
- a risk minimisation plan (completed by the service in consultation with you) and
- a communication plan (provided by the service)

These **must** be kept with this enrolment form before education and care can commence.

**Has or does your child receive support from any of the following**

No  Yes

(✓ please tick which service/s)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Maternal Child Health | <input type="checkbox"/> GV Health                         | <input type="checkbox"/> Family Care |
| <input type="checkbox"/> Primary Care Connect  | <input type="checkbox"/> Community Interlink               | <input type="checkbox"/> Scope       |
| <input type="checkbox"/> Physiotherapist       | <input type="checkbox"/> Occupational Therapist            |                                      |
| <input type="checkbox"/> Speech Pathologist    | <input type="checkbox"/> Early Childhood Inclusion Support |                                      |
| <input type="checkbox"/> Child Protection      | <input type="checkbox"/> Child FIRST                       |                                      |
| <input type="checkbox"/> Other .....           |  |                                      |

Do you give authorisation for the service to contact these agencies to help support your child? No  Yes

**If you have ticked 'Yes' to any of the child's medical information the service will provide /or make available to you the Medical Conditions policy.**

**SPECIAL CONSIDERATIONS FOR THE CHILD**

Does your child have any dietary restrictions/requirements? No  Yes

If **Yes**, please provide details.....  
.....

Does your child have any religious requirements? No  Yes

If **Yes**, please provide details.....  
.....

Does your child have any cultural requirements? No  Yes

If **Yes**, please provide details.....  
.....

**ADDITIONAL INFORMATION FOR THE CHILD**

Please provide any additional information for consideration for your child

.....  
.....

**AUTHORISATION FROM PARENT/GUARDIAN**

**General:**

I give permission for this child to: ✓ please tick

Participate in regular outings (if applicable). A copy of the permission form to be kept with this enrolment form	
Have SPF30/SPF50+ sunscreen applied	
Have Band-Aids or sticking plasters applied when necessary	
Have staff apply Sudocream when necessary	
Have staff apply Saline solution when necessary	

**Photos and Video Footage:**

I give permission for photos/video footage of this child : ✓ please tick

To be taken for service use – to be displayed within the service, the child’s individual record, the service program , reflective journal	
For Promotion of the service via Facebook/FlexiBuzz/Social Media	
For Greater Shepparton City Council promotional purposes	
For sharing with families on the service Facebook/FlexiBuzz/Social Media	
For students on placement for work experience –observation/study purposes	
To be taken at the service or on a service excursion by other parents e.g. on service excursions/events, child’s birthdays	
To be taken at the service or on a service excursion by Media/Television (child’s 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 of children on any social media website.

..... /..... /.....  
 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)