

CHILDREN'S SERVICES ENROLMENT FORM

PART B: CHILD FORM



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

Service		Enrolment Date:/...../.....	
Please return your completed enrolment form to the service			
Child's First Name:		Surname:	
Home Address:			
.....			
Date of Birth:/...../.....		Does your child identify as <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child Reference Number (CRN): (N/A to Kindergarten)			
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 checked="" type="checkbox"/> (✓ please tick) Yes – Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> Yes – Aboriginal and Torres Strait Islander			
If Yes please complete a Goulburn Area KESO Program Referral (optional) (Referral forms can be obtained from the service)			
Do you have a Health Care Card/Pension Card? (Kindergarten only)			
(Please provide a copy only) No <input type="checkbox"/> Yes <input type="checkbox"/>			
Pre- Kindergarten - Is your child eligible for two years FREE kindergarten?			
No <input type="checkbox"/> Yes <input type="checkbox"/>			
Not sure? Ask your Service Leader about the Early Start Program today.			
Does your child go to school? (FDC only) 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 copy of the current court order, parenting order or parenting plan to the service to attach to 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 copy of the current court order to the service to attach to this enrolment form.

Please note: The service is unable to action an order without the current documentation provided.

CHILD'S IMMUNISATION STATUS

Has your child been immunised? No Yes

A copy of a current immunisation status certificate **must** be provided and attached to this enrolment form before education and care can commence.

(✓ please tick) one of the following options and provide a copy:

- ACIR Immunisation history statement
- Another acceptable immunisation status certificate from an approved immunisation provider (that provides all details outlined in the Immunisation Status Certificate checklist)
- A completed 16 week grace period eligibility assessment form

CHILD'S HEALTH RECORD

(If 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

Does your child have an auto injection device (e.g EpiPen)? 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/ Medical Conditions

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

If **Yes** please provide details 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 plan or medical condition risk minimisation plan been attached to this enrolment form? No Yes

Allergies, Intolerances or Sensitivities

Does the child have any allergies, intolerances or sensitivities? No Yes

If **Yes** please provide details 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? No Yes

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

.....
.....

If you have ticked Yes to any Medical Information as identified above, has the service provided you a copy of the Medical Conditions Policy?

No Yes

ADDITIONAL INFORMATION FOR THE CHILD

Please provide any additional information for consideration for your child, eg any cultural, religious or dietary requirements; or additional needs, ie Autism

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.....

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

No 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 Childhood Inclusion Support

Other

Do you give authorisation for the service to contact these agencies to help support your child?

No Yes

AUTHORISATION FROM PARENT/GUARDIAN

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

- Sunscreen 30+ or higher
- Saline Solution
- Band Aids/Elastoplast
- Sudocream

Photographs of my child may be taken by: (✓ please tick)

- 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 Facebook /FlexiBuzz/Social Media
- Greater Shepparton City Council promotional purposes
- 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: (✓ please tick)

- Other parents e.g. on service excursions/events, child’s birthdays,
- 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 and 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)