

# CHILDREN'S SERVICES ENROLMENT FORM

## PART A: FAMILY FORM



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

<b>Service</b> .....	<b>Enrolment Date:</b> ...../...../.....
<p><b>The Service is to return a copy of this page (only) with completed <u>Direct Debit</u> form attached to Children's Services administration Debtor Number: _____ (Not applicable – FDC) (if available)</b></p>	

**Please return** your completed enrolment form to the service with  
PART B: CHILD FORM/S

Child's first name: .....	Surname: .....
Child's first name: .....	Surname: .....
Child's first name: .....	Surname: .....

PRIMARY ADULT (parent/guardian)	SECOND ADULT (parent/guardian)
Name:	Name:
Home Address: .....	Home Address: .....
Post code .....	Post code .....
Postal Address: .....	Postal Address: .....
<b>Mobile phone:</b> .....	<b>Mobile phone:</b> .....
<b>Work phone:</b> .....	<b>Work phone:</b> .....
<b>Home phone:</b> .....	<b>Home phone:</b> .....
Email:	Email:
Date of Birth: ...../...../.....	Date of Birth: ...../...../.....
Relationship to child/ren:	Relationship to child/ren:
Country of Birth:	Country of Birth:
Cultural Background:	Cultural Background:
Language/s spoken:	Language/s spoken:
Occupation/Study:	Occupation/Study:
CRN Number:	CRN Number:

M16/66605

Greater Shepparton City Council complies with *the Privacy and Data Protection Act 2014 (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 Privacy Policy and Records and Information Management Policy are available on request.

**FAMILY MEDICAL INFORMATION**

**Medicare** Number (if available): .....

**Doctor /Medical Service:**  
 Name: .....  
 Address: .....  
 .....  
 Phone Number: .....

**AUTHORISATION**

The following are **Authorised Nominees** to:

- Collect my child/ren from the service
- Authorise an educator to take my child outside the service (complete excursion permission for my child/ren)
- Consent to medical treatment for my child/ren
- Consent to the administration of medication to my child/ren
- Be notified of an emergency involving my child/ren if the primary or second adult) cannot be immediately contacted.

**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/ren are in education and care.)

AUTHORISED NOMINEE	AUTHORISED NOMINEE
<b>Name:</b> .....	<b>Name:</b> .....
<b>Address:</b> .....	<b>Address:</b> .....
<b>Phone:</b> Mobile: ..... Work: ..... Home: .....	<b>Phone:</b> Mobile: ..... Work: ..... Home: .....
<b>Relationship to child/ren:</b> .....	<b>Relationship to child/ren:</b> .....

**DECLARATION**

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

Child’s first name: ..... Surname: .....

Child’s first name: ..... Surname: .....

Child’s first name: ..... Surname: .....

**(Child/ren referred to in PART B: CHILD FORM)**

- 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 and pay fees in accordance with *the Greater Shepparton City Council Children’s Services Schedule of Fees* as provided by the service.

**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 Name	Parent/Guardian signature	Date

.....	.....	...../...../.....
Verified Staff Member’s Name	Verified Staff Member’s Signature	Date