

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

Child's first name: Surname:

Child's first name: Surname:

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 Information Privacy Policy and Records and Information Management Policy are available on request.

PRIMARY ADULT (parent/guardian)	SECOND ADULT (parent/guardian)
Name:	Name:
Home Address:	Home Address:
Postal Address:	Postal Address:
Post code	Post code
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Home phone:	Home phone:
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:

Declared Service Closures – preferred contact

In the event the Early Childhood Education and Care Service is closed Greater Shepparton City Council will attempt to notify parents/guardians as soon as possible.

FAMILY MEDICAL INFORMATION

Medicare Number (if applicable):

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 NOMINEES
Name:
Address:
Phone: Home: Work: Mobile:
Relationship to child/ren:

Name:
Address:
Phone: Home: Work: Mobile:
Relationship to child/ren:

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.
- Authorise my child/ren to participate in regular outings if applicable.

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