

# Croydon Shire Council



## ENROLMENT FORM

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Preferred name \_\_\_\_\_

Home address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Gender  Male  Female Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Please provide a copy of your child's birth certificate

Please advise us of any cultural or religious practices you would like us to follow

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Is your child of aboriginal or Torres Strait Islander descent?  Yes  No

What language is spoken at home? \_\_\_\_\_

Child's CRN \_\_\_\_\_ Parent CRN \_\_\_\_\_

If your child has siblings, please advise their names and ages.

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Please provide us with any other information we should know about your child (eg favourite activities, fears, routines, strengths, special words (please translate if applicable), toileting and sleeping practices etc)

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(Optional) If your child is going to school next year, please advise the name of the school.

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(Optional) Do you authorise the service to exchange information with the school to assist your child's transition to school?

Parent One  Yes  No Signature \_\_\_\_\_

Parent Two  Yes  No Signature \_\_\_\_\_

# Croydon Shire Council



## Parent One

## Parent Two

Where answer is same as Parent One write same

Surname \_\_\_\_\_

\_\_\_\_\_

Date Of Birth \_\_\_\_\_

\_\_\_\_\_

Given Names \_\_\_\_\_

\_\_\_\_\_

Preferred name \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

\_\_\_\_\_

Work phone \_\_\_\_\_

\_\_\_\_\_

Mobile \_\_\_\_\_

\_\_\_\_\_

Best contact number \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Country of birth \_\_\_\_\_

\_\_\_\_\_

Preferred language \_\_\_\_\_

\_\_\_\_\_

Does the child live with you? \_\_\_\_\_

\_\_\_\_\_

Medicare Number \_\_\_\_\_

Do you have ambulance cover?  Yes  No

Private Health Fund  Yes  No Fund name \_\_\_\_\_ Fund Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Doctor's address \_\_\_\_\_

\_\_\_\_\_

(Optional) Dentist's Name \_\_\_\_\_

(Optional) Dentist's phone number \_\_\_\_\_

(Optional) Dentist's address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Are your child's immunisations up to date?  Yes  No

Please attach one or more of the following documents:

- A current Australian Childhood Immunisation Record (ACIR) Statement
- A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule
- An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor

ACIR Immunisation History and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/> The ACIR can be contacted on 1800 653 809 or email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)

I have read the Immunisation and Disease Prevention Policy which is attached and agree to comply with the immunisation requirements outlined in the policy. I understand my child's enrolment or attendance at the service may be terminated if I do not comply with the requirements in the policy.

Parent 1 Signature \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_

Does your child have any specific health care needs or medical conditions eg asthma, allergies, anaphylaxis, diabetes?

Yes  No

If yes, please provide details

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\* If yes, please provide a Medical Management Plan for your child (these are prepared by and signed by the child's doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed, doctor's contact details, plan review date and include a photo of your child.

Does your child have any dietary restrictions that you have not already mentioned?  Yes  No

If yes, please provide details

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Has your child been diagnosed with any special needs or learning difficulties?  Yes  No

If yes, please provide details

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# Croydon Shire Council



Do you authorise the Approved Provider, Nominated Supervisor or an educator to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency?

Parent 1       Yes       No      Signature \_\_\_\_\_

Parent 2       Yes       No      Signature \_\_\_\_\_

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must therefore live a maximum of 30 minutes from the service and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone                      Work phone                      Mobile  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact's Signature \_\_\_\_\_

I authorise this person to collect my child from your service       Yes       No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?       Yes       No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?       Yes       No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?       Yes       No

Parent One Signature \_\_\_\_\_

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I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?  Yes  No

Parent Two Signature \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact's Signature \_\_\_\_\_

I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?  Yes  No

Parent One Signature \_\_\_\_\_

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I authorise this person to collect my child from your service  Yes  No

Can we notify this person of any emergency involving your child if we cannot immediately contact you?  Yes  No

Can this person consent to medical treatment or the administration of medication if we cannot contact you?  Yes  No

Can this person consent to the Nominated Supervisor or an educator taking the child outside the service if we cannot contact you?  Yes  No

Parent Two Signature \_\_\_\_\_

Are there any court orders, parenting orders or parenting plans covering the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

Yes (please attach)  No

I consent to:

my child being photographed by educators and staff members at the Service for educational purposes or to support their medical documentation

my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.

the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.

the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.

the posting of photographs taken by educators and staff members on the Service's social media account in a closed group

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.

Parent One  Yes  No Signature \_\_\_\_\_

Parent Two  Yes  No Signature \_\_\_\_\_

# Croydon Shire Council



We may undertake regular outings to places eg the park or post office. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outing?

Parent One     Yes         No        Signature \_\_\_\_\_

Parent Two     Yes         No        Signature \_\_\_\_\_

As a person who has lawful authority of the child referred to in this enrolment form for Croydon Child Care Centre, I:

- declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service
- will not send my child to the service if he/she is sick/unwell
- understand my child must have any required medication (including EpiPen) with them at the service at all times or they will be unable to attend
- understand and agree that a first aid trained staff member may administer first aid when necessary
- declare that I have read and understood the Code of Conduct and policies of the Croydon Child Care Centre and will abide by them. These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy
- have read and will comply with the fees and payment structure of the Croydon Child Care Centre
- agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details)
- agree to provide updated information about my child's immunisations whenever he or she is vaccinated
- agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy
- agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment
- agree to provide information about my child's life, family and community to support the achievement of meaningful learning outcomes
- understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member

I authorise photographs to be taken of my child, for use of observations, advertisement and publication purposes in newsletters/internet.

Parent One Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Two Signature \_\_\_\_\_ Date \_\_\_\_\_