

Clota Cottage Neighbourhood House Inc.
31 Clota Ave, Box Hill 3128
Tel 98990062
manager@clotacottage.org.au
www.clotacottage.org.au



A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with an asterisks * are not required by the Regulations but you are encouraged to answer these to assist the service in caring for your child.

Thank you for your co-operation.

Date of Enrolment.....

Child Details

Child's NameSurname

Address

Date of Birth ____/____/____ Sex M / F (please circle)

Language/s spoken at home

Is the child of Aboriginal and/or Torres Strait Islander descent YES / NO (please circle)

* Does the child have a development delay or disability including intellectual, sensory or physical impairment? YES / NO (please circle)

Parent or Guardian Details

Parent/ Guardian Name 1

Country of Birth

Address

Telephone (H)..... Mobile.....

Does the child live with the Parent/ Guardian 1? YES / NO (please circle)

Email Address.....

Parent/ Guardian Name 2

Country of Birth

Address

Telephone (H)..... Mobile.....

Does the child live with the Parent/ Guardian 2? YES / NO (please circle)

Email Address.....

Clota Cottage Neighbourhood House Inc.
31 Clota Ave, Box Hill 3128
Tel 98990062
manager@clotacottage.org.au
www.clotacottage.org.au



Other persons to be notified

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's services should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Full Name

Address

Telephone (H)..... Mobile

Relationship to Child

Full Name

Address

Telephone (H)..... Mobile

Relationship to Child

Details of people who you authorise to collect your child

Your consent is required for other people to collect the child from the children's services on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child. **IDENTIFICATION MUST BE PROCUED UPON REQUEST FROM STAFF.**

Full Name

Address

Telephone (H)..... Mobile

Relationship to Child

Full Name

Address

Telephone (H)..... Mobile

Relationship to Child

Court orders relating to the child

No Proceed to the next section YES Please complete the following:

1. Bring the original court order/s for staff to see and **copy to attached to this enrolment form:**
2. If these order/s:-
 - a) Change the powers of a parent or guardian of the child to:
 - Authorise the taking of the child outside the services by a staff member of the service;
 - In the case of a family day care service, the taking of the child outside the family day carer’s residence or family day care venue by a family day carer;
 - Consent to the medical treatment of the child;
 - Request or permit the administration of the medication of the child;
 - Collect the child from the service or family day care, AND/ OR
 - b) Give these powers to someone else;

Please describe these changed and provide the contact details of any person given these powers on a separate piece of paper and attached to this document

Child’s medical information

Name of Doctor/ Medical Services
Address
Telephone
Maternal & Child Health (MCH) Centre

Child’s Immunisation Record

Has the child been immunised? YES / NO (please circle)

- If **YES**, provide the details by:
 - Attaching a copy of the Immunisation Record from the Child Health Record book OR
 - Attaching a copy of the Immunisation Record printout from local government OR
 - Attaching the Child History Statement from the Australian Childhood Immunisation Register

Name and position of person at the children’s services who has signed the child’s health record

Name..... Position.....

Clota Cottage Neighbourhood House Inc.
31 Clota Ave, Box Hill 3128
Tel 98990062
manager@clotacottage.org.au
www.clotacottage.org.au



Other Health Information

If there is anything else that the children’s service should know about the child? (eg: excessive fears, favorite activities, attending other early childhood services or early intervention services, etc)

Does your child have any special needs? YES/ NO *(please circle)*

If YES, please provide details of any special needs and any management procedure to be followed with respect to the special need

.....
.....
.....

Does the child have any allergies or sensitivity? YES/ NO *(please circle)*

If YES, please provide details of any allergies and any management procedure to be followed with respect to the allergy

.....
.....
.....

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? YES / NO *(please circle)*

Does your child have an auto injection device (eg. EpiPen) YES / NO *(please circle)*

Has the anaphylaxis medical management plan been provided to the services YES / NO *(please circle)*

Has a risk management plan been completed by the service in consultation with you YES / NO *(please circle)*

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the services with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Clota Cottage Neighbourhood House Inc.
31 Clota Ave, Box Hill 3128
Tel 98990062
manager@clotacottage.org.au
www.clotacottage.org.au



Does your child have any other medical conditions? (eg. Asthma, epilepsy, diabetes, etc that are relevant to the care of your child) **YES / NO** *(please circle)*

If YES, please provide details of any medical conditions and any management procedures to be followed with respect to the medical condition

.....
.....
.....

Does the child have any dietary restrictions **YES / NO** *(please circle)*

If YES, the following restrictions apply

.....
.....
.....

Clota Cottage Neighbourhood House Inc.
31 Clota Ave, Box Hill 3128
Tel 98990062
manager@clotacottage.org.au
www.clotacottage.org.au



Photographs

This organisation respects your rights to Information Privacy. Information we collect and hold on participants is kept in accordance with Information Privacy Laws.

With an increase in the use of social media and the internet, we require your permission before taking photos of your child. Please tick the following boxes if you give permission for your child's photo to be taken and used at Clota Cottage Neighbourhood House for:

In house promotions such as child care newsletters, activities and displays within the House;

External flyers used to promote the House in libraries, maternal child health centres and similar community services;

The Clota Cottage website: www.clotacottage.org.au;

The Clota Cottage Facebook page, used to advertise and promote our service and activities

DECLARATION

I (print full name)

A person with lawful authority of the child referred to in this enrolment form:

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- Consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service

Signature Date.....

Confidentiality of enrolment records

The proprietor of the children’s services must ensure that information in the child’s enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorized by the parent or prescribed in the Children’s Services Regulations 2009 (regulations 35(1) (d-e))

Approved Providers are reminded of their requirement to comply with the Information Privacy Act 2000, which required a Privacy Collection Statement to accompany any enrolment form.

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parent, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control the child.