



**St Leonard's College**

## Early Learning Centre and Out of School Hours Care Enrolment Form

### INFORMATION ABOUT THE CHILD

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

Usually called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

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

Email address: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

**FAMILY CONTACT DETAILS**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

Country of birth: \_\_\_\_\_ Cultural background: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Does the child live with the mother? Yes  No

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

Country of birth: \_\_\_\_\_ Cultural background: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Does the child live with the father? Yes  No

**Guardian 1: (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

Country of birth: \_\_\_\_\_ Cultural background: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Does the child live with Guardian 1? Yes  No

**Guardian 2: (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

Country of birth: \_\_\_\_\_ Cultural background: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Does the child live with Guardian 2? Yes  No

**COURT ORDERS/PARENTING ORDERS OR PARENTING PLANS RELATING TO THE CHILD:**

Are there any court orders relating to the powers and responsibilities of the parents in relation to the access to this child?

Yes  No

If yes, please provide the original orders/plans for the staff to see and attach a copy.

**OTHER PERSONS TO BE NOTIFIED IN AN EMERGENCY**

There may be times when your child has an accident, injury, trauma or illness and you cannot be immediately contacted. In this situation the Centre will notify one of the authorised nominees.

**AUTHORISED NOMINEES**

Authorised Nominee means a person who has been granted permission by a family member to collect the child from the Education and Care Service or family day care educator.

**Authorised Nominee 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

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

**Authorised Nominee 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

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

**Authorised Nominee 3**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

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

### **AUTHORISATION TO CONSENT TO MEDICAL TREATMENT**

There may be times when your child needs medical treatment or may need the administration of medication and we are unable to contact you as the parent/guardian of the child. In the event that this occurs the Centre will contact a person from the following list to request consent for medical treatment.

#### **Authorised Nominee**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

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

Please tick this box if the authorised nominee/s has permission to consent to medical treatment.

### **PERSON/S AUTHORISED TO AUTHORISE AN EDUCATOR TO TAKE THE CHILD OUTSIDE OF THE CENTRE**

There may be times when we are unable to contact you as the parent/guardian of the child. In the event that this occurs the following list of authorised people can authorise for the educator to take children outside of the education and care premises.

#### **Authorised Nominee**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

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

Please tick this box if the authorised nominee/s can authorise an educator to take the child outside the Centre.

**PERSON/S AUTHORISED TO AUTHORISE ADMINISTRATION OF MEDICATION**

There may be times when we are unable to contact you as the parent/guardian of the child. In the event that this occurs the following authorised people can authorise the educators to administer medication.

**Authorised Nominee**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile \_\_\_\_\_

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

Please tick this box if the authorised nominee/s can authorise medication to be administered to the child.



## CHILD'S MEDICAL AND HEALTH INFORMATION

Name of Doctor/Medical Service: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Medicare No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Does your child have any medical conditions? Yes  No   
(e.g. anaphylaxis, asthma, epilepsy, diabetes, etc.)

*If yes, attach a copy of the medical action/management plan (signed by a doctor).  
You will also be required to assist educators/staff to develop a risk minimisation plan.*

Does your child have any allergies or sensitivities? Yes  No

*If yes, attach a copy of the management plan (does not have to be signed by a doctor).  
You will also be required to assist educators/staff to develop a risk minimisation plan.*

Does your child have any dietary restrictions? Yes  No

*If yes, list the restrictions which apply: \_\_\_\_\_*

Is the restriction for personal/religious reasons? Yes  No

Is the restriction due to a food intolerance? Yes  No

*If yes, then please provide the Centre with a completed management plan (does not have to be signed by a doctor).  
You will also be required to assist educators/staff to develop a risk minimisation plan.*

Do you give permission for educators to apply sunscreen or moisturiser (face painting) to your child?

Yes  No

If yes, please sign here \_\_\_\_\_

Do you give permission for your child to watch PG movies (prep to year 6 only)?

Yes  No

If yes, please sign here \_\_\_\_\_

Does the child have any additional needs? Yes  No

*If yes, please provide the management procedures to be followed or attach a copy of the management plan.*

Are there any educational assessments and/or recommendations relating to the child?

Yes  No

*If yes, please list the nature of each assessment/recommendation and attach relevant documentation for each.*

\_\_\_\_\_  
\_\_\_\_\_

**IMMUNISATION RECORD**

Has your child been immunised? Yes  No

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.

Some children have also had Hepatitis B immunisations, If so, please provide the dates these have been given

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If a copy is not attached, the date the immunisation details were sighted must be noted.

Name of educator: \_\_\_\_\_ Date sighted: \_\_\_\_\_

**OTHER INFORMATION**

Is there anything else that the Centre should know about your child (e.g. fears, favourite activities, etc.)?

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Do you consent to your child being photographed for internal use only?

Yes  No

If yes, please sign here: \_\_\_\_\_

## **AUTHORISATION AND DECLARATION**

I \_\_\_\_\_ (*print full name*), a person with parental authority of the child referred to in this enrolment form, declare that the information in this enrolment form is true and correct and undertake to immediately inform the Centre in the event of any change in this information.

I consent for the approved provider, nominated supervisor or an educator to seek in the case of an emergency:

- medical treatment for the child from a registered medical practitioner, hospital or ambulance service;
- transportation of the child by an ambulance service; and
- if relevant, an authorisation given under Regulation 102 for the education and care service to take the child on regular outings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PRIVACY**

St Leonard's College Out of School Hours Care program uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service director.

## **PARENTAL RESPONSIBILITY**

The term 'parental responsibility' is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children".

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". It is not affected by the relationship between the parents, 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.

## **FAMILY MEMBER/S**

"Family member" in relation to a child, means:

- a parent, grandparent, brother, sister, uncle, aunt, or cousin of the child, whether of the whole blood or half- blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise; or
- a relative of the child according to Aboriginal or Torres Strait Islander tradition; or
- a person with whom the child resides in a family-like relationship; or
- a person who is recognised in the child's community as having a familiar role in respect of the child.



## ACCOUNT DETAILS

Dates of birth for both parents are required when the College submits data to the Government under the Child Care Management System (CCMS) (only for families with children in prep to year 6).

Date of birth: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Have you applied for Child Care Benefit or the 50% tax rebate  
(only for families with children in prep to year 6)?      Yes         No  

Parent CRN: \_\_\_\_\_

Child CRN: \_\_\_\_\_

The account for the OSHC program fee will normally be sent to the debtor who pays the school fees.  
If you wish the account to be sent to another person, please give details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W): \_\_\_\_\_ (M) \_\_\_\_\_

