

ENROLMENT FORM

DOCUMENTATION

*This form must be completed by a parent or guardian who has lawful authority in relation to the child.
Please return the completed form to Little Yacks Childcare with a copy of the following.*

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunisation History Certificate	<input type="checkbox"/> Health Management Plan
Parent /Guardian (responsible for fees) CRN ?		
Child CRN ?		

Attendance (Office Use Only)	<input type="checkbox"/> MON am	<input type="checkbox"/> TUE am	<input type="checkbox"/> WED am	<input type="checkbox"/> THU am	<input type="checkbox"/> FRI am
	<input type="checkbox"/> MON pm	<input type="checkbox"/> TUE pm	<input type="checkbox"/> WED pm	<input type="checkbox"/> THU pm	<input type="checkbox"/> FRI pm

INFORMATION ABOUT YOUR CHILD

Surname:		FirstName:	
Usually Called:		Other Names:	
Date of Birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address:	Postal Address:		
Town:	Town:		
State Postcode:	State Postcode:		
Country of Birth:			
Is child of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child of Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Main Language Spoken at Home?	Other Languages spoken at home?		
What is the cultural background of the child and, if applicable, the child's parents?			

INFORMATION ABOUT CHILD'S PARENTS/GUARDIAN

Mother / Guardian	Father / Guardian
Name:	Name:
<input type="checkbox"/> This parent will be responsible for account payment	<input type="checkbox"/> This parent will be responsible for account payment
Does the child live with the Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Fill out address below</i>	Does the child live with the Father? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Fill out address below</i>
Address:	Address:
Town:	Town:
State Postcode:	State Postcode:

Mother / Guardian	Father / Guardian
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Phone Mobile:	Phone Mobile:
Email:	Email:
Language/s Spoken:	Language/s Spoken:
Country of Birth:	Country of Birth:
Date of Birth:	Date of Birth:
Are you of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No

COURT ORDERS - CUSTODY ARRANGEMENTS

Are there any court orders or custody arrangements in place regarding this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody Arrangements: if you are separated or divorced, who has legal custody of the child? <input type="checkbox"/> Parent 1 (Mother / Guardian) <input type="checkbox"/> Parent 2 (Father / Guardian) <input type="checkbox"/> Both	
Parent 1 access arrangements <input type="checkbox"/> Full <input type="checkbox"/> Limited Details:	Parent 1 access arrangements <input type="checkbox"/> Full <input type="checkbox"/> Limited Details:
Are there any court orders relating to the powers, duties, responsibilities or authorities of any parents in relation to the child or access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please complete the following: 1) Bring the ORIGINAL court order/s for staff to see, and attach a copy of the original to this enrolment form. 2) If the orders: a) Change the powers of a parent/guardian to: i) Authorise the taking of the child outside the service by a staff member of the service; ii) Consent to the medical treatment of a child; iii) Request or permit the administration of medication to the child; iv) Collect the child from the service, AND / OR b) Give these powers to someone else, Please describe the changes and provide the contact details of any person given these powers in the space below.	

AUTHORISATIONS

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 Little Yacks will notify one of the following people who are authorised to collect and care for the child (authorised nominee). Please specify further authorities for excursions, ambulance transportation, medical treatment, medications and emergency situations for each contact as detailed below.

AUTHORISED NOMINEE 1	AUTHORISED NOMINEE 2
Name:	Name:
Address:	Address:
Town:	Town:
State Postcode:	State Postcode:
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Phone Mobile:	Phone Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Collect/deliver child to and from the service	<input type="checkbox"/> Collect/deliver child to and from the service
<input type="checkbox"/> Give permission for excursions out of the service	<input type="checkbox"/> Give permission for excursions out of the service
<input type="checkbox"/> Permit transport by ambulance	<input type="checkbox"/> Permit transport by ambulance
<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> Consent to medical treatment
<input type="checkbox"/> Permit /request medication to be administered	<input type="checkbox"/> Permit /request medication to be administered
<input type="checkbox"/> If parents/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.	<input type="checkbox"/> If parents/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.

AUTHORISED NOMINEE 3	AUTHORISED NOMINEE 4
Name:	Name:
Address:	Address:
Town:	Town:
State Postcode:	State Postcode:
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Phone Mobile:	Phone Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Collect/deliver child to and from the service	<input type="checkbox"/> Collect/deliver child to and from the service
<input type="checkbox"/> Give permission for excursions out of the service	<input type="checkbox"/> Give permission for excursions out of the service
<input type="checkbox"/> Permit transport by ambulance	<input type="checkbox"/> Permit transport by ambulance
<input type="checkbox"/> Consent to medical treatment	<input type="checkbox"/> Consent to medical treatment
<input type="checkbox"/> Permit /request medication to be administered	<input type="checkbox"/> Permit /request medication to be administered
<input type="checkbox"/> If parents/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.	<input type="checkbox"/> If parents/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness.

HEALTH and MEDICAL INFORMATION

CHILD'S IMMUNISATION RECORD

As of January 2016, the Victorian Government amended the Public Health & Wellbeing Act 2015 with the "No Jab No Play" legislation. This means that a child's place in Little Yacks Childcare cannot be confirmed until we have up to date immunisation records confirming a child's immunisation status.

Has the child been Immunised? Yes No

If NO, please see the Director to confirm what you will need to do in order to complete enrolment for your child. Please provide the Immunisation History Statement from the Australian Childhood Immunisation Register.

Medicare Number: _____ - _____ - ____

Do you have an Ambulance Subscription? Yes No Ambulance Member Number:

Do you have private medical cover? Yes No

Name of Health Fund:

Health Fund Number:

MEDICAL PROVIDER DETAILS

Please provide details of your medical provider / general practice service.

Name of Medical Service:

Name of GP:

Address:

Town: State Postcode:

Phone:

Name of Dental Service:

Name of Dentist:

Phone:

Maternal & Child Health Centre:

Name of Nurse:

Address:

Phone:

Has the Centre sited a copy of your child's Health Record? Yes No

Has your child had their 3 ½ year old assessment with the Child Health Centre? Yes No
If Yes, please provide a copy of the assessment.

Does your child suffer from any of the following?	
<input type="checkbox"/> Allergies – please attach Management Plan	<input type="checkbox"/> Diabetes -
<input type="checkbox"/> Asthma -	<input type="checkbox"/> Epilepsy -
<input type="checkbox"/> Anaphylaxis -	<input type="checkbox"/> Other – please provide details below and attach any relevant reports and assessment.
Other	

CHILD'S HEALTH & DEVELOPMENT

In order to help us understand your child's needs please provide details regarding the following.

Does your child have any problems with hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Does your child have any problems with sight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Does your child have any problems with speech? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Does your child have a physical disability or delay including intellectual, sensory or physical impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Does your child take any regular medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details
Are there any dietary preferences for your child you would like us to aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details

MEAL PLAN

I would like my child to participate in the following meal/s plan.

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning Snack	<input type="checkbox"/> Lunch
<input type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Evening Snack	

GETTING TO KNOW YOU

Please provide the following information to help us get to know you, your child and your family in order to make their start at Little Yacks as smooth as possible.

YOUR FAMILY

What members make up your family?

What languages are spoken at home?

Are there any aspects of your child's cultural, ethnic and/or religious background that you would like us to be aware of?

Tell us about any recent or upcoming important events in your family.

YOUR CHILD

Tell us about your child in the home.

Tell us about your child's experiences within the community.

What are your views on your child starting their education?

What do you think might help your child settle into their group at child care?

What makes your child happy?
What does your child look forward to?
What is your child interested in?
How does your child learn? How do you get the best response from them?
What might your child need some help with?
Tell us about the sort of things that upset your child.
How can staff help your child if they become upset?

INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THE CENTRE

From time to time the Department of Education and Early Childhood Development seeks information on the characteristics of families who use the school. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

Does either parent have a disability?

Yes No

Is the family a single parent family?

Yes No

Are you the holder of a Health Care Card?

Yes No

NEWSLETTER

All families receive the newsletter via email. Some families like a printed copy of the newsletter as it makes it more accessible for their family to read. Please tick below if you would like a printed copy.

Do you require a printed copy of the Newsletter? Yes No

PHOTOGRAPHS – digital images

From time to time digital photographs and video may be taken by Staff.

Photographs and video will be used and / or published, for the purposes below, without child's name attached.

- a) For use within the learning program – eg: learning stories, picture books
- b) For use in Little Yacks and Yackandandah Health newsletters, brochures, social media and website.
- c) For use in external publications including newspaper articles and media promotion.

I give permission for my child/children to be photographed as per above.

Yes No

NOTE: Please note that LYC has no control over the use of the photographs/videos taken by parents or guardians.

SUNSCREEN

Sunscreen as supplied by LYC, may be applied to children's skin by staff.
Alternately, parents may elect to provide their own. Please tick to indicate your preference

I give permission for the staff of LYC to apply sunscreen to my child as supplied by LYC.

Yes No

I will supply my child with their own sunscreen to be applied by the staff of LYC.

Yes No

Do not apply sunscreen to my child.

Please note that children who do not have sunscreen applied may be required to restrict their movement to shaded areas, and may be required to wear clothing that provides sun protection.

Yes No

Signature: _____ Date: _____

HEADLICE

To reduce the spread of headlice, children will be periodically checked by a school nurse or parent volunteer. Parents will be notified if headlice are detected in their child's hair.

I give permission for the staff of LYC to check my child's hair for headlice. Yes No

ARTWORK

I hereby give permission for my child's artwork and / or written material to be used in advertising material and / or promotional displays for Little Yacks Childcare. I understand that the Little Yacks Childcare is a community owned not for profit organisation and there will be no payment for the use of the material.

Yes No

Signature: _____ Date: _____

DECLARATION

I / We _____ (Parent / Guardian – Print full Names)	
<p>Declare that the information in this enrolment form is true and correct and will inform Little Yacks Childcare in the event of any change in this information.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Agree to collect or make arrangements for the collection of my/our child if s/he becomes unwell</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Consent to staff seeking, or where appropriate administering, such emergency medical, hospital, dental or ambulance services, or treatments as is reasonably necessary and that I will reimburse any necessary expenses incurred by Little Yacks Childcare.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the premises under the direction and supervision of the staff.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have read the Little Yacks Childcare Parent Information Book, understand and agree to abide by the policies and fulfil my/our obligations regarding fees.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Signature</p> <p>_____</p> <p>Parent Guardian (1) Date</p>	<p>Signature</p> <p>_____</p> <p>Parent Guardian (2) Date</p>

LAWFUL AUTHORITY

PARENTS All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Education and Care Services National Law and Education and Care National Regulations 2011 refer to these powers and responsibilities as "lawful authority". 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.

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 Education and Care Services National Law and Education and Care National Regulations 2011 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 of the child.

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