



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 asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

CHILD'S DETAILS

Surname: Date of Birth: Gender:

Given Names: *Usually called:

Home Address:

Language(s) spoken in the home: Child's CRN:

*Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)

No, not Aboriginal or Torres Strait Islander Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?
No Yes (please tick)

CHILD'S PARENTS OR GUARDIANS

Parent 1	Parent 2
Full Name:	Full Name:
Relationship to child:	Relationship to child:
Address - as per child or:	Address - as per child or:
Telephone/s (H) (Mobile)	Telephone/s (H) (Mobile)
(Email)	(Email)
Occupation:	Occupation:
Address:	Address:
Phone Number:	Phone Number:
Date of Birth:	Date of Birth:
Customer Reference Number (CRN)	Customer Reference Number (CRN)
*Is the adult of Aboriginal and/or Torres Strait Islander origin? (please tick)	*Is the adult of Aboriginal and/or Torres Strait Islander origin? (please tick)
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander
<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander
Cultural Background Primary Language:	Primary Language:
Second Language:	Second Language:
Does the child live with parent 1? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with parent 2? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Guardian (if applicable)	Guardian (if applicable)
Full Name	Full Name
Address - as per child or:	Address - as per child or:
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Date of Birth:	Date of Birth:
Customer Reference Number (CRN)	Customer Reference Number (CRN)
Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

AUTHORISED NOMINEE / PERSONS AUTHORISED TO COLLECT THEIR CHILD:

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 service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness. Authorised Nominee: is a person who has been given permission by a parent or family member to collect the child from the service. Section 107 of the National Law.

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child

COURT ORDERS RELATING TO THE CHILD

Are there any **court orders** relating to the powers, duties, responsibilities or authorities of any person in Relation to the child or access to the child?

No go to the next section. Yes **please complete the following:**

- Bring the original court order/s for staff to see and a copy to attach to this enrolment form; (relevant documentation may include parenting plans, parental responsibility plans, residence orders and contact orders).
- If these orders:
 - change the powers of a parent/guardian to:
 - authorise the taking of the child outside the service by a staff member of the service;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child,

AND/OR
 - give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

.....

.....

Is there anyone legally denied access to the child? Yes No

If Yes please provide details below

Name:	Name:
Relationship to Child:	Relationship to Child:
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Name:	Name;
Relationship to Child:	Relationship to Child:
Address	Address
Telephone/s (H) (W)	Telephone/s (H)
(Mobile)	(Mobile)

CHILD'S HEALTH INFORMATION

Name Doctor / Medical Service:

Address Doctor/Medical Service

Phone Number:

Does your child have a child health record? No Yes (please tick)
If yes, please provide to the service for sighting.

Medicare Number:

Private Health Insurance No Yes (please tick)

Ambulance Subscription: No Yes (please tick)

If Yes, please state Ambulance Subscription Number:

CHILD'S MEDICAL INFORMATION

Does your child have any special needs? No Yes (please tick)
If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

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Does your child have any allergies or sensitivity? No Yes (please tick)
If Yes Mild Severe Anaphylactic (**EpiPen MUST be provided**)

Action plan attached:

Yes No (A current year action plan from a medical practitioner together with a current photo is required.)

Has your child been diagnosed at risk of anaphylaxis? No Yes
Does your child have an auto injection device (e.g. EpiPen®)? No Yes
Has the anaphylaxis medical management plan been provided to the service? No Yes
Has a risk management plan been completed by the service in consultation with you? No Yes

In the case of anaphylaxis you will be provided with a copy of Moyhu Primary Schools Anaphylaxis Management Policy. You will be required to provide the service 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

Does your child have any other medical conditions? (E.g. asthma, epilepsy, diabetes etc. that is relevant to the care of your child) No Yes (please tick)
If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

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Asthma: No Yes (please tick)

Mild Severe (A current action plan is required)

What symptoms does your child present with when experiencing Asthma?

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Does the child have any dietary restrictions? No Yes (please tick)
If yes, the following restrictions apply

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CHILD'S IMMUNISATION RECORD

Has the child been immunised? No Yes (please tick)

***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 OR
- completing the table below using the child's Immunisation Record to provide the dates of immunisations received.

Immunisation (valid from March 2008)	Birth	2months	4months	6 months	12 months	18 months	4 years
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24 months		18-24 months
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

No Jab No Play

On 28 February 2018, the 'No Jab, No Play' legislation was amended to make it that an Immunisation History Statement from the Australian Immunisation Register (AIR) is now the only form of documentation accepted for the purpose of enrolling in an early childhood education and care service.

Previous forms of documentation, for example a letter from a GP or local council, are no longer accepted.

Medical exemption under 'No Jab, No Play'

Some children may be exempt from the requirement to be fully vaccinated on medical grounds. Examples of valid medical reasons that a child could not be fully vaccinated include:

- An anaphylactic reaction to a previous dose of a particular vaccine, or
- An anaphylactic reaction to any vaccine component
- Has a disease which lowers immunity (such as leukemia, cancer, HIV/AIDS, SCID), or
- Is having treatment which lowers immunity (such as chemotherapy).

Parents/carers who think their child may require a medical exemption to one or more vaccines should consult their GP

***Other information**

Is there anything else that the service should know about the child? (E.g. excessive fears, favorite activities, attending other early childhood service or early intervention service, etc.)

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REQUIREMENTS FOR CARE

Permanent Bookings (every week) or Casual Care

Please circle days care required:-

Monday Tuesday Wednesday Thursday Friday

CHILD CARE BENEFIT & CHILD CARE REBATE

Centrelink Benefits Information

If you intend to claim Child Care Benefit (CCB) and/or Child Care Rebate (CCR) make sure you are registered and have applied with Centrelink for these.

To claim these entitlements, either as a weekly fee deduction or with your taxation claim, you will need to provide MOSH with the Centrelink Customer Reference Number (CRN) for the parent/guardian/approved person responsible for the entitlement claims. The child's/children's CRN also needs to be provided.

This information is entered onto the Child Care Management System government online portal. Your information is kept confidential and will only be used for the purpose of claiming your entitlements.

Please be aware full fees for care will be charged until the CRN's information is provided.

Parent/guardian/approved person responsible for claiming CCB/CCR

Parent/Guardian/Approved Person Full Name as registered/applied with Centrelink.

Other children attending registered child care services

This information will be used for claiming entitlements for more than one child.

Do you have any other children attending another registered child care service (other than this service)?

Yes No

Please indicate the number of children attending these services and their start date:

Name of Service	Number of children	Start Date
Long Day Care		
Other OSHC services		
Registered Kindergarten		
Family Day Care		

PRIVACY INFORMATION

Moyhu Outside School Hours Care 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.

Enrolment forms need to be updated annually but any amendments, for example, change of address/phone number/emergency contacts etc. will need to be advised immediately.

ENROLMENT AGREEMENT CONSENTS & PERMISSIONS

Medical Consent Statement

- I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or accident (Reg. 161).
- On enrolling my/our child/ren, I/We understand that the service is unable to care for children who are sick or who have a contagious illness. I/We further acknowledge that a medical clearance may be necessary before my/our child is able to return.
- I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. paracetamol).
- Prescribed medication, including asthma and anaphylaxis, will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the service medication form is completed.
- I/We agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- I/We give permission for first aid qualified staff to administer first aid and/or medication to my/our child as required.

Parent/guardian/approved person 1

parent/guardian/approved person 2

Signature: _____

Signature: _____

Date: _____

Date: _____

Permissions

Support

- To support my/our child further whilst at the service, I/We give permission for the Coordinator/Director or service representative to liaise with school and/or specialist staff. **YES NO**
- I/We authorise students under the supervision of staff to undertake observation of my/our child for the purpose of curriculum planning and Educators in training. **YES NO**

Activities Permission

- I/We encourage my/our child to start their homework while attending Mosh if they wish to do so. **YES NO**
- I/We give permission for my/our child to view PG Rated movies, programs and games while at Mosh. **YES NO**
- I/We give permission for my/our child to participate in face painting activities. **YES NO**

Health and Safety Permission

- I/We give permission for staff to apply adhesive bandages (e.g. band aids) to my/our child. If no, please provide an alternative. **YES NO**
- I/We give permission for my/our child to have 30+ sunscreen/insect repellent applied as required. If no, please provide an alternative. **YES NO**

Media

- I/We give permission for images of my/our child to be used for Mosh newsletters, noticeboard displays, school newsletters, learning journals, day books, digital frames, newspaper articles etc. **YES NO**

(If there are child protection or custody issues in relation to the display of media, please see the Educator/Coordinator).

I/We understand and acknowledge the above; -

parent/guardian/approved person 1

parent/guardian/approved person 2

Signature: _____

Signature: _____

Date: _____

Date: _____

Fees

- if my/our child is not collected from the service by closing time a Late Fee penalty will be incurred as specified in the Fees Schedule
- if notice of not attendance is not given by 3.pm. on day of attendance a Fee penalty will be incurred as specified in the Fees Schedule
- failure to pay fees incurred within prescribed timeframes may result in withdrawal of child care until account is paid in full or a payment plan negotiated. Failure to adhere to negotiated agreement may result in account referral to a debt collection agency, the cost of which will be added to account.

I/We understand and acknowledge the above; -

parent/guardian/approved person 1

parent/guardian/approved person 2

Signature: _____

Signature: _____

Date: _____

Date: _____

Damages

- I/We are financially responsible for any willful damage of equipment or property by my/our child.

I/We understand and acknowledge the above; -

Parent/guardian/approved person 1

parent/guardian/approved person 2

Signature: _____

Signature: _____

Date: _____

Date: _____

General

that:

- I/We have read the Information Handbook and agree to abide by the service policies, procedures and Mission, Vision and Values of Mosh Child Care Services.
- it is my/our responsibility to ensure all information associated with my/our child's/children's enrolment is current and will notify the service of any changes immediately.
- my/our child/children are required to be signed in as attending a session of care by either parent/guardian/approved person or authorised nominee to ensure all legal obligations are met.
- I/We must notify the service if a person, who is not on the services' current records as authorised to collect my child, will be collecting my child from any session of care and that photo ID will be required on collection.
- I/We must provide alternative care arrangements when my/our child/children are suffering from an infectious or contagious illness, as described in the exclusion guidelines in the Information Handbook or is generally unwell, or is deemed by service staff to be unable to participate in the service program.
- information on this enrolment form may be provided upon request to either parent/guardian/approved person detailed on this form.
- I/We, or emergency contacts as per enrolment form, need to be contactable at all times whilst child/children are in care.
- the service will not accept responsibility for loss or damage to any property/items brought into the service by children.
- information in this enrolment form is correct and precisely matches information submitted by me/us to Centrelink and that any discrepancies between the two may lead to the service being unable to claim CCB and CCR on my/our behalf and full fees will be charged until these discrepancies have been fixed.

I/We understand and acknowledge the above; -

Parent/guardian/approved person 1

parent/guardian/approved person 2

Signature: _____

Signature: _____

Date: _____

Date: _____

