JACOBS EARLYLEARNINGCENTRE

# ***ENROLMENT FORM***

A parent who has lawful authority in relation to the child must complete this form.
A brief explanation of lawful authority is contained at the end of this form.

## ***Information about the child***

FAMILY NAME……D.O.B ……..GENDER: M OR F

CHILD CRN……

GIVEN NAMES……..……USUALLY CALLED…….....

HOME ADDRESS……..

COUNTRY OF BIRTH……..NATIONALITY……...

IS THE CHILD OF ABORIGINAL OR TORRES STRAIT ISLAND DESCENT? YES /NO

LANGUAGES SPOKEN AT HOME……

SIBLINGS NAMES AND AGES……...

YEAR ARRIVED IN AUSTRALIA *(if applicable)*……

DOES YOUR CHILD HAVE ANY SPECIAL TALENTS, INTEREST OR HOBBIES?.....

……..

## ***Information about the child's parents or guardians***

***Mother***
NAME…….....DOB……..……CRN…….……..

PLACE OF WORK…….....

PHONE(H)……..……(W)……..……MOBILE…….

EMAIL……...

***Father***
NAME……..……DOB…….……CRN……...

PLACE OF WORK……

PHONE(H)…….....(W)……..…….MOBILE…….

EMAIL……..

DOES THE CHILD LIVE WITH THE MOTHER? YES NO *(please circle)*

DOES THE CHILD LIVE WITH THE FATHER? YES NO *(please circle)*

***COURT ORDERS RELATING TO THE CHILD***

ARE THERE ANY COURT ORDERS RELATING TO THE POWERS AND RESPONSIBILITIES OF THE PARENTS IN RELATION TO THE CHILD OR ACCESS TO THE CHILD?

NO Go to next Section

YES Please complete the following

1. BRING THE ORIGINAL COURT ORDER FOR THE DIRECTOR TO SEE AND A COPY TO BE ATTACHED TO THIS ENROLMENT FORM
2. IF THESE ORDERS:

   a) CHANGE THE POWERS OF A PARENT/GUARDIAN; AND /OR
   b) GIVE THESE POWERS TO SOMEONE ELSE

*PLEASE DESCRIBE THESE CHANGES AND PROVIDE THE CONTACT DETAILS OF ANY PERSON GIVEN THESE POWERS.*

……

……

***Child's Medical and Health Information***

NAME DOCTOR/MEDICALSERVICE…….....PH……..…….....

ADDRESS DOCTOR/MEDICAL SERVICE……

NAME DENTIST/DENTAL SERVICE…….……....……PH…….....

ADDRESS DENTIST…….....

MATERNAL & CHILD HEALTH CENTRE(MCH)……..

CONTACT NAME…….....

AMBULANCE MEMBER YES/NO MEMBER NO…….....

DOES THE CHILD HAVE ANY ALLERGY OR SENSITIVITY? YES NO *(please circle)*
If YES, the please outline the management procedures to be followed (or please attach a copy of management plan)
……...

DOES THE CHILD HAVE ANY MEDICAL CONDITION AND NEEDS
(eg. Epilepsy, Diabetes Anaphylaxis, etc)
WHICH ARE RELAVANT TO THE CENTRE? YES NO *(please circle)*
If YES, please outline the management procedures to be followed (or please attach a copy of management plan)
……...

……...
DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS? YES NO *(please circle)*

If YES, please list the restriction

……...

ARE THERE ANY FOODS YOUR CHILD HAS NOT YET TRIED? (Please list.)

……...

***Child's Immunization Record***

HAS YOUR CHILD BEEN IMMUNISED? YES NO *(please circle)*

If YES provide details by:

- Attaching a copy of the immunization record from the Child Health Record Book or
- Attaching a copy of the immunization printout from local government or
- Completing the table below using the child's immunization records to provide dates of immunization received.

| **Immunization** | 2 months | 4 months | 6months | 12months | 4-5years |
|---|---|---|---|---|---|
| DTPw (Diphtheria/Tetanus/Pertussis) | | | | | |
| DTPa (Diphtheris/Tetanus/Pertussis) | | | | | |
| OPV (Oral Polio Vaccine-Sabin) | | | | | |
| MMR (Measles,Mumps,Rubella) | | | | | |
| Hib (PedvaxHIB/HibTITER) | | | | | |

SOME CHILDREN HAVE ALSO HAD MENIGOCOCCAL, CHICKEN POX AND HEPATITIS B IMMUNIZATIONS, IF SO PLEASE PROVIDE THE DATES THESE HAVE BEEN GIVEN.

……

***Other Persons to be Notified***

There may be times when your child has an accident, injury or illness and the parents or guardians cannot be contacted. To deal with these situations Jacobs Early Learning Centre will notify ONE of the following people who are authorized to collect and care for the child.

NAME……...

ADDRESS……

TELEPHONE(H)…….……(W)……

RELATIONSHIP TO CHILD……..

NAME……...

ADDRESS……

TEL (H)……..(W)……

RELATIONSHIP TO CHILD……..

***Collecting child from Jacobs Early Learning Centre***

Your consent is required for other people to collect your child from Jacobs Early Learning Centre on your behalf.

In event that your child is not collected from the Centre, and the parents/guardians cannot be contacted, this list will be used to arrange someone to collect your child.

Details of people who have permission to collect this child. (This list may be added to or changed throughout the year.

NAME……...

ADDRESS……

TEL(H)……(W)……(Mob)…….

NAME……...

ADDRESS……..

TEL(H)……(W)…….……..(Mob)……..

NAME……...

ADDRESS…….....

TEL(H)……..…….(W)……(Mob)……..

NAME…….....

ADDRESS……

TEL(H)……....(W)…….….(Mob)……..

***Other Information***

If there is anything that Jacobs Early Learning Centre should know about your child (e.g. special needs, excessive fears, favorite activities, cultural celebrations etc) this is as follows:

……...

……...

……...

## ***Declaration and Consent to Emergency Medical Treatment***

I …….(Print full name) am a person with lawful 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 Jacobs Early Learning Centre 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, if she/he becomes unwell at the service.
- Consent to the staff of Jacobs Early Learning Centre seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary, and, that I will reimburse any necessary expenses incurred by Jacobs Early Learning Centre.

Signature……Date……

***Lawful Authority***

*Parents*

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Children's Services Regulations 1998 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 is 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 the 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 the day to day care and control of the child.

# PERMISSION FORMS

These policies are final and binding, and apply without exception to Jacobs Early Learning Centre. A parents' implicit understanding is taken as given when their child/ren are enrolled.

*PLEASE SIGN THE INDIVIDUAL FORMS BELOW, GIVING YOUR CONSENT TO THE APPROPRIATE CLAUSE……*

* I hereby abide by the fees and accounts policy, and understand the consequences of failing to make regular payments.

Date..... Parent's signature.....

* I hereby give my permission for my child/ren to be photographed according to the outlined policy in the handbook.

Date..... Parent's signature.....

* I hereby give permission for band-aids to be used as part of first aid treatment on my child/ren.

Date..... Parent's signature.....

*I hereby give my permission for sunscreen to be applied on my child/ren before playing outdoors at the centre.

Date..... Parent's signature.....

*I hereby give permission for family details to be used in the case of an emergency i.e. ambulance officers, doctors, hospital.

Date..... Parent's signature.....

*I hereby agree to have my child's name, photo and birth date displayed in the room, in their portfolios/disk and newsletter. All details relating to your child and details will be used in accordance with the centre's privacy policy.

*I understand that training students may be involved in my child's care, and I agree to the policies relating to the collection of observations and basic background information.

Date..... Parent's signature.....

*PLEASE MARK ANY POLICY THAT YOU DON'T AGREE WITH AND INFORM THE DIRECTOR*

# ASTHMA EMERGENCY PLAN OF ACTION

CHILD'S NAME.....

DOES YOUR CHILD HAVE ASTHMA? YES NO *(please circle)*

IN THE LAST 12 MONTHS HAS YOUR CHILD SUFFERED AN ASTHMA EPISODE? YES / NO

MEDICATION FOR NORMAL MAINTENANCE OF ASTHMA:

| Time | Dose | Method (puffer/medicine/nebuliser |
|---|---|---|
| | | |
| | | |
| | | |

MEDICATION TO BE USED WHEN MORE SEVERE SYMPTOMS DEVELOP

.....

DESCRIBE THESE SEVERE SYMPYOMS

.....

DOES YOUR CHILD HAVE A PEAK FLOW METER? YES NO *(please circle)*

WHAT IS THE NORMAL LEVEL FOR YOUR CHILD?

.....

AT WHAT LEVEL DO YOU GIVE EMERGENCY MEDICATION?

.....

EMERGENCY PROCEDURE

.....

IF I AM UNABLE TO BE CONTACTED PLEASE TELPHONE MY CHILD'S DOCTOR FOR ADVICE:

DOCTOR'S NAME.....

TELPHONE NUMBER.....

Signature……..……. Date……