



# ENROLMENT DETAILS

## FAWKNER LEISURE CENTRE OCCASIONAL CARE

A parent or guardian who has lawful authority in relation to the child must complete this form.

**Lawful Authority**

*Parents*  
All parents have powers and responsibilities in relation to their children, which can 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 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 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 of the child.

Questions marked with an asterisk \* are not required by the Children's services Regulations 1998

### Information about the child/children:

**Child 1:** Family Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Sex: M ☐ F ☐

(please tick)

Given Names:\_\_\_\_\_ Usually Called:\_\_\_\_\_

**Child 2:** Family Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Sex: M ☐ F ☐

(please tick)

Given Names:\_\_\_\_\_ Usually Called:\_\_\_\_\_

**Child 3:** Family Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Sex: M ☐ F ☐

(please tick)

Given Names:\_\_\_\_\_ Usually Called:\_\_\_\_\_

Address (if different to Parent):\_\_\_\_\_

Languages spoken in the home: \_\_\_\_\_

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

### Information about the child's/children's parents or guardians:

Mother / Parent 1	Father / Parent 2
Name: _____	Name: _____
Address: _____	Address: _____
Telephone/s _____	Telephone/s _____
(H) _____ (W) _____	(H) _____ (W) _____
(Mobile) _____	(Mobile) _____
Does the child/children live with the mother/parent 1? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child/children live with the father/parent 2? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)



**Guardian (if applicable)**

**Guardian (if applicable)**

Name	Name
Address:	Address:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Does the child live with the Guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the Guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

**Other persons to be notified**

In the event of an emergency such as an illness or injury of the child, where the parent cannot be reached please nominate two people other than the parent/ guardian who will be authorised to collect and care for the child

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

**Collecting the child/children from the children's service**

Your consent is required for other people to collect your child from the children's service on your behalf. Please list the details of those people who can collect your child in the table below. In the event that your child is not collected from the children's service and the parent/ guardian can not be contacted, this list will also be used to arrange someone to collect your child.

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

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



Doctor: \_\_\_\_\_

Medical practice: \_\_\_\_\_

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

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

Private Health insurance   No ☐   Yes ☐   Name of Insurer \_\_\_\_\_

**Child 1:** Name \_\_\_\_\_ No ☐ Yes ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child 2:** Name \_\_\_\_\_ No ☐ Yes ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child 3:** Name \_\_\_\_\_ No ☐ Yes ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Child's/children's immunisation record**  
 ACIR Immunisation History Statement Attached

Child 1 .....

Key Date 1	Key Date 2	Key Date 3	Enrol?
First date child will attend service	Date two months prior to child first attending service	Date of next due vaccine	Yes
			No

Child 2 .....

Key Date 1	Key Date 2	Key Date 3	Enrol?
First date child will attend service	Date two months prior to child first attending service	Date of next due vaccine	Yes
			No

Child 3 .....

Key Date 1	Key Date 2	Key Date 3	Enrol?
First date child will attend service	Date two months prior to child first attending service	Date of next due vaccine	Yes
			No

**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 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;

If these orders:

- a) 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
- b) give these powers to someone else

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

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**Other information**

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities etc) this is as follows:

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### \* Information for bodies which may provide funding to this service

From time to time the Department of Human services seeks information on the characteristics of families who use this children's service. This is used for planning new policies, programmes and resources to support services. To help provide accurate information please answer the following questions:

- |  |  |
|--|--|
| *Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? | No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |
| *Does either parent have a disability?   | No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |
| *Is the family a single parent family?   | No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick) |

### \* Child Care Subsidy (CSS)

As per Sections 194C and 194D of the Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017.

From 2 July 2018 **Child Care Subsidy** replaces *Child Care Benefit (CCB)* and *Child Care Rebate (CCR)*. Due to changes in legislation the centre is not approved for CCS and we are unable to issue receipts for care provided. For further information please go to: <https://www.education.gov.au>

### \* Cultural Celebrations

During the year, children within the Occasional Care Centre celebrate various cultural occasions such as those listed below. If your child is attending the centre they may be aware of these occasions occurring within the room. We need to know if you want your child to participate in these activities whilst attending the centre.

#### These include:

- |                |                             |                              |
|----------------|-----------------------------|------------------------------|
| • Birthdays    | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Easter       | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Christmas    | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Mother's Day | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Father's Day | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Other _____  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Other _____  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

### \* Photographs

Do you consent to your child/ren having their photo taken:

- |                   |                             |                              |
|-------------------|-----------------------------|------------------------------|
| By staff          | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| By another parent | No <input type="checkbox"/> | Yes <input type="checkbox"/> |





**Sun Protection Policy**

In line with the Anti-Cancer Council of Victoria recommendations, the Department of Human Services suggests that all children are protected by SPF 30+ (or higher) sunscreen when exposed to sunlight. In conjunction with Fawkner Leisure Centre Occasional Care policy, we ask that parents **apply SPF30+ sunscreen to their child/ren PRIOR to arrival at the Occasional Care**. Children are also required to wear a hat whilst outside, if one is not supplied your child/ren will not be able to go outside to play.

I give permission for sunscreen to be re-applied to my child as  
required when outdoors from September to end of April                      No ☐                      Yes ☐

**Declaration and consent to emergency medical treatment**

I, \_\_\_\_\_ (print full name)

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 the 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 she/he becomes unwell at the service
- give consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary including calling an ambulance and hospitalisation, and that I will reimburse any necessary expenses incurred by the children's service.
- give consent to the staff of the children's service to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service if required.

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