

ENROLMENT INFORMATION	Computer Generated Child ID:	
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CHILD DETAILS

PERSONAL DETAILS OF CHILD

	Surname:	
First Given Name:		
Second Given Name:		
Preferred Name (if applicable):		
❖ Gender (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	❖ Birth Date: (dd-mm-yyyy) ____ / ____ / ____
Birth Certificate Supplied: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: No. & Street: or PO Box		
Suburb:		Postcode:
❖ Country of Birth:		
❖ Does the Child speak a language other than English at home? (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes* (please specify): _____ * If more than one language is spoken at home, indicate the one that is spoken most often		
❖ Is the Child of Aboriginal or Torres Strait Islander origin? (tick one)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander		
❖ What is the child's living arrangements? # (tick one) :		
<input type="checkbox"/> At home with TWO Parents/Guardians <input type="checkbox"/> At home with ONE Parent/Guardian		

CHILD CARE BENEFIT (fee reductions) please contact the Family Assistance Office on 13 61 50 or call into your local Centrelink Branch before commencing care, to register for Child Care Benefit. You will be given a reference number (CRN) for yourself and your child. Please list these details below.

Child CRN:	Parent 1 CRN:	Parent 2 CRN:
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DAYS REQUIRED

Early Learning Centre Opening Hours 7am – 6pm				
<input type="checkbox"/> MONDAY	ARRIVAL TIME		COLLECTION TIME	
<input type="checkbox"/> TUESDAY	ARRIVAL TIME		COLLECTION TIME	
<input type="checkbox"/> WEDNESDAY	ARRIVAL TIME		COLLECTION TIME	
<input type="checkbox"/> THURSDAY	ARRIVAL TIME		COLLECTION TIME	
<input type="checkbox"/> FRIDAY	ARRIVAL TIME		COLLECTION TIME	

FAMILY DETAILS

PARENT/CARER DETAILS:

PARENT/CARER 1: The parent who is registered for child care benefit and tax purposes	
Title: (Miss Mrs Ms Mr)	Surname:
First Given Name:	
Address: No. & Street: or PO Box	
Suburb:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Work Number:
Email Address:	Visa Number: (if applicable)
Please tick <input type="checkbox"/> Yes or <input type="checkbox"/> No if you would like to receive the centres monthly newsletter.	
Birth Date: (dd-mm-yyyy) ____/____/____	❖ Country of Birth:
❖ Language spoken at Home:	❖ Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?
Occupation :	Work Days:
Work Address: No. & Street: or PO Box	
Suburb:	Postcode:
Relationship to Child:	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____
PARENT/CARER 2:	
Title: (Miss Mrs Ms Mr)	Surname:
First Given Name:	
Address: No. & Street: or PO Box	
Suburb:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Work Number:
Email Address:	Visa Number: (if applicable)
Please tick <input type="checkbox"/> Yes or <input type="checkbox"/> No if you would like to receive the centres monthly newsletter.	
Birth Date: (dd-mm-yyyy) ____/____/____	❖ Country of Birth:
❖ Language spoken at Home:	❖ Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?
Occupation :	Work Days:
Work Address: No. & street: or PO Box	
Suburb:	Postcode:
Relationship to Child:	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____

ALTERNATIVE PERSON/S AUTHORISED TO COLLECT YOUR CHILD

Your consent is required for other people to collect your child from Hillsmeade Early Learning Centre on your behalf. Please list the details of those people you have authorised to collect your child. This list may be added to or changed throughout the year. In the event that the child is not collected from Hillsmeade Early Learning Centre and the parent/s or carer cannot be contacted, this list will also be used to arrange someone to collect your child.

	Name (Authorised contacts other than parents/carer)	Relationship to child (Grandparent, Aunt, Neighbour or Friend)	Telephone Contact	Language (If English Write "E")
1				
2				
3				

CHILD RESTRICTION DETAILS

Is the Child at risk of harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access/Custody Alert for the Child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Please attach all documentation to this enrolment regarding any Access/Custody issues.				
Describe any Access Restriction:				

FAMILY & CULTURAL INFORMATION

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information

OTHER SIBLINGS/FAMILY MEMBERS ATTENDING HILLSMEADE PRIMARY SCHOOL

Siblings Name:	Siblings Name:
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Are there any Cultural/Religious beliefs that we should be aware of while your child is at Hillsmeade Early Learning Centre?

No Yes If **Yes** please specify:

Does your child have any religious, cultural, medical or other dietary restriction?

No Yes If **Yes** please specify:

.....

Is your child allowed to celebrate in all festivals/celebrations?

Yes No If **No** please specify.....

Does your child's family, grandparents or any other relatives come from another cultural background? Yes No

If **yes** please state which Culture/ Country

We would like to provide an environment that supports your child's family background. Are there any areas that you would like us to focus on?

(E.g. painting, dance, festival dates)

.....

Would you or your family like to contribute any aspects of your culture to Hillsmeade? Yes No

E.g. Language Food Dance Music Stories Pictures Any Other Aspects (please specify)

.....

.....

PARENT/CARER EXPECTATIONS

Please state any expectations, concepts or ideas that you have for the programs in which your child will be involved.

.....
.....

Short Term or Long Term goals that you may have for your child that we might be able to address while your child is at Hillsmeade ELC.

.....
.....

Is there any particular area which you are concerned about?

.....
.....

Do you have any skills that you would like to contribute to the Hillsmeade program? (E.g. guitar, yoga, sewing, carpentry, cooking, language)

.....
.....

SOCIAL/ DEVELOPMENT ISSUES

Does your child have behavioural difficulties?

No Yes If **Yes** please specify.....

.....

Does your child eat independently? Yes No

Does your child sleep independently? Yes No
or with a dummy Yes No or any other aids Yes No

Is your child toilet trained? Yes No

Is there anything else that Hillsmeade Early Learning Centre should know about your child? (favourite activities, any fears, food likes/dislikes, special words staff can use to comfort your child)

.....
.....

HEALTH

FAMILY DOCTOR DETAILS:

Doctor's Name:		<input type="checkbox"/> Individual	<input type="checkbox"/> Group
Full Address:			
Phone Number:		Fax Number:	
Maternal & Child Health (MCH) Centre:		Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the family have a current Ambulance Subscription: (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicare Number: _____			

FAMILY EMERGENCY CONTACTS:

	Name (Emergency contacts other than parents/guardians above)	Relationship to child (Grandparent, Aunt, Neighbour or Friend))	Telephone Contact	Language (If English Write "E")
1				
2				
3				

CHILD MEDICAL AND IMMUNISATION DETAILS

MEDICAL CONDITION DETAILS:

Does the child suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IMMUNISATION DETAILS OF CHILD

What is the child's Immunisation Status: (tick)	<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Partial Immunisation	<input type="checkbox"/> Not Immunised
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Please provide the details of immunisation 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

ASTHMA MEDICAL CONDITION DETAILS:

Does the child suffer from Asthma? ** (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please go to other medical conditions)
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Answer the following questions ONLY if the student suffers from any asthma medical conditions.

Please indicate if the child suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, please specify:	
Has an Asthma Management Plan been provided to the Centre?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child take medication for the above medical conditions? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medication taken:			
Is the medication taken regularly by the child (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Child	<input type="checkbox"/> First Aid <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Child	<input type="checkbox"/> with First Aid <input type="checkbox"/> Elsewhere

OTHER MEDICAL CONDITIONS

Has your child been diagnosed as at risk of anaphylaxis? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify): If yes please provide details of any medical plan, anaphylaxis medical management plan, or risk minimisations plan that needs to be followed. Include any dietary restrictions for your child.	
Does the child have any other medical condition or suffer from any allergies or sensitivity? (If more than one condition please attach further details to this enrolment) <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify):	
Symptoms:	
If my child displays any of the symptoms above please: (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Medication taken? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name of Medication:	
Is the medication taken regularly by the child (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: (tick) <input type="checkbox"/> Child <input type="checkbox"/> First Aid <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Is a reminder required for the Child to take their medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication is stored: (tick) <input type="checkbox"/> with Child <input type="checkbox"/> with First Aid <input type="checkbox"/> Elsewhere	
Please indicate any side effects of any medication that we should be aware of :	

CONSENTS/PERMISSION

MEDICAL CONSENT

In the event of illness or injury to my child whilst at Hillsmeade Early Learning Centre, on an excursion, or travelling to or from the centre; I authorise the Director, or his/her designated representative:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- such consent includes anaesthetics, blood transfusions, surgical operations and emergency ambulance transport
- administer such first aid as the Director, or his/her designated representative may judge to be reasonably necessary.
- consent for administration of paracetamol if required. Yes No

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

GENERAL CONSENT

GENERAL CONSENT FOR HILLSMEADE EARLY LEARNING CENTRE ACTIVITIES

- I give permission for my child (Given Name): _____ (Surname): _____
- to attend local excursion activities in and out of the school other than activities requiring special precautions as defined by the Department of Education and Early Childhood Development.
 - to have contact with Animals and Insects that may take place on local excursions.
 - to have SPF 30+ sunscreen applied to my child's face, ears, neck, arms and legs in accordance with the SunSmart policy of the centre
 - for my child to have their head checked for head lice randomly or as required. I understand the centre will take all available measures to maintain the health and hygiene of children and staff attending the Hillsmeade Early Learning Centre.
 - If you do not want any of the following products used on your child if required please tick

Nappy Rash Cream Aeroguard Saline Solution Band-aids

Printed Name of Parent/Guardian

Signature Parent/Guardian

Date

PRIVACY CONSENT

Written Parent/Guardian Consent:

Hillsmeade Early Learning Centre uses this enrolment form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with other government agencies, funding agencies and administrators for operational purposes only. The professional has discussed with me how and why certain information about me or my child may be shared with other service providers. I understand this and I give my informed consent for the information to be shared as detailed above.

Signed: _____

Dated: _____

Signed by:

Parent/Guardian OR

Authorised Representative on behalf of:

(Print Parent/Guardian Name)

Witnessed by:

Signed: _____

(Professional)

Dated: _____

Name: _____

(Professional – please print)

Position: _____

Verbal Parent/Guardian Consent:

Professional Use Only

Verbal Consent should only be used where it is not practicable to obtain written consent.

Hillsmeade Early Learning Centre uses the enrolment form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with other government agencies, funding agencies and administrators for operational purposes only. I have discussed with the Parent/Carer or authorised representative how and why certain information about the Parent/Carer or their child may be shared with other service providers. I understand this and I give my informed consent for the information to be shared as detailed above.

Signed: _____

(Professional)

Dated: _____

Name: _____

(Professional –please print)

Position: _____

To ensure the Parent/Guardian's authorised representative is able to make an informed decision about consent to the sharing of information as detailed above, the teacher/worker/practitioner should: (tick when completed)

1. Discuss with the Parent/Guardian the proposed sharing of information with other services/agencies
2. Explain that the Parent/Guardian's information will only be shared with these services/agencies if the consumer has agreed and, when referring, advise that referral for service can still proceed if the Parent/Guardian does not want information disclosed
3. Provide the Parent/Guardian with information about privacy, such as the brochure 'Your Information – It's Private'
4. Provide the Parent/Guardian with a copy of this form if requested once completed

MULTI MEDIA CONSENT

At Hillsmeade Early Learning Centre we celebrate all our infants and children's milestones and participation in events from birth onwards. As we are following the interest of your child and implementing an emerging curriculum as an education base, we are required to photograph your child along with other mediums that are combined to complete your child's portfolio. In order for us to do this at a high standard we or other government agencies/ (or City of Casey) require your permission to photograph your child on a regular basis.

Photographs will be used for the following :

- group or individual photos which might be used in their own or other children's portfolios (no information about your child will be mentioned in another child's portfolio)
- general display inside the centres premises
- for display in the kitchen or staff room for identifying children with allergies etc.
- in different media such as newsletters, pamphlets etc.
- the Information Privacy Act 2000 requires the centre to obtain the consent of parent/s for the use of their child's images/work on the centre's website or in the media. By signing below, consent is given for permission for your child's image/work being published on the centre website/in the media.
- your child's photograph may also be used when we invite local press to centre events, they are expected to follow centre policy on the publication of photographs of children. When a story is about an individual achievement we will always seek your consent before passing information or photographs to the press for publication. Unless a story features an individual child, only group photos are published and are only identified by first name and year only.

Printed Name of Parent/Guardian

Signature Parent/Guardian

Date

Thank you for taking the time to complete this Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:			
CRN for Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CRN for Parent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Room when child starting	<input type="checkbox"/> Yes	Date:
Website Permission: <input type="checkbox"/> Yes <input type="checkbox"/> No			General Photo Permission: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted	Birth Certificate received? (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the Child? (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Does the student have a Disability ID Number? (tick)			<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:			
Court Order on file (if applicable)			<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> Pending			
Parent Handbook	<input type="checkbox"/> Yes	<input type="checkbox"/> No			New Enrolment Checklist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:								