

When completing this form please use a **black pen and print clearly.**



Enrolment Details

Part 1. Child's Information

Given Name

Family Name

Other Names

Gender *(Please tick)*

Male Female Intersex/Unspecified

Date of Birth

Child Customer Reference No. (Centrelink)

/ / (CRN)

Home Address

Postcode

Country Of Birth

Preferred language for communication

Do you require the services of an interpreter? *(Please tick)*

Yes No

Please note we cannot guarantee an interpreter but will try to meet your request.

Which cultural group do you associate yourself with?

Is the child of Aboriginal and/or Torres Strait Islander origin?

(Please tick only one box)

- No, not Aboriginal or Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Yes, Aboriginal
- Yes, Torres Strait Islander

Has the family or child had a refugee experience?

Yes No

Does your child have any dietary restrictions (excluding any allergies or anaphylaxis)?

Yes, please provide details: No

Part 2. Parent/Guardian information

Parent/Guardian 1

Given Name

Family Name

Gender (Please tick)

Male Female Intersex/Unspecified

Date of Birth

Parent Customer Reference No. (Centrelink)

/ / (CRN)

Home Address

Postcode

Postal Address (if different to child):

Email Address

Phone Numbers

Home

Work

Mobile

Country of Birth

Culture

Preferred language for communication

Occupation

Relationship to child

Parent/Guardian 2

Given Name

Family Name

Gender (Please tick)

Male Female Intersex/Unspecified

Date of Birth

Home Address

Postcode

Postal Address (if different to child):

Email Address

Phone Numbers

Home

Work

Mobile

Country of Birth

Culture

Preferred language for communication

Occupation

Relationship to child

I would prefer to be contacted via: Email Mail Phone

Part 3. Emergency Contacts / Authorised Nominees

Please provide contact details of people you authorise as contacts for your child. Please note: You will need to list a **minimum of 2** Authorised Nominees. An Authorised Nominee is any person who has been given permission by a parent or guardian to collect the child when care has concluded for the day. **Emergency contacts cannot be Parent/Guardian 1 or 2.**

Contact 1

Name

Home Address

Phone Numbers
 Home
 Work
 Mobile

Relationship to the child

(Authorised Nominee) This person has the authority to collect the child when care has concluded for the day. Yes No

This person can be notified of any accident, injury, trauma or illness involving the child Yes No

This person can authorise emergency medical or ambulance treatment for the child? Yes No

This person is authorised to authorise an educator to take the child outside the premises. Yes No

Contact 2

Name

Home Address

Phone Numbers
 Home
 Work
 Mobile

Relationship to the child

(Authorised Nominee) This person has the authority to collect the child when care has concluded for the day. Yes No

This person can be notified of any accident, injury, trauma or illness involving the child Yes No

This person can authorise emergency medical or ambulance treatment for the child? Yes No

This person is authorised to authorise an educator to take the child outside the premises. Yes No

Contact 3

Name

Home Address

Phone Numbers
 Home
 Work
 Mobile

Relationship to the child

(Authorised Nominee) This person has the authority to collect the child when care has concluded for the day. Yes No

This person can be notified of any accident, injury, trauma or illness involving the child Yes No

This person can authorise emergency medical or ambulance treatment for the child? Yes No

This person is authorised to authorise an educator to take the child outside the premises. Yes No

Contact 4

Name

Home Address

Phone Numbers
 Home
 Work
 Mobile

Relationship to the child

(Authorised Nominee) This person has the authority to collect the child when care has concluded for the day. Yes No

This person can be notified of any accident, injury, trauma or illness involving the child Yes No

This person can authorise emergency medical or ambulance treatment for the child? Yes No

This person is authorised to authorise an educator to take the child outside the premises. Yes No

Part 4. Days required

Start date?

	Monday	Tuesday	Wednesday	Thursday	Friday
After school session	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your child is accessing another service such as school, preschool or childcare? Yes No
Please indicate below the days and times you will need transport to and from these services.

Part 5. Childcare subsidy

Do you receive a carer allowance on behalf of your child?
 Yes No

Do you have a current Child Care Subsidy Assessment Notice for this child?
 Yes No

Child Care Subsidy (CCS) is a payment made by the Commonwealth Government to assist families with the coast of quality care. To register for CCS you need to contact the Department of Human Services office on 136 150 or through your MyGov account.

Payment of Fees

Full fees are payable if you have not provided correct DOB /CRN details or if you have not applied and been approved for Child Care Subsidy.

Fees are paid according to booked days.

Fees for permanent booked days are payable if your child is absent due to illness, additional holidays, public holidays.

I/We have read and agree to the payment of fees terms listed above.

Print Name

Date

Signature: _____

Part 6. Medical Conditions

Children with medical conditions must, by law, have a medical action plan, risk minimisation and communication plans. All action plans must be signed by a medical practitioner prior to commencing with the service. More information on anaphylaxis requirements is at www.education.vic.gov.au/anaphylaxis.

Is your child currently diagnosed with asthma? (Please tick)

Yes No

Is your child currently diagnosed with an allergy? (Please tick)

Yes No

Has your child been diagnosed at risk of anaphylaxis (Please tick)

Yes No

If yes, Does your child have an auto injection device (e.g. EpiPen)

Yes No

Is your child currently diagnosed with Epilepsy? (Please tick)

Yes No

Is your child currently diagnosed with Diabetes? (Please tick)

Yes No

Is your child currently diagnosed with Eczema? (Please tick)

Yes No

Is your child currently diagnosed with any other Medical Conditions? (Please tick)

Yes No

If you have ticked yes please provide us with information of the medical condition/s below:

If you would like to read Windermere’s policy on medical conditions please inform us when you return this form.

Services must obtain permission from parent/guardians to publicly display information about children’s medical conditions. Displaying this reminds all staff of each child’s health and wellbeing needs.

I agree to have my child’s medical condition information displayed within the service.

Signature of Parent/Guardian

Date

Does your child have any additional needs?

Yes No

If yes, give details to assist us to meet their needs:

Part 7. Doctor Information

Name of Doctor/Medical Service

Address of Doctor/Medical Service

Phone No

Medicare No

 --

Ref

 (Number next to name on card)

Ambulance Cover

 Yes No

Subscription Number

Part 8. Immunisation Information

Is your child's immunisation up to date?

 Yes No

Important Note: You will need to attach a copy of your child's Immunisation History Statement. **A child cannot attend care without an up to date Immunisation History Statement** which can be downloaded through your MYGOV account. Windermere do not sight health records.

 Yes, I have attached a copy of my child's Immunisation History Statement. No, my child has an exemption of Immunisation under the 16 week grace period and I have attached relevant details.

If your child has an exemption of Immunisation under the 16 week grace period. Please provide details.

 Yes No NA

Name, date and signature of staff acknowledging receipt of immunisation status

Name

Position

Date

Important Note: A child cannot attend care without an up to date Immunisation History Statement.

Part 9. Legal Orders

Are there any court orders, parenting orders or parenting plans?

Yes No

If yes, please provide the original document to be copied and attached to the enrolment form. If the orders change at any time please provide updated documentation.

Does Child Protection have current involvement with this child?

Yes No

Name of staff/educator sighting the original document

Date received

Signature

Part 10. Priority of Access

Windermere Early Childhood Education and Care Services make a commitment to provide quality education and care to the families both living and working within the community.

There are no requirements for filling vacancies. Windermere can set their own rules for deciding who receives a place.

Windermere is to (but are not legally obliged to) prioritise children who are:

- at risk of serious abuse or neglect
- a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.

This meets the Australian Government’s aims of helping families who are most in need and supporting the safety and wellbeing of children at risk.

Part 11. Privacy Statement/Consent

Windermere will

- collect, use and store your personal information, including health information, in order to provide services to you and/or your family
- use your email address (where provided) to send you information that may be of interest to you as identified by your educator and/or Windermere. Every communication will provide you with an opportunity to opt out. You can also opt out by contacting your educator and/or Windermere or by emailing us at info@windermere.org.au
- not use your personal information for any other purpose without your prior consent or allowed or required by law
- comply with the Privacy Act 1988 (Cwlth), Privacy and Data Protection Act 2014 (VIC), as amended from time to time and the Health Records Act 2001 (Vic)
- ensure that all personal information obtained about you will be appropriately collected, used, disclosed and transferred and will be stored safely and protected against loss, unauthorised access, use, modification or disclosure and any other misuse; and
- in accordance with its privacy policy and the relevant privacy legislation, not disclose your personal information to others without your consent (see Release of Information form)

You have a right to request access to your client record containing your personal information and may make a request to correct/update personal information at any time. Any request to access or update your client record must be made in writing to the Privacy Officer.

When releasing information to others, Windermere will only share information that is necessary in order to provide the services that are of benefit to you, or as otherwise required by law.

The personal information collected by Windermere meets the legal and funding requirements of the National Education and Care Services Act and Regulations 2011, the Commonwealth Department of Education and the Victorian State Department of Early Childhood Education and Development.

The information will be solely used by Windermere in accordance with the organisation’s privacy policy and privacy statement/consent form. Windermere may be required to disclose personal information from this document to the Department of Social Services and the Department of Education and Training.

The parent/guardian who has lawful authority for the child must complete this form.

Parent/Guardian Consent

I _____ (client name) consent to Windermere collecting and using information it collects from me in accordance with the above statements.

Parent/Guardian Name (print)

.....

Parent/Guardian Signature

.....

Date

.....

Authorised Representative Name (print)

.....

Relationship (e.g. Legal Guardian)

.....

Authorised Representative Signature

.....

Date

.....

OR

Part 12. Permissions

Audio, Video and Still Images

Audio, video and still images are now classified as “Personal Information” under the Information Privacy Act 2000.

The purpose of this permission form is to:

- Comply with the privacy legislation in relation to audio, video and still images taken at the care environment.
- Enable educators to take audio, video and still images of children as part of the program
- Enable parents/guardians and educators to take group audio, video and still images at special events such as birthdays or excursions.
- Enable parents/guardians to take audio, video and still images of their children, which may include other children in the group.
- Notify parents/guardians as to who will be permitted to take audio, video and still images and where these are taken by the educators how they will be used.

1. Audio, video and still images taken by educators, to be used with the service for programming use.

Educators will take audio, video and still images of children as part of the program which will include displaying these at the service or placing them in a book that may be borrowed from the service by the children attending. These may also be used for discussion at service meetings.

When the audio, video and still images are no longer being used as part of the program, displayed at the service or placed in a book for circulation, they may be:

- Given to the family of the child if the audio, video and still images is of their child and no other children.
- Be stored securely at the service and displayed, for example, on anniversaries of the service
- Destroyed.

2. Group photographs taken by parents/guardians or staff/educators.

Parents/guardians, as well as staff/educators, may take group photographs at special events such as birthdays or excursions while attending the service program or activity; which may also include other children in the group. Photographs taken by the staff/educators can be made available to parents/guardians.

While the service can nominate the use and disposal of photographs they organise, there is no control over those taken by parents/guardians of children attending.

3. Photographs taken by staff/educators in the Education and Care Service venue.

Audio, video and still images may be taken in the education and care service venue and displayed by Staff/educators or copies provided to parent/guardians

5. Audio, video and still images for use in newspapers, websites (including the services own website) and other external publications.

Audio, video and still images may be taken for use in newspapers, websites or other publications for marketing or promotional purposes.

NOTE: permission from parents/guardians will be obtained on each occasion prior to a child's photograph being taken to appear in any newspaper/media or external publications.

Parents/guardians need to note that the service management and staff have no control over the use of the photographs/video taken by parents/guardians.

Audio, Video and Still Images permissions

Yes

No

I/we consent to audio, video and still images and power point presentations taken by staff/educators to be used within the service for programming use

I/we consent to audio, video and still images being taken by staff/ educators/parents/guardians of other children where my child may also be in the photo

I/we consent to audio, video and still images being taken by staff/ educators in the education and care service home or playgroup venue and displayed

I/we consent to audio, video and still images being taken for use in newspaper, websites(including Windermere's Website), marketing and other external publications

I/We have read, understood and acknowledge the above.

Print Name

Signature:

Date

General permissions

Yes

No

I/we understand that the information in this enrolment form is true and correct and identifies all allergies and medical conditions known to me at this time.

I/we will agree to complete new enrolment form/s in the event of any change to this information and if required by Windermere.

I/we agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service.

I /we consent to the staff/educators of the children's service seeking, or where appropriate, administering necessary emergency, medical, dental, hospital or ambulance treatment as is reasonably necessary, in the event of any form of illness or accident occurring to the child as the service may determine in its absolute discretion. I/we will reimburse any necessary expenses incurred by the service

I/we understand that my/our written permission will be sought for excursions outside the service.

I/we consent to for Staff/Educator to inspect your child's hair for head lice as deemed necessary during the year?

I/we consent to the use of band aids on my/our child/ren if required.

I/we agree to read and approve the complying written agreement as required by the department of education and training

Yes

No

I/we give permission for staff/educators to apply sunscreen to my child as necessary during the time at the service.

I/We have read understood and acknowledge the above.

Parent/Guardian Signature: _____

Print Name

Date

Windermere procedures are available to read/download at www.windermere.org.au

(For internal use only)

Name, date and signature of staff acknowledging receipt of this enrolment record:

Position: _____

Print Name

Date

Signature: _____