



Merinda Park Learning & Community Centre Inc
 A0028764B ABN 69 093 616 835
 Melways Ref. 129 F8 Registered ACE Provider 3952
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OUT OF SCHOOL HOURS ENROLMENT FORM Year 2012

*This form must be completed by a parent or guardian who has **lawful authority** to the child. A brief explanation of lawful authority is contained on page 2 of this form.*

Has your child previously attended Out of School Hours/Vacation Care At Merinda Park Yes No

Information about the child.

FAMILY NAME.....		GIVEN NAMES.....		SEX	<input type="checkbox"/> M	<input type="checkbox"/> F
USUALLY CALLED.....		DATE OF BIRTH.....				
HOME ADDRESS.....						
COUNTRY OF BIRTH.....		LANGUAGE SPOKEN AT HOME.....				
Is the child of Aboriginal and/or Torres Strait Islander origin? (please circle)						
Aboriginal		Yes/No		Torres Strait Islander		Yes/No
*Does the child have developmental delay or disability including intellectual, sensory or physical impairment? No <input type="checkbox"/> Yes <input type="checkbox"/>						
Do you or your child hold a Health Care Card? No/Yes (please circle) <i>If yes please provide card to reception</i>						
MEDICARE NUMBER.....		EXPIRY DATE.....				
Prep transition report supplied Yes/No						

CCB Claimants CRN:.....	Child's CRN:.....
Have you contacted Centrelink Yes <input type="checkbox"/>	No <input type="checkbox"/>
Without this information CCB cannot be claimed and full fees will apply.	

Information about the child's parents or guardians

MOTHER D.O.B/...../.....	FATHER D.O.B/...../.....
NAME	NAME
ADDRESS as per child or:	ADDRESS as per child or:
TELEPHONE/S (H) (W) (Mobile) Email	TELEPHONE/S (H) (W) (Mobile) Email
COUNTRY OF BIRTH	COUNTRY OF BIRTH
LANGUAGE SPOKEN AT HOME	LANGUAGE SPOKEN AT HOME
OCCUPATION/NAME OF EMPLOYER.....	OCCUPATION/NAME OF EMPLOYER.....
Does the child live with the mother? NO <input type="checkbox"/> YES <input type="checkbox"/> (please tick)	Does the child live with the father? NO <input type="checkbox"/> YES <input type="checkbox"/> (please tick)
GUARDIANS (If applicable)	GUARDIANS(if applicable)
Name	Name
Address -as per child or:	Address - as per child or:
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
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)

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 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 a court order. The definition of "guardian" under the *Children's Service 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 and control of the child.

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/s for staff to see and a copy to attach to this enrolment form:
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorize 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:

Other persons to be notified

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 the following people who are authorized to collect and care for the child.

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

Collecting the child from Merinda Park Learning and Community Centre

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details on those people who can collect the child in below.

In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

(If same as "Other persons to be notified", write "As Above")

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

To what level of Parent / Guardian involvement would you be willing to have within our Program?

- High** : e.g Parent representative on the Committee of Management (11 meetings per year)
- Medium** : e.g. Attending open days, volunteering in program activities, i.e excursions, attending any relevant parent information evenings.
- Low**: e.g. Filling out surveys, feedback forms and offering suggestions

Do you have any cultural or family practices that will help us understand and accommodate your children & families to our program? **NO/YES**

If yes what are they: _____

Child's Immunization record (to be complete by centre staff)

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

Please provide your Health Centre Book or Certificate from the Australian Childhood Immunisation Register

showing your child's Immunisation status & Health Centre Check ups. Sighted By:

Original documents must be presented to staff for sighting.

Child's medical and health information

Name of Doctor/Medical Service.....Telephone.....

Full Address Doctor/Medical Service.....

Do you have Ambulance Cover? No Yes

Subscription Pension Fund Health Fund (please tick)

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:

Does the child have any allergies or sensitivity? No Yes (please tick)

If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy:

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (eg EpiPen or Anapen)? 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 the services 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

Has your child been diagnosed with a medical condition / syndrome?(eg epilepsy, asthma, ADHD, heart, kidney condition etc) 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:

Does your child require regular or daily medication? No Yes (please tick)

Name of Medication Dosage

Prescribed for

Year / Date your child started taking this medication

Does your child have any dietary restrictions? No Yes (please tick)

If yes, the following restrictions apply:

Other information

If there is anything else that the Community Centre should know about the child (e.g. excessive fears, favourite activities, etc) please list

.....
.....

Release of Personal Information Consent

Ithe Parent/Guardian of
of (address)

Hereby authorize the person in charge of my child at Merinda Park Learning and Community Centre to share relevant health and welfare information with emergency services, local doctors or case managers.
I understand that I can withdraw my consent for the release of this information by notifying Merinda Park Learning and Community Centre in writing.

Special Activity Consent Please indicate your consent/non consent for the following by circling "yes" or "no"

Face Painting **YES/NO** Hair Spray Colour **YES/NO** PG Rated DVD's or Playstation Games **YES/NO**

Media / Photo Consent

Internal display **YES / NO** External Display **YES / NO**
(Noticeboards) (Newspaper, displays, Internet)

Head Lice

I **give** permission for my child to be inspected by Childcare Staff or Manager of Merinda Park Learning & Community Centre for head lice. If live lice or eggs are found I accept that my child will be excluded from the program until treatment has commenced. **YES / NO**

Walking & Transport Permission

I give permission for my child to be taken on walks outside the grounds of MPLCC accompanied by regulatory staff ratios including St Therese's Primary School and the parkland beside MPLCC.

YES/NO

I give permission for my child to be transported in the MPLCC bus to and from their designated school (& staff cars if necessary) and to use the front seat when no other seat is available. The oldest child over 10 will be selected first. This may vary each day depending on enrolments.

YES / NO

Declaration and consent to emergency medical treatment

I, 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 children's 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 s/he becomes unwell at the service;

*consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service

*** I have read and accept responsibility for the guidelines, policies and fees as set out in the current handbook I have read and accept Release of Personal Information and Media/Photo clauses.**

Signature.....Date.....

Merinda Park Learning and Community Centre is in receipt of Government funding for some of the programs and services it offers. We are required to provide statistical data to government for these funds but all data provided is managed in line with the Information Privacy Act 2000 and its principals. You may be contacted in the future by a government agency or its representative, re your satisfaction with the services that you received from Merinda Park Learning and Community Centre. Only your contact details will be provided then they are destroyed. Further details re the Act and the Information Privacy Principles can be found at <http://www.legislation.vic.gov.au>

TYPE OF CARE REQUIRED AS PRIORITISED BY GOVERNMENT

Please tick which category of care this child relates to:

WORK RELATED CARE (or studying or training)	
NON WORK RELATED	
SPECIAL NEEDS	
CHILD IN FAMILY THAT INCLUDES A DISABLED PERSON	
CHILD IN A FAMILY THAT INCLUDES PARENT/S WITH A DISABILITY	
CHILD OF A SINGLE PARENT	
CHILD AT RISK	
CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER FAMILY	
CHILD IN A FAMILY WITH NON-ENGLISH SPEAKING BACKGROUND	
CHILD OF SOCIALLY ISOLATED FAMILY	
CHILD OF A FAMILY WHICH INCLUDE AN INDIVIDUAL WHOSE TAXABLE INCOME % TO THE FAMILY ASSISTANCE IS 100%	

**ATTENDANCE BOOKING SHEET
THIS FORM TO BE COMPLETED BY FAMILIES USING OSHC
FEE PAYMENT DETAILS FOR OUT OF SCHOOL HOURS**

Child's Surname	Child's Name	D.O.B	Grade	School

Please circle **Before School Care / After School Care / Vacation Care**

Day and Type of Care Permanent/Casual **START DATE** - _____

	Mon	Tues	Wed	Thurs	Fri
Before School					
After School					

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES

(This person must be registered for CCB with the FAO)

NAME _____ Phone _____

Address _____ Postcode _____

Driver's Licence # _____

Email address for accounts: _____ @ _____

Note: Statements posted in the mail will incur a \$2.00 fee each fortnight.

I, _____ accept responsibility for the payment of accounts relating to the care for the abovementioned child/ren

Do you use any other childcare centre for any other child/ren any time during the week that your child/ren attend at Merinda Park Learning and Community Centre?

Yes / No

Number of Children attending another Day Care Centre?

Do you want your full CCB entitlement applied to this account? Yes / No

If you are claiming lump sum CCB from Centrelink, we still require your child's and your own CRN's.

I understand the fee charging procedure for attendances, absences, allowable absences as explained in the Out of School Hours handbook I have received and read.

Signature _____

Date _____

Name of person signing _____

A copy of this section will be forwarded to the Accounts Officer

Please note if your child/ren are not registered with Centrelink and you have not supplied us with yours and your child/rens CRN's, CCB cannot be taken off your account and you will not receive a rebate from the Family Assistance Office.