



Merinda Park Learning & Community Centre Inc
 A0028764B ABN 69 093 616 835
 Melways Ref. 129 F8 Registered ACE Provider 3952
 Phone: (03) 5996 9056 141-147 Endeavour Drive, Cranbourne North 3977
 Fax: (03) 5996 9434 P.O. Box 7144 Cranbourne North 3977
 Email: admin@merindapark.com.au Web: www.merindapark.com.au

OCCASIONAL CARE ENROLMENT FORM Year 2010

*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 3 of this form.*

FAMILY NAME.....

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

HOME ADDRESS.....

DATE OF BIRTH..... SEX.. M F

COUNTRY OF BIRTH..... LANGUAGE SPOKEN AT HOME.....

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?
 No Yes, Aboriginal Yes, Torres Strait Islander

MEDICARE NUMBER..... EXPIRY DATE.....

EMAIL ADDRESS

Information about the child's parents or guardians

MOTHER	FATHER
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)

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:

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 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 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.

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)
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)

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?

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

Has the child been immunized? NO YES (please tick) Sighted By.....

Immunization	Birth	2 Months	4 Months	6 Months	12 Months	18 Months	4 to 5 yrs
DTPw (Diphtheria/Tetanus/Pertussis)							
OPV (Oral Polio Vaccine - Sabin)							
MMR (Measles, Mumps, Rubella)							
Hib (PedvaxHIB/HibTITER)							
Hepatitis B							
Meningococcal (Optional)							
Chicken Pox (Optional)							

Child's medical and health information

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

Full Address Doctor/Medical Service.....

Do you have Ambulance Cover? Yes No

Subscription Pension Fund Health Fund (please tick)

Does the child have any allergy (eg dairy products, soy, wheat, egg, peanuts, bees, wasps)or intolerance (eg.Lactose)?

Yes No (please tick)

Allergy – 1. What causes the allergy &
2.What are the signs and symptoms of the allergic reaction?.....

Has your child been diagnosed at Risk of Anaphylaxis Yes No
(If yes, a current Anaphylaxis Medical Management Plan signed by a registered medical practitioner needs to be inserted with this enrolment form)

Intolerance – What are the signs and symptoms of the intolerance?.....

Has your child been diagnosed with a medical condition / syndrome?(eg epilepsy, asthma, ADHD, heart, kidney condition etc) Yes No (please tick)

Please detail if yes

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

Name of Medication Dosage

Prescribed for

Year / Date your child started taking this medication

Dietary restrictions?(eg intolerance, cultural, religion).....

.....

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.

Media / Photo Consent

I give / do not give permission for my child's photograph or individual recording be taken and used for display or media purpose.

Internal display YES / NO
(Noticeboards)

External Display YES / NO
(Newspaper, displays)

Head Lice

I give/do not 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.

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.dms/dpc/vic.gov.au/sb/2000_Act/A00814.html

REASON FOR ENROLMENT

Please tick which category of care this child relates to:

ATTENDING COURSES OR ACTIVITIES RUN BY OUR CENTRE	
ATTENDING COURSES NOT RUN BY OUR CENTRE	
ATTENDING MEDICAL/DENTAL/LEGAL OR OTHER APPOINTMENTS	
TAKING PART IN SOCIAL/RECREATIONAL ACTIVITIES (EG SHOPPING, TENNIS, MEETING FRIENDS ETC)	
IN NEED OF RESPITE CARE (TAKING A BREAK)	
WORKING	
OTHER (PLEASE SPECIFY)	