



Merinda Park Learning & Community Centre Inc

A0028764B ABN 69 093 616 835
Melways Ref. 129 F8 RTO 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

OUTSIDE SCHOOL HOURS CARE – ENROLMENT FORM

This form is to be completed if you would like your child/ren to be enrolled at Merinda Park. The information requested is to assist Merinda Park in providing excellent care for your child/ren. A parent or guardian who has lawful authority in relation to the child/ren must complete this form. This form is to collect the child/ren’s enrolment information as required in regulation 160 Education & Care Services National Regulations.

Child/ren names: _____

Parent Details

MOTHER Does the child live with this parent? Yes No

First name Surname

Address Suburb Postcode

Home Phone Mobile Phone Work Phone Workplace

Email address Occupation

Date of Birth Customer Reference No.

Medicare Number Ambulance Number (write membership number or N/A if no cover)

Language spoken at home Country of Birth

FATHER Does the child live with this parent? Yes No

First name Surname

Address Suburb Postcode

Home Phone Mobile Phone Work Phone Workplace

Email address Occupation

Date of Birth Customer Reference No.

Medicare Number Ambulance Number (write membership number or N/A if no cover)

Language spoken at home Country of Birth

Guardian Details (if applicable)

A parent includes a guardian of a child and a person with parental responsibility for the child under a decision or court order under Section 64B(1) of the Family Law Act 1975 including a registered parenting plan within the meaning of Section 63C(6) of that Act.

GUARDIAN 1 (if applicable)

First name

Surname

Address

Suburb

Postcode

Home Phone

Mobile Phone

Work Phone

Workplace

Email address

Occupation

Date of Birth

Customer Reference No.

Medicare Number

Ambulance Number (write membership number or N/A if no cover)

Language spoken at home

Country of Birth

Does the child live with this guardian?

Yes

No

GUARDIAN 2 (if applicable)

First name

Surname

Address

Suburb

Postcode

Home Phone

Mobile Phone

Work Phone

Workplace

Email address

Occupation

Date of Birth

Customer Reference No.

Medicare Number

Ambulance Number (write membership number or N/A if no cover)

Language spoken at home

Country of Birth

Does the child live with this guardian?

Yes

No

How many family members live with child/ren (older or younger siblings, grandparents, step parents, aunts, uncles, foster children etc) Please give details:

Child 1 Details

If more than one child is attending MPLCC Out of School Hours Care, please complete "Child 2" and "Child 3" details on the following pages.

First Name

Surname

Name child is known by

Male Female

Gender

Date of Birth

Customer Reference Number (CRN)

Address

Language spoken at home

Country of Birth

Health Care Card Yes No Current card copied: _____

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

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

Additional Needs – Child 1

Does your child have any additional or specific needs that the program should be aware of? Yes No

Does your child require additional support for inclusion in the program? Yes No

Is an Action Plan for Medical Conditions attached to this enrolment form? Yes No

Medical Contact Details – Child 1

Name Doctor/Medical Service

Telephone

Address Doctor/Medical Service

Medicare Number

Does your child have a child health record? (*ie: a record that documents a child health and development assessments*)

No Yes → If yes, please provide to the service for sighting.

Received (*staff to sign*) : _____

Confidentiality of Enrolment Records Privacy Statement

The Children's Services Manager and CEO ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in Education and Care Services Regulations.

Medical Information – Child 1

IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS BELOW YOU MUST provide the service with an individual Action Plan for Medical Conditions (with a current photo) signed by the medical practitioner who is treating your child (regulation 90(1)(c)). **You will also be required to** complete a Risk Minimisation Plan, in consultation with the Children’s Services Manager, which will need to be attached to your child’s Enrolment Form. You will be provided with a copy of MPLCC’s Medication Policy. (See handbook)

<p>ALLERGIES</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Known triggers:</p> <hr/> <p><input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic (<i>see below</i>)</p> <hr/> <p>Symptoms:</p>
<p>DIAGNOSED AT RISK OF ANAPHYLAXIS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Known triggers:</p> <hr/> <p>Has an Epipen been provided to MPLCC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>ASTHMA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Known triggers:</p> <hr/> <p><input type="checkbox"/> Mild <input type="checkbox"/> Severe</p> <hr/> <p>Symptoms:</p>
<p>ANY OTHER DIAGNOSED HEALTHCARE NEEDS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does your child have any other diagnosed healthcare needs, including any other medical condition not already listed? (Eg: Coeliac, epilepsy, diabetes.) If yes, please provide details.</p>

Dietary Information – Child 1

<p>FOOD PREFERENCE / DIETARY RESTRICTION</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Special dietary restrictions, preferences or considerations (<i>provide details</i>):</p>
---	--

Does your child require regular or daily medication (eg: Ventolin, Zyrtec, Epipen etc)? Yes No

If yes, when: At home At MPLCC

If you answered yes “At MPLCC”, please complete a Medication Authorisation Form, Medical Communication Plan and Risk Minimisation Form.

Child 2 Details

First Name

Surname

Name child is known by

Male Female

Gender

Date of Birth

Customer Reference Number (CRN)

Address

Language spoken at home

Country of Birth

Health Care Card Yes No Current card copied: _____

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

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

Additional Needs – Child 2

Does your child have any additional or specific needs that the program should be aware of? Yes No

Does your child require additional support for inclusion in the program? Yes No

Is an Action Plan for Medical Conditions attached to this enrolment form? Yes No

Medical Contact Details – Child 2

Name Doctor/Medical Service

Telephone

Address Doctor/Medical Service

Medicare Number

Does your child have a child health record? (*ie: a record that documents a child health and development assessments*)

No Yes → If yes, please provide to the service for sighting.

Received (*staff to sign*) : _____

Medical Information – Child 2

IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS BELOW YOU MUST provide the service with an individual Action Plan for Medical Conditions (with a current photo) signed by the medical practitioner who is treating your child (regulation 90(1)(c)). **You will also be required to** complete a Risk Minimisation Plan in consultation with an Educator which will need to be attached to your child’s Enrolment Form. You will be provided with a copy of MPLCC’s Medication Policy. (See handbook)

ALLERGIES <input type="checkbox"/> Yes <input type="checkbox"/> No	Known triggers:
	<input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic (<i>see below</i>)
	Symptoms:
DIAGNOSED AT RISK OF ANAPHYLAXIS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Known triggers:
	Has an Epipen been provided to MPLCC? <input type="checkbox"/> Yes <input type="checkbox"/> No
ASTHMA <input type="checkbox"/> Yes <input type="checkbox"/> No	Known triggers:
	<input type="checkbox"/> Mild <input type="checkbox"/> Severe
	Symptoms:
ANY OTHER DIAGNOSED HEALTHCARE NEEDS <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any other diagnosed healthcare needs, including any other medical condition not already listed? (Eg: Coeliac, epilepsy, diabetes.) If yes, please provide details.

Dietary Information – Child 2

FOOD PREFERENCE / DIETARY RESTRICTION <input type="checkbox"/> Yes <input type="checkbox"/> No	Special dietary restrictions, preferences or considerations (<i>provide details</i>):
--	---

Does your child require regular or daily medication (eg: Ventolin, Zyrtec, Epipen etc)? Yes No

If yes, when: At home At MPLCC

If you answered yes “At MPLCC”, please complete a Medication Authorisation Form, Medical Communication Plan and Risk Minimisation Form.

Immunisation Record – Child 2

Has the child been immunised? Yes No

Please provide details by:

Attaching a copy of the official immunisation status certificate. The immunisation status certificate can be obtained from the Australian Immunisation Register (AIR), General Practitioner or the local municipal council (fees apply) OR details of the child's exemption under the 16-week grace period.

Note: Parents or guardians must provide an immunisation status certificate to MPLCC regardless of whether the child is or is not immunised.

Official Immunisation Certificate attached: Yes No

Other Information – Child 2

All About Me Yes No

Prep Transition Form Yes No

Is there anything else that MPLCC should know or you would like us to know about your child? (Eg: excessive fears, favourite activities, attending early intervention service etc)

Child 3 Details

First Name

Surname

Name child is known by

Male Female

Gender

Date of Birth

Customer Reference Number (CRN)

Address

Language spoken at home

Country of Birth

Health Care Card Yes No Current card copied: _____

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

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

Additional Needs – Child 3

Does your child have any additional or specific needs that the program should be aware of? Yes No

Does your child require additional support for inclusion in the program? Yes No

Is an Action Plan for Medical Conditions attached to this enrolment form? Yes No

Medical Contact Details – Child 3

Name Doctor/Medical Service

Telephone

Address Doctor/Medical Service

Medicare Number

Does your child have a child health record? (*ie: a record that documents a child health and development assessments*)

No Yes → If yes, please provide to the service for sighting.

Received (*staff to sign*) : _____

Medical Information – Child 3

IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS BELOW YOU MUST provide the service with an individual Action Plan for Medical Conditions (with a current photo) signed by the medical practitioner who is treating your child (regulation 90(1)(c)). **You will also be required to** complete a Risk Minimisation Plan in consultation with an Educator which will need to be attached to your child’s Enrolment Form. You will be provided with a copy of MPLCC’s Medication Policy. (See handbook)

<p>ALLERGIES</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Known triggers:</p> <hr/> <p><input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic (<i>see below</i>)</p> <hr/> <p>Symptoms:</p>
<p>DIAGNOSED AT RISK OF ANAPHYLAXIS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Known triggers:</p> <hr/> <p>Has an Epipen been provided to MPLCC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>ASTHMA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Known triggers:</p> <hr/> <p><input type="checkbox"/> Mild <input type="checkbox"/> Severe</p> <hr/> <p>Symptoms:</p>
<p>ANY OTHER DIAGNOSED HEALTHCARE NEEDS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does your child have any other diagnosed healthcare needs, including any other medical condition not already listed? (Eg: Coeliac, epilepsy, diabetes.) If yes, please provide details.</p>

Dietary Information – Child 3

<p>FOOD PREFERENCE / DIETARY RESTRICTION</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Special dietary restrictions, preferences or considerations (<i>provide details</i>):</p>
---	--

Does your child require regular or daily medication (eg: Ventolin, Zyrtec, Epipen etc)? Yes No

If yes, when: At home At MPLCC

If you answered yes “At MPLCC”, please complete a Medication Authorisation Form, Medical Communication Plan and Risk Minimisation Form.

Authorised Nominee/Emergency Contacts

Authorised nominee means a person who has been given permission by a parent or family member to collect the child, authorised to consent to medical treatment, any or all the listed authorisations from a medical practitioner, hospital or ambulance service.

Authorised Nominee/Emergency Contacts (other than those listed on the first page of this Enrolment Form. See section 170 (5) of the Law and 160, 161, 102 & 99 of the Regulations.

Please tick the items you give the nominee permission to have consent for.

A minimum of two (2) Authorised Nominees must be provided however MPLCC would prefer extra contacts in case of an emergency.

Authorised Nominee No.1

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

- Collect child from MPLCC
- Consent to medical treatment & transportation of child by an ambulance service
- Authorise the collection of the child from MPLCC by another person not authorised on enrolment form
- Emergency contact
- Authorise administration of medication
- Authorise an Educator to take the child outside of MPLCC premises
- Authorised to pick up the child from an excursion/offsite program
- Can be contacted when the child has an accident, injury, trauma or illness

Authorised Nominee No.2

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

- Collect child from MPLCC
- Consent to medical treatment & transportation of child by an ambulance service
- Authorise the collection of the child from MPLCC by another person not authorised on enrolment form
- Emergency contact
- Authorise administration of medication
- Authorise an Educator to take the child outside of MPLCC premises
- Authorised to pick up the child from an excursion/offsite program
- Can be contacted when the child has an accident, injury, trauma or illness

Authorised Nominee No.3

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

- Collect child from MPLCC
- Consent to medical treatment & transportation of child by an ambulance service
- Authorise the collection of the child from MPLCC by another person not authorised on enrolment form
- Emergency contact
- Authorise administration of medication
- Authorise an Educator to take the child outside of MPLCC premises
- Authorised to pick up the child from an excursion/offsite program
- Can be contacted when the child has An accident, injury, trauma or illness

Authorised Nominee No.4

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

- Collect child from MPLCC
- Consent to medical treatment & transportation of child by an ambulance service
- Authorise the collection of the child from MPLCC by another person not authorised on enrolment form
- Emergency contact
- Authorise administration of medication
- Authorise an Educator to take the child outside of MPLCC premises
- Authorised to pick up the child from an excursion/offsite program
- Can be contacted when the child has An accident, injury, trauma or illness

Authorised Nominee No.5

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

- Collect child from MPLCC
- Consent to medical treatment & transportation of child by an ambulance service
- Authorise the collection of the child from MPLCC by another person not authorised on enrolment form
- Emergency contact
- Authorise administration of medication
- Authorise an Educator to take the child outside of MPLCC premises
- Authorised to pick up the child from an excursion/offsite program
- Can be contacted when the child has An accident, injury, trauma or illness

Parent/Carer _____

Date: / /

Court Orders

Are there any **court orders, parenting orders or parenting plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child or any other court orders relating to the child's residence or the child's contact with a parent or other person?

No → please go to the next section

Yes → please see instructions below

1. Please 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 or guardian to:

- Authorise the taking of the child outside MPLCC by a staff member of the Centre
- Consent to the medical treatment of the child
- Request or permit medication to the child
- Collect the child from MPLCC and/or

b. Give the powers to someone else. Please describe these changes and provide contact details of any person given these powers below:

Please note unless a copy of these orders or plans are provided to us we are unable to uphold the requirements.

Cultural Connections and Family Traditions

Does your family observe any particular religious or cultural practices that are significant to your child?

Do you celebrate any cultural/religious traditions? How do you celebrate these traditions?

What "family" traditions do you celebrate together? (Eg: *Dinner at grandparents every Sunday, camping on long weekends.*)

Are there any specific stories/songs you share with your child/ren?

As a family do you have any favourite foods? Please provide details.

Declaration and Medical Consents

- I agree for my child/rens health/medical information to be displayed within the OSHC room. I understand that the room is used by others and as such this information may be viewed by people from outside the program. I acknowledge that this information is deemed necessary to be displayed by Children's Services Manager to ensure the health and safety of my child.
- I have read and understand the MPLCC Enrolment, Fees and Attendance Policy and agree to pay all fees incurred.
- I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled and if I fail to do so I will be responsible for paying full fees.
- I understand that it is necessary to personally sign children in or out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my child/ren, I agree to notify the Children's Services Manager in advance and in writing to this effect. Please note: This person will be required to produce photo ID when collection the child/ren.
- I agree to inform the Manager of any absence of my child/ren as soon as possible and understand that there will be fees associated with changing bookings.
- I agree to collect or make arrangements for the collection of the child/ren referred to in this enrolment for if s/he becomes unwell at the Centre.
- I agree to keep my child/ren from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I accept that the Manager will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases". See display/noticeboard.
- I give permission for staff to apply sunscreen, supplied by myself, to my child/ren prior to outdoor play.
- I give permission for the Children's Services Manager, Educators or Administration staff to use the email address provided to contact me regarding account issues and keep me updated with service newsletters and information.
- I agree to pay any relevant additional charges including, but not limited to, late fees, hat, water and incursion fees.
- I give permission for my child/ren to watch PG rated DVD's or PlayStation games.
- I give permission for my child/ren to participate in activities involving face painting and hair spray colouring
- I give consent to photographs (still or video) being taken of my child/ren as part of the OSHC program and to be displayed around the OSHC rooms and on display boards.
- I give permission for my child/ren to be taken on walks outside the grounds of MPLCC accompanied by regulatory staff ratios including St Therese's Primary School.
- I give permission for my child to be transported in the MPLCC bus, MPLCC Car (& staff cars if necessary) to and from their designated school and external excursions and to use the front seat when no other seat is available. The oldest child over 10 years will be selected first. This may vary each day depending on enrolments.
- I give permission for my child/ren to be inspected by Childcare Educators or CEO of MPLCC for head lice. If live lice or eggs are found I accept that my child/ren will be excluded from the program until treatment has commenced.
- I agree to the approved provider, nominated supervisor or Educator to seek medical treatment for the child/ren from a medical practitioner, hospital or ambulance service, and transportation of the child by an ambulance service if deemed necessary. I will reimburse any necessary expenses incurred by the children's service.
- I declare that the information in this enrolment form is true and correct and undertake to immediately inform MPLCC in the event of any change to this information;

Parent/Guardian

_____ Date: / /
Name Signature

Checklist for enrolments

Thank you for your enrolment with MPLCC Out of School Hours Care Program. Please return this form with your completed enrolment forms.

Full name of child/ren

Child 1 _____
 First Name _____ Surname _____

Child 2 _____
 First Name _____ Surname _____

Child 3 _____
 First Name _____ Surname _____

1. Contact Family Assistance to ensure your child is:
 - a. Registered to receive Child Care Subsidy (CCS)
 - b. Registered as a School Age Child
 - c. Check the number of hours of care approved
2. Obtain Customer Reference Numbers (CRN's) from Centrelink for:
 - a. The child using the service
 - b. The parent who the child is linked to through Family Assistance
3. Provide a copy of your child's immunisation register certificate
4. Provide an Action Plan for Medical Conditions signed and dated by your doctor if your child suffers from an ongoing illness such as asthma, diabetes, anaphylaxis or epilepsy
5. Clearly state on the enrolment form details of any ongoing health issues (i.e. allergies and intolerances)
6. Provide risk minimisation plan if required.
7. Provide an email address to receive electronic invoicing and correspondence.

Previous and current care and education arrangements

Has your family previously used this service? Yes No

Do you have any other children using a registered care and education service? Yes No

If yes, please provide the name and date of birth of each child _____

OFFICE USE ONLY Staff to sign	Date received		
	Child 1	Child 2	Child 3
Enrolment form received			
Action plan-Medical/Asthma/Anaphylaxis/Allergies/Other (<i>Circle</i>)			
Risk Minimisation Plan (Reg 162)			
Medical Authorisation Form			
Medical Communication Plan			
Service contacted to confirm start date by parent			
Enrolment form complete and entered into Qikkids			

You must register for Child Care Subsidy with Centrelink. Please note the Child Customer Reference Number is different to the Parent Customer Reference Number and can be obtained from Centrelink Ph: 13 61 50 or www.mychild.gov.au