



**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](mailto:admin@merindapark.com.au)

Web: [www.merindapark.com.au](http://www.merindapark.com.au)

**OCCASIONAL CARE ENROLMENT FORM Year 2019**

*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.....

HEALTH CARE CARD NUMBER .....

EMAIL ADDRESS .....

**Information about the child's parents or guardians**

MOTHER	FATHER
NAME	NAME
ADDRESS	ADDRESS
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)
<b>GUARDIANS (if applicable)</b>	<b>GUARDIANS(if applicable)</b>
Name	Name
Address	Address
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 Childcare Educators 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.

## **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.**

### **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: / /

### 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 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 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: .....

### **Allergies/Sensitivities**

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

**If yes, please complete an Action Plan for Allergic Reactions**

**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 Action Plan for Anaphylaxis 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 Action Plan for Anaphylaxis 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](http://www.education.vic.gov.au/anaphylaxis)

**Medical Conditions/Asthma**

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

**Other condition/s (please name all)** .....

**If yes, please complete a Action Plan for a Medical Condition and/or Action Plan for Asthma.**

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

**If yes, please complete a Medication Authorisation Form and Medical Communication Plan**

Name of Medication .....

Prescribed for .....

Year / Date your child started taking this medication .....

Does your child have any dietary restrictions? No  Yes  (please tick)  
(eg: vegetarian, vegan, cultural. Does not include foods that cause allergies-see above)

**If yes, the following restrictions apply:** .....  
.....

***Other information***

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

**Release of Personal Information Consent**

I .....the 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, newsletters, video, photos)

External Display                      YES / NO  
(Newspaper, MPLCC Facebook and other social media, displays)

Head Lice

I give permission for my child to be inspected by Childcare Educators or CEO 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

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>

**Child’s Immunization record**

Under the new “No Jab, No Play” legislation, before enrolling a child in our Early Childhood service you will have to obtain evidence that the child is fully immunised for their age OR on a vaccination catch up program OR unable to be fully immunised for medical reasons. “Conscientious Objection” is not an exemption under this new legislation.

**About required documentation**

**Under “No Jab, No Play” what documentation is required as evidence of up-to-date vaccination?**

Existing legislation already required that immunisation information is provided on enrolment.

When the “No Jab, No Play” law is in effect from 1 January 2016, to finalise enrolment for a child in long day care, kindergarten, family day care or occasional care, parents/carers have to provide the service with an immunisation status certificate that shows their child:

Is up to date with vaccinations for their age OR

Is on the vaccine catch-up schedule OR

Has a medical condition preventing them from being fully vaccinated

An immunisation status certificate is a statement showing the vaccines a child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR)

Immunisation History statements can be requested at any time by contacting Medicare:

- Phone 1800 653 809
- Email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Visit the Medicare website
- Visit your local Medicare office

Parents and carers are able to obtain documentation from immunisation providers that meet the requirements for enrolment. This has to show:

- What vaccines the child has had
- What date the next vaccine is due, if applicable
- Any medical contradictions

**Child’s Immunization record**

Has the child been fully immunised for their age? NO  YES  (please tick)

Is the child on a vaccine catch up program? NO  YES  (please tick)

Is the child unable to be vaccinated for medical reasons? NO  YES  (please tick)

An Immunisation History statement from Australian Childhood Immunisation Register (ACIR) must be provided showing either immunisations given or medical exemption approval.

**Immunisation History statement received:** ..... (staff to sign)



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**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      Place of work .....	
OTHER (PLEASE SPECIFY)	