

Happy Kids Before & After School Care

Great Care, Healthy Food, Best Fun

ABN 68 421 764 803

Address: PO Box 8730
CARRUM DOWNS VIC 3201

Coordinator: Moira Fernandez

Telephone: 0418 329 569

Application Form

*A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.*

Child's details

Child's Surname:	First Name:
*Sex (please circle): M F	Date of Birth:
Address:	*Age:
	Home Telephone:
Email for Invoices:	Child's CRN Number:
School your Child Attends:	

*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick):

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

*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

No Yes (please circle)

1st Parent's/Guardian's details

1 st Parent's/Guardian's Name:	*Occupation:
Address – as per child or:	Date of Birth:
Work Telephone:	Mobile:
Parent's CRN Number:	Relationship to child:
Does the child live with this Parent/Guardian?	Yes No

2 nd Parent's/Guardian's Name:	*Occupation:
Address - as per child or:	Date of Birth:
Work Telephone:	Mobile:
	Relationship to child:
Does the child live with this Parent/Guardian?	Yes No

Other persons to be notified. (Must reside a maximum 30 minutes from the service)

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 of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Contact's Name:	Relationship to child:
Address:	Home Telephone:
Work Telephone:	Mobile:

Contact's Name:	Relationship to child:
Address:	Home Telephone:
Work Telephone:	Mobile:

Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? (please circle)

No go to the 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:
 - authorise 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 from the service,
 - AND/OR
 - b) give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

Details of people you authorise to collect your child. (Must reside a maximum 30 minutes from the service)

Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. 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.

Contact's Name:	Relationship to child:
Address:	Home Telephone:
Work Telephone:	Mobile:

Contact's Name:	Relationship to child:
Address:	Home Telephone:
Work Telephone:	Mobile:

Details of people you authorise to collect your child. (Continued)

Contact's Name:	Relationship to child:
Address:	Home Telephone:
Work Telephone:	Mobile:

Contact's Name:	Relationship to child:
Address:	Home Telephone:
Work Telephone:	Mobile:

Contact's Name:	Relationship to child:
Address:	Home Telephone:
Work Telephone:	Mobile:

Contact's Name:	Relationship to child:
Address:	Home Telephone:
Work Telephone:	Mobile:

Cultural information

Language spoken at home:

*Relevant cultural details eg food, activities, etc:

Promotion authorisation

I authorise the Coordinator of Happy Kids Before & After School Care to use, copy and display any photos, artwork or literature of my child to promote the Service.

Yes No (please circle)

Child's health information

Doctor's Name:	Telephone:
Doctors's/Medical Service Address:	

Are you covered for Ambulance Services: Yes No

Child's medical information

Does your child have any special needs?

No Yes (please circle)

If yes, please provide details of any special needs and any management procedure to be followed with respect to the special need.

Child's health information (Continued)

Does your child have any allergies or sensitivity?

No Yes (please circle)

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

Anaphylaxis

(please circle)

Has your child been diagnosed at risk of anaphylaxis?	No	Yes
Does your child have an auto injection device (eg EpiPen®)?	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

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child)

No Yes (please circle)

If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

Does the child have any dietary restrictions?

No Yes (please circle)

If yes, the following restrictions apply:

Child's immunisation record

Has the child been immunised?

No Yes (please circle)

*Other information

If there is anything else that the children's service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

Please state the days your child will be attending the program:

Day	Before School Care	After School Care
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Declaration and consent to emergency medical treatment

I,(Print full name)
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 Happy Kids Before & After School Care (the Service) in the event of any change to this information.
- approve the enrolment and agree to abide by the rules and conditions of the Service and meet any costs incurred.
- In the event that my child is injured or becomes ill during the program, either I, or an authorised person shall collect my child as soon as practical.
- consent to the service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and agree to meet any expenses attached to such treatment.
- I also accept full responsibility for my child’s belongings whilst attending this program.
- I understand that if my child continuously misbehaves and after the behaviour guidance procedures have been followed, I will be notified and my child will be removed from the program.
- I undertake to inform the program staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from any infectious disease.

Additional consent for parents/guardians of Belvedere Park/Seaford Park/Alder Court/Mahogany Rise (please circle applicable School above).

- *I approve of my child/children being transported between the School and the Service by bus on a daily basis to attend school or the service. I understand that the children will be transported in accordance with the current rules and conditions of the Service.*
- *I understand a maximum of 12 children will be transported at a time and the Service will ensure an educator coordinates this service.*
- *A risk assessment has been prepared for transport between the School’s and the Service and is available at the service.*

Parent/Guardian Signature: _____

Date: _____

Confidentiality of enrolment records

The proprietor of the children’s service must 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 the Children’ Services Regulations 2009 (regulation 35(1) (d-e))

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that 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 Services 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 care and control of the child.