

Hallam Community Learning Centre Inc.

56 Kays Avenue, Hallam Vic. 3803

Phone 9703 1688 E-mail admin@hallamclc.com.au

Incorporated since 1989 No A7966 ABN 53 001 164 470
Children's Services Reg. ID SE00015649



Playgroup Enrolment Details

OFFICE USE ONLY:

Invoice Membership Card Membership Number Photo Permission Yes No Enrolment Date ___/___/20___

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority is contained at the end of this form

Information about the child

Family Name: _____ Given Names: _____ Date of Birth: _____ Sex: M F

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Home Address: _____

_____ Post Code: _____

Language(s) spoken at home: _____ Cultural background: _____

Information about the child's parents or guardians

Parent/ Guardian 1 – (Main Contact person)

Name: _____

Home Address: _____

_____ Post Code: _____

Telephone: (H) _____ (W) _____ (M) _____

Does the child live with this parent/guardian? No Yes (please tick)

Parent/ Guardian 2 – (Main Contact person)

Name: _____

Home Address: _____

_____ Post Code: _____

Telephone: (H) _____ (W) _____ (M) _____

Does the child live with this parent/guardian? No Yes (please tick)

Emergency Contact Information

Contact 1 Name: _____

Home Address: _____

_____ Post Code: _____

Telephone: (H) _____ (W) _____ (M) _____

Contact 2 Name: _____

Home Address: _____

_____ Post Code: _____

Telephone: (H) _____ (W) _____ (M) _____

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Confidential

Child's Medical and Health Information

Name Doctor/Medical Service: _____ Telephone: _____

Address: _____

_____ Post Code: _____

MCH Contact Name: _____ Child's Medicare Number: _____

- **Does the child have any allergy or sensitivity?** Yes No (please tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Child's Name: _____ Allergy/Sensitivity: _____

Procedure: _____

Child's Name: _____ Allergy/Sensitivity: _____

Procedure: _____

Child's Name: _____ Allergy/Sensitivity: _____

Procedure: _____

Child's Name: _____ Allergy/Sensitivity: _____

Procedure: _____

- **Does the child have any medical conditions and needs which are relevant to the children's service?** Yes No (please tick)

This information allows us to better support our families and children

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Child's Name: _____

Asthma Epilepsy Diabetes Anaphylaxis's Hemophilia ASD

ADHD Neurological Disorder Other (Please specify) _____

Procedure: _____

Child's Name: _____

Asthma Epilepsy Diabetes Anaphylaxis's Hemophilia ASD

ADHD Neurological Disorder Other (Please specify) _____

Procedure: _____

Child's Name: _____

Asthma Epilepsy Diabetes Anaphylaxis's Hemophilia ASD

ADHD Neurological Disorder Other (Please specify) _____

Procedure: _____

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Asthma Epilepsy Diabetes Anaphylaxis's Hemophilia ASD

ADHD Neurological Disorder Other (Please specify) _____

Procedure: _____

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- **Does the child have any dietary restrictions?** Yes No (please tick)

If yes, the following restrictions apply:

Child's Name: _____ Procedure: _____

Child's Name: _____ Procedure: _____

Child's Name: _____ Procedure: _____

Child's Name: _____ Procedure: _____

- **Do you have Ambulance Cover?** Yes No (please tick)

Subscription Health Care Card Private Health Fund (please tick)

Child's Immunization Records

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

If yes, provide a copy of the Immunization Record printout from your local government.

Head Lice

I give permission for my child to be inspected by Childcare Staff or Management of the Hallam

Community Learning Centre for head lice. If live lice or eggs are found, I accept that my child will be excluded from the session until treatment has commenced. Yes No (please tick)

Name: _____ Signature: _____ Date: ___/___/20___

Sun Screen Lotion

Do you give permission for Staff of the Hallam Community Learning Centre to apply Sun Screen Lotion where and when needed for outside play? Yes No (please tick)

Information for bodies which provide funding to this service

From time to time the Department of Human Services seeks information on the characteristics of families who use this children's service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

- Does the child have a developmental delay or disability including intellect, sensory or physical impairment? Yes No
- Does either parent have a disability? Yes No
- Is the family a single parent family? Yes No
- Does the child identify as Aboriginal or Torres Strait Islander? Yes No

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Declaration and consent to emergency medical treatment

I, _____ (Print full name)

A person with lawful authority of the child referred to in this enrollment 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 she/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 by the children's service.

Signature: _____ Date: ___/___/20___

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 has lawful authority. A legal guardian is given lawful 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 is no court order. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

RELEASE FORM

In the event of my/our inability to collect my/our child and where my/our spouse/partner and nominated emergency contact persons cannot be contacted, I/we understand that directives of the Department of Health and Human services must be followed and that may include my/our child being taken to and cared for, at the home of the Hallam Community Learning Centre's nominated staff member/s until contact can be made. I/we give permission for that outcome.

Wherever possible, the nominated staff member will be the coordinator, or in her absence, the appointed person. (see policy "late Pick Up" for details).

I/we also give permission for my/our child _____ to travel by car directly to the nominated staff member's home.

Parent 1/ Guardian Signed: _____ and/or

Parent 2/ Guardian Signed: _____ Dated ___/___/20___

CANCELLATIONS, WITHDRAWALS & EXTENDED ABSENCES

Please read in 'Admission Requirements & Enrolment Procedures' information in the Enrolment Handbook

I have read and I understand the procedure to this clause

Signed: _____ Date: ___/___/20___

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EMERGENCY EVACUATION INFORMATION



Child's first name: _____ Surname: _____

Date of Birth: _____

Child's Doctor: _____ Clinic: _____

Address: _____

Phone No: _____ Child's Medicare Number: _____

Medical Conditions:

Additional Needs:

Parent 1.

First name: _____ Surname: _____

Home number: _____ Work number: _____

Mobile number: _____

Signature: _____

Address: _____

Parent 2.

First name: _____ Surname: _____

Home number: _____ Work number: _____

Mobile number: _____

Signature: _____

Address: _____

Emergency Contacts- THESE MUST BE THE SAME AS ON ENROLEMENT FORMS

1. First name: _____ Surname: _____

Relationship to Child: _____ Home Number: _____

Work number: _____ Mobile number: _____

Address: _____

2. First name: _____ Surname: _____

Relationship to Child: _____ Home number: _____

Work number: _____ Mobile number: _____

Address: _____