

Hallam Community Learning Centre Inc.

56 Kays Avenue, Hallam Vic. 3803

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

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



Playgroup Enrolment Details

We are committed to the safety, participation, and empowerment of all children regardless of abilities, age, gender, sexuality, or culture. We are committed to the cultural safety of Aboriginal children and our CALD community and have zero tolerance for child abuse.

Enrolment Date: __/__/20__ Photo Permission: Yes No

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: __/__/____ Country of Birth: _____ Gender: _____
Family Name: _____ Given Names: _____
Date of Birth: __/__/____ Country of Birth: _____ Gender: _____
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: _____
Country of Birth: _____ Does the child live with this parent/guardian? Yes No

Parent/Guardian 2 – (Main contact person) Name: _____
Home Address: _____
_____ Post Code: _____
Country of Birth: _____ Does the child live with this parent/guardian? Yes No

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

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: _____

- Does the child have any medical conditions and needs which are relevant to the children's service?

Yes No *The information allows us to be 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 Anaphylaxis's Haemophilia ASD ADHD Neurological Disorder

Other _____

Procedure: _____

Child's Name: _____

Asthma Epilepsy Anaphylaxis's Haemophilia ASD ADHD Neurological Disorder

Other _____

Procedure: _____

- Does the child have any dietary restrictions? Yes No

If yes, the following restrictions apply:

Child's Name: _____ Procedure: _____

Child's Name: _____ Procedure: _____

- Do you have Ambulance cover? Yes No Subscription Health Care Card

Private Health fund - Health fund Name & Number: _____

- Has child/ren been immunized? Yes No

If yes, please provide a copy of the Immunization Record printout from your MyGov account/Medicare account.

Head Lice

I give permission for my child/ren to be inspected by Early Learning Staff or Management of the Hallam Community Learning Centre for head lice. If live lice or eggs are found, I accept that my child/ren will be excluded from the session until treatment has commenced. Yes No

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

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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

Declaration and Consent to Emergency Medical Treatment

I, _____ (please 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 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 my/our inability to collect my/our child/ren 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 Signature: _____ Date: __/__/20__

Parent 2/Guardian Signature: _____ Date: __/__/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

Signature: _____ Date: __/__/20__

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EMERGENCY EVACUATION INFORMATION

First name: _____ Surnames: _____ Date of Birth: __/__/__

Child's Doctor: _____ Clinic: _____

Address: _____
_____ Post Code: _____

Telephone: _____ Medicare Number: _____

Medical Conditions: _____

Additional Needs: _____

Parent 1 – First name: _____ Surname: _____

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

Home Address: _____
_____ Post Code: _____

Signature: _____

Parent 2 – First name: _____ Surname: _____

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

Home Address: _____
_____ Post Code: _____

Signature: _____

Emergency Contacts – These must be the same as on enrolment forms

1. First name: _____ Surname: _____ Relationship to Child: _____

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

Home Address: _____
_____ Post Code: _____

2. First name: _____ Surname: _____ Relationship to Child: _____

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

Home Address: _____
_____ Post Code: _____

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Membership fees apply to all users accessing any of the services/programs at Hallam Community Learning Centre. The membership fee is an annual fee January to December. JANUARY 2022

Enrolment Date: __/__/2022

FAMILY NAME: _____

FIRST NAMES OF ALL FAMILY MEMBERS WHO MAY COME TO THE CENTRE DURING THE YEAR

1. _____ 3. _____

2. _____ 4. _____

Address: _____

_____ Post Code: _____

Phone No: _____ Mob: _____

Email: _____

Membership fee \$ _____ Signed: _____

\$5.00 single/concession, \$8.00 per family or \$12 full financial member (voting rights)

Photography Permisson

I _____ (name)

do (please tick which applies)

do not

if no - Child's image can be used on their individual portfolio.

- Child's image can be used in group photos for all class portfolios

give permission for myself, my child or other members of my family as listed above to have their photograph taken and used in promotional materials such as our newsletters & displays, brochures & flyers, our website, our Facebook page, local media and celebrations within the Hallam Community Learning Centre such as Christmas, other members birthdays, etc. We will endeavour to make sure your wishes are met but if you do not wish to be photographed, please step out of the picture to avoid any difficulties, thank you.

Signed: _____ Dated: ____/____/20____

Mailing List

I, do (please tick which applies)

do not

wish to be sent information on upcoming courses, newsletters, and upcoming events for the Hallam Community Learning Centre.

Please send all correspondence via email (please tick which applies) post