

**MAROONDAH VACATION CARE PROGRAM
2012 Enrolment Form**



Child's/Family Surname: _____

Child Information

Child's Surname: _____

Child's Given Names: _____ Usually called: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: Male Female

Home Address: _____ Post Code: _____

Email Address: _____

Language(s) spoken at home: _____

School Currently Attending: _____

Do you or your child require any cultural/language support whilst attending the program? Yes No

If so, please provide details _____

Can your child appear in photographs taken by Vacation Care to be used in the program? Yes No

Can your child appear in photographs taken by Council and used for publicity? Yes No

Can your child appear in photographs taken by Local newspapers? Yes No

Parent/Guardian Information

Parent 1: _____

Address: _____

_____ Post Code: _____

Home Phone: _____

Mobile: _____

Work: _____

Work Address: _____

_____ Post Code: _____

Employer _____ Full Time/Part Time

Does the child live with the Mother? Yes No

Language Spoken at home: _____

Parent 2: _____

Address: _____

_____ Post Code: _____

Home Phone: _____

Mobile: _____

Work: _____

Work Address: _____

_____ Post Code: _____

Employer _____ Full Time/Part Time

Does the child live with the Father? Yes No

Language Spoken at home: _____

Guardian's Name (If Applicable): _____

Address: _____

_____ Post Code: _____

Home Phone: _____

Mobile: _____

Work: _____

Work Address: _____

_____ Post Code: _____

Employer _____ Full Time/Part Time

Does the child live with the Guardian? Yes No

Language Spoken at home: _____

Guardian's Name (If Applicable): _____

Address: _____

_____ Post Code: _____

Home Phone: _____

Mobile: _____

Work: _____

Work Address: _____

_____ Post Code: _____

Employer _____ Full Time/Part Time

Does the child live with the Guardian? Yes No

Language Spoken at home: _____

Additional Family Information

Other Children in Family

Name: _____ Date of Birth: _____ Attends Maroondah Vacation Care: Yes No

Name: _____ Date of Birth: _____ Attends Maroondah Vacation Care: Yes No

Name: _____ Date of Birth: _____ Attends Maroondah Vacation Care: Yes No

Name: _____ Date of Birth: _____ Attends Maroondah Vacation Care: Yes No

Reason for Care: Work Related P/T or F/T Study Children at Risk Recreation

Respite Care for: Child with a Disability Parent with a Disability

Child's/Family Religion: _____

Court Orders/Custody Arrangements

Does the child live with: both parents /mother /father /guardian? _____

Please provide details of any specific custody arrangements that we need to be aware of: _____

If a single parent, is access available to the other parent whilst the child is at the Vacation Care Program?

YES: NO:

Please state when and under what circumstances access is to be given: _____

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?

No Go to the next section

Yes Please complete the following

1. Bring the ORIGINAL court order/s for staff to see and please attach a copy to this enrolment form. A copy must be provided before the commencement of care.

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;
- in the case of a family day care service, the taking of the child outside the family day career's residence or family day care venue by a family day career;
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child from the service or family day care, AND/OR

b. Give these powers to someone else,

Please describe the changes and provide the contact details of any person given these powers: _____

Emergency Contacts

There may be times when a child has an accident; injury, trauma or illness and the parents or guardians cannot be contacted. Your consent is required for other people to collect your child from the Vacation Care Program on your behalf in these circumstances. In the table below please list the details of those people you authorise to collect your child. This list may be added to or changed throughout the year. In the event that the child is not collected from the Vacation Care Program and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name: _____ Address: _____ Post Code: _____ Home Phone: _____ Mobile: _____ Work Phone: _____ Relationship to Child: _____	Name: _____ Address: _____ Post Code: _____ Home Phone: _____ Mobile: _____ Work Phone: _____ Relationship to Child: _____
Name: _____ Address: _____ Post Code: _____ Home Phone: _____ Mobile: _____ Work Phone: _____ Relationship to Child: _____	Name: _____ Address: _____ Post Code: _____ Home Phone: _____ Mobile: _____ Work Phone: _____ Relationship to Child: _____
Name: _____ Address: _____ Post Code: _____ Home Phone: _____ Mobile: _____ Work Phone: _____ Relationship to Child: _____	Name: _____ Address: _____ Post Code: _____ Home Phone: _____ Mobile: _____ Work Phone: _____ Relationship to Child: _____

Child's Health Care Information

Doctor/Medical Service: _____
Address: _____ Post Code: _____
Phone Number: _____
Medicare No. _____
Ambulance Member: Yes No

Child's Medical Information

The following medical information must be disclosed to ensure the best possible supervision and care for the child while attending our programs. Please note that whilst Council may not always be able to guarantee that our programs can offer the level of support needed, we will work in partnership with families to maximise the access of children with additional needs into our programs within the parameters of the resources available.

Does your child have any special needs and/or medical conditions (including asthma, mobility, speech impairments, vision or hearing impairments, ADHD etc)? **Yes/No**

(If **Yes** please provide details of special needs and any management procedures to be followed with respect to the special need): _____

Does your child have any behavioural issues that may require additional supervision or support during the program? **Yes/No**

(If **Yes** please provide details of behavioural issues and any management procedures to be followed with respect to the behavioural issues): _____

Is your child on any medication that may impact their behaviour at the program? **Yes/No**

(If **Yes** please provide details of behavioural issues and any management procedures to be followed with respect to the medication): _____

Will your child need additional support to participate in the holiday program? **Yes/No**

Which agency (if any) currently supports your child's needs? _____

Does your child have any allergies, sensitivities or dietary restriction: **Yes/No**

(If **Yes** please provide details of allergies and any management procedures to be followed with respect to the allergy and attach any necessary documentation): _____

Anaphylaxis:

Has your child ever been diagnosed at risk of anaphylaxis? **Yes** **No**

Does your child have an auto injection device (e.g. EpiPen®)? **Yes** **No**

Has the anaphylaxis medical management plan been provided to the service? **Yes** **No**

Has a risk management plan been completed by the service in consultation with you? **Yes** **No**

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.

Child's Immunisation Record

Has your child been immunised?

Yes No

***If yes** provide the details by

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation Record printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- completing the table below using the child's Immunisation Record to provide the dates of immunisations received.

Immunisation	Birth	2 months	4 months	6 months	12 months	18 months	4 years
Hepatitis B							
Diphtheria, tetanus & acellular pertussis							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps, rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisation for Aboriginal and Torres Strait Islander children (if required)							
					12 months		18 months
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

Other Child Information

Is there anything else that the children's service should know about your child? _____

Payment of Care

PAYMENT OF CARE

Name of person (or Agency) to whom account is to be sent: _____

Address where account is to be sent: _____

- I/We agree to pay the fees and charges as set down in the current fee schedule
- I/We hereby undertake to pay each invoice promptly, within one week of receipt of each invoice
- I/We understand that failure to pay current accounts will result in the cancellation of care for my child/ren

Signature of person paying the account _____ Date ____/____/____

Child Care Benefit

This information is required for all families who are claiming CCB

Will you be claiming CCB? Yes No

- **If the answer is yes**, you must fill in the below details so that your holiday program fees can be reduced.
- **If the answer is no**, you must complete a **Request for Customer Reference Number** form and return the completed form to Council with this form (these forms are available from Council).

Parent who is claiming CCB:

Name: _____ **Date of Birth:** ___/___/___ **CRN:** _____

Child's Name	Date of Birth	Name of Child Care Service	CRN:

Does the child have a sibling listed on the assessment notice who is attending another approved long day care centre or family day care scheme during the holidays? Yes No

Declaration and Consent

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 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 Vacation Care Program Supervisor, Coordinator and staff to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Signature

Date

Confidentiality of Enrolment Records

The Program Coordinator of Vacation Care 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, the management for medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's 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 a "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 courts orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

PRIVACY COLLECTION STATEMENT REGARDING ENROLMENT FORM

Council is collecting the information on this form for the purpose of registering and administering your child's application/enrolment application. The information may also be used to provide a total service for your child and to contact you in case of an emergency. A "total service" may mean referral to an Inclusion Support Facilitator, health practitioners and speech therapists etc.

Your information will automatically be used in the manner described above unless you specifically indicate NO (by placing a circle around it).

Referral to other health practitioners No

Referral to speech therapist No

Referral to Inclusion Support Facilitator No

The information will not otherwise be disclosed except as required by law e.g. State Government departments and agencies. If you fail to provide this information (*i.e. information on the application /enrolment form*) your child's application/enrolment may not be processed.

Council is committed to complying with the provisions of the Information Privacy Act 2000 and the Health Records Act 2001. Your child's information will be collected and used in accordance with the Information Privacy Principles and Health Privacy Principles. Parents are able to access their child's information. Council has appointed a Privacy Officer to assist in the implementation of the legislation in addition to handling any enquiries. Peter Tully may be contacted on 9298 4211 or email: - privacy@maroondah.vic.gov.au

Parent/Guardian Signature _____

Date _____