



Jubilee Park Stadium, managed by Frankston District Netball Association

Limited Hours Care Enrolment Form

This form must be completed by a parent/guardian in relation to the child.

Child's details

Family name: _____

Given names: _____ Preferred name: _____

Sex: ☐ Male ☐ Female ☐ Other Date of birth: _____

Address: _____

Suburb: _____ Postcode: _____

Cultural background: _____

Language/s spoken at home: _____

Is your child of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Siblings

Name	Date of Birth	Gender

Parent/guardian's 1 details

Full name: _____ Date of birth: _____

Address: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

Cultural background: _____ Employment status: _____

Parent/guardian of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Does the child live with this parent/guardian? ☐ Yes ☐ No, refer to court orders or plans relating to the child (over page)

Relationship to child: _____

Parent/guardian's 2 details

Full name: _____ Date of birth: _____

Address: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

Cultural background: _____ Employment status: _____

Parent/guardian of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Does the child live with this parent/guardian? ☐ Yes ☐ No, refer to court orders or plans relating to the child (over page)

Relationship to child: _____

Court orders or plans relating to the child

Are there any court orders, parenting orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child?

☐

No — go to the next section.

☐

Yes — **please complete the following.**

Bring the **original** court orders/plans for staff to see and a **copy to attach to this enrolment form** if these orders:

a. Affect or 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.

b. Give these powers to someone else.

c. Change the child's residence.

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

Other persons to be notified — authorised nominee nominated by parent/guardian

There may be times when the child has an accident, injury, trauma or illness and the parents/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. The authorised nominees must be over the age of 18.

The authorised nominee has consent from you to:

- collect and care for the child from the service
- provide written or verbal permission or request for the administration of medication/s to the child
- consent to medical treatment of the child
- authorise an educator to take the child outside the education and care service premises.

The Children's Services Regulations require that we have **two** people recorded other than parents.

① Full name: _____

Address: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

② Full name: _____

Address: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Collecting child from the service — authorised nominee

Your consent is required for other people (over the age of 16) to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child below. In the event that the child is not collected and the parent/guardian cannot be contacted, these people will be contacted to arrange to collect the child. These details can be changed throughout the year.

☐

Same as authorised nominee above.

Full name: _____

Address: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Collecting child from the service (continued)

Full name: _____

Address: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Full name: _____

Address: _____

Email: _____

Phone: (H) _____ (W) _____ (M) _____

Relationship to child: _____

Medical and health information

Name of child's doctor/medical centre: _____

Phone: _____

Address: _____

Suburb: _____ Postcode: _____

Maternal and Child Health (MCH) Centre: _____

Are you a member of Ambulance Victoria? ☐ No ☐ Yes Number: _____

_____ Child's Medicare number: _____

Please tick the key age and stage MCH visits your child has attended:

☐ 8 months ☐ 12 months ☐ 18 months ☐ 2 years ☐ 3.5 years

Please ensure your child has attended their key age visit prior to attending child care.

Does your child have anaphylaxis? ☐ Yes ☐ No

If yes, you are required to complete an anaphylaxis management plan.

Does your child have any allergy or sensitivity? ☐ Yes ☐ No

If yes, you are required to complete a management plan.

Does your child have any medical conditions and needs? (epilepsy, diabetes, convulsions) ☐ Yes ☐ No

If yes, you are required to complete a management plan.

Does your child have asthma? ☐ Yes ☐ No

If yes, you are required to complete a management plan.

☐ Yes ☐ No

Does your child have any dietary requirements?

If yes, the following restrictions apply: _____

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes ☐ No ☐ If yes, please comment: _____

Is your child currently under the care of a medical specialist? Yes ☐ No ☐

If yes, reason for seeing specialist: _____

Other information

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

Please indicate festivals your family celebrates and/or list any culture/religious practices the centre staff need to be aware of:

Parent involvement in the children's programs is welcomed. What skills or interests could you share? (WWCC required)

No Jab, No Play legislation

No Jab, No Play legislation requires all children to be fully vaccinated before enrolling into any childhood service. A grace period applies to certain families in some circumstances — please discuss with your limited hours care team leader if you are unsure or believe it may apply to you.

In order to finalise the enrolment, please provide an *Immunisation History Statement* that shows the child:

- is up-to-date with vaccinations for their age
- is on a vaccine catch-up schedule
- or has a medical condition preventing them from being fully vaccinated.

To obtain a copy of an *Immunisation History Statement* for your child/ren, contact Medicare on:

- 1800 653 809
- visit the Medicare website
- visit your myGov account
- or visit your local Medicare office.

Please note: parents/guardians who think their child/ren may require a medical exemption to one or more vaccines should consult their GP.

If a child has medical reasons for not being able to be vaccinated, a GP needs to complete and sign a *Medicare Immunisation Exemption Medical Contraindication Form* and send it to the Australian Immunisation Register (AIR). Once this has been done, the parent needs to obtain an updated *Immunisation History Statement* listing vaccines the child can and can't have due to medical reasons and give this to the centre to finalise enrolment.

Office use only

Sighted original *Immunisation History Statement* and copy attached: ☐ Signature: _____

Sighted child's health record: ☐ Signature: _____

Sun protection permission

- ☐ Apply SPF 30 or higher broad spectrum, water resistant sunscreen supplied by the Service to all exposed parts of my child's skin, including their face, neck, ears, arms and legs.
- ☐ Apply SPF 30 or higher broad spectrum sunscreen (that I have supplied and labelled with my child/childrens' name) to all exposed parts of my child's skin, including their face, neck, ears, arms and legs. I agree that this sunscreen will be kept at the Service and it is my responsibility to make sure there is always an adequate supply available.
- ☐ Assist my child to develop independent, self-help skills by applying SPF 30 or higher broad spectrum sunscreen to all exposed parts of their own skin, including their face, neck, ears, arms and legs.
(Recommended from three years).

Signature: _____ Date: _____

Consent to photograph/video

I/We give permission for FDNA limited hours care educators to take photographic and/or video images of my child, individually and in a group of children for use in program planning or for educational purposes such as observations or portfolios.

Signature: _____ Date: _____

Signature: _____ Date: _____

Do you consent to photographs and/or video images of your child to be used for marketing purposes, such as websites and/or social media? ☐ YES ☐ No

Terms and conditions including consent to emergency medical treatment

I/We acknowledge that the acceptance of my/our child for admission to limited hours care offered by FDNA is subject to the following conditions:

I/We, _____ and _____ (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 FDNA's limited hours care team leader 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 FDNA's limited hours care staff seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred
- consent to the transportation of the child by an ambulance service and that I will reimburse any expenses incurred
- understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the limited hours care premises under the direction and supervision of staff
- have read the requirements pertaining to the provision of limited hours care in our Limited Hours Care Information Sheet;
- acknowledge that I/we fully understand and agree to abide by all FDNA Policies and Procedures as found on our website: www.frankstonnetball.com.au
- I understand that there are fees for limited hours care, this will be calculated and payable daily.
I agree to pay all FDNA's costs and expenses which may be incurred in the recovery or attempted recovery of the overdue amounts from me.

Signature: _____ Date: _____

Signature: _____ Date: _____

Information privacy

The personal information requested is required primarily for the provision of the service referred to on this form and will only be shared with those directly responsible for providing that service. If you do not provide the information, we may not be able to deliver the service. If you would like to know more about privacy at FDNA, including your right to seek access to any information collected on this form, please visit the FDNA Website which is available at www.frankstonnetball.com.au or you can contact our Operations Manager on 9776 5155.

☐ I have read and understood the information privacy statement outlined above.