

# BRIGHTON RECREATIONAL CENTRE

## OCCASIONAL CARE/KINDA ENROLMENT DETAILS 2018

This form is to 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: _____	Date of Birth ____/____/____	Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Given Names: _____	Siblings	Name	_____	Age	_____	
Home Address: _____	Name: _____	Age	_____			
_____	Name: _____	Age: _____				
Language(s) other than English spoken in the home: _____						
Medicare number: _____						

### Information about the child's parents or guardians

Mother	Father
Name: _____	Name: _____
Address: _____	Address: _____
Telephone:(H) _____ (W) _____	Telephone(H) _____ (W) _____
(Mobile) _____	(Mobile) _____
Email Address: _____	Email Address: _____
Does this child live with the mother? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this child live with the father? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Guardian</b> (if applicable)	<b>Guardian</b> (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
Telephone:(H) _____ (W) _____	Telephone(H) _____ (W) _____
(Mobile) _____	(Mobile) _____
Email Address _____	Email Address _____
Does the child live with this guardian?	Does the child live with this guardian?
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

### Days you are looking for Occasional Care or Kinda?

Day	Program
Monday	Occasional Care (9-2)
Tuesday	3Y/O Kinda (9-2)
Wednesday	Occasional Care (9-2)
Thursday	Occasional Care (9-2)
Friday	Occasional Care (9-2)

## Other persons to be notified

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, consent to medical treatment, and requesting or permitting the administration of medication.

Name: _____	Name: _____
Address _____	Address _____
Ph(H) _____ (W) _____	Ph(H) _____ (W) _____
(Mobile) _____	(Mobile) _____
Relationship to child _____	Relationship to child _____

## Collecting the child from the children's service

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below. 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.

Name: _____	Name: _____
Address _____	Address _____
Ph(H) _____ (W) _____	Ph(H) _____ (W) _____
(Mobile) _____	(Mobile) _____
Relationship to child _____	Relationship to child _____

## Court orders relating to the child

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

No  go to next section

Yes  **please complete the following:**

1. Bring the original court order/s for staff to sight and attach a copy to this enrolment form;
2. If this 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 the medication to the child;
- collect the child, AND/OR

b) give these powers to someone else,

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

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## Child's medical and health information

Name Doctor/Medical Service	Phone
Address	
Does the Child have any special needs?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, the following Management procedures are to be followed ( or a copy of the management procedure is attached)	
Does the Child have any allergy or sensitivity?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, the following Management procedures are to be followed ( or a copy of the management procedure is attached)	
Has your child been diagnosed as being at risk of anaphylaxis?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has your child been prescribed an Epipen/Anapen?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please attach your child's anaphylaxis Management Plan	
Does the Child have any other relevant medical conditions?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, the following Management procedures are to be followed ( or a copy of the management procedure is attached)	
Does the Child have any dietary restrictions?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, the following restrictions apply	

Do you give permission for your child to be photographed while at Occasional care / Kinda and for the photographs to be displayed at the centre only	No <input type="checkbox"/> Yes <input type="checkbox"/>
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**Sunscreen**

Do you give permission for sunscreen to be applied to your child at the Centre? Yes  No

**Immunisation**

Under Victorian Law, Occasional Care services cannot confirm enrolment of a child unless they are either fully vaccinated for their age or on a recognised catch up schedule or has a medical reason that prevents them from being vaccinated.

Is your child fully vaccinated for their age No  Yes

If 'Yes', please attach a copy of your Immunisation History Statement No  Yes

*-ACIR Statements can be easily downloaded from the Medicare website*

**Other Information**

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, etc) this is as follows:

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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 intellectual, sensory or physical impairment?      No       Yes

Is the family a single parent family?      No       Yes

## Declaration and consent

I, \_\_\_\_\_ (Print full name)

A person with lawful authority of the child referred to 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 is s/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 reasonable necessary and that I will reimburse any necessary expenses incurred by the children's service.
- Authorise for the children's service to take the child on routine outings (excursions / outside play / fire drill)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## 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 also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Service 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.