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 Reg No: A0016717P  
 Training Organisation ID: 3693  
 ABN: 29 756 088 003

**Annual Registration fee of \$20 per family**

**Enrolment Date:**.....

Date Paid: .....

Receipt No:.....

## CHILDCARE ENROLMENT FORM 2011

**GROUP:**.....

This form must be completed by a parent or a guardian who has lawful authority in relation to the child. A brief explanation of lawful authority is contained at the end of this form. Questions marked with an \* are not required by the Children's Services Regulations 1998, but you are encouraged to answer these to assist in providing relevant children services.

### 1. Information about the child

Family Name	D.O.B	Sex (M) (F)
Given Names	Usually called	
Home Address	Post code	
Language(s) spoken in the home:	Does your child understand English Yes / No (( <i>please circle</i> ))	
*Is the child of Aboriginal and / or Torres Strait Island descent? No [ ] Yes [ ] please tick		

### 2. Information about the Child's Parent or Guardian (if applicable)

Mother's Name	Occupation	Father's Name	Occupation		
Address – as per child or		Address – as per child or			
Telephone/s (W)	(H)	(M)	Telephone/s (W)	(H)	(M)
Does the child live with the mother (answer only if applicable) No [ ] Yes [ ] please tick			Does the child live with the father (answer only if applicable) No [ ] Yes [ ] please tick		

### 3. Lawful Authority

#### **Parents**

All parents have powers and responsibility 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 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 Services 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.

#### **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 any access to the child?

No [  ] go to the Section 4 (**Confidential – Other persons to be notified**)

Yes [  ] please fill in the following:-

- (A) Bring the original Court Order/s for staff to see and a copy to be attach to this Enrolment Form.
- (B) If these Orders . . .
  - a. Change the power 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 a permit the administration of 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:


**4. Collecting the child from the Children’s Service**

Your consent is required for other people to collect the child from Longbeach PLACE Inc. 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 Longbeach PLACE Inc. and the parents or guardians cannot be contacted, this will also be used to arrange someone to collect the child.

**Details of People who can collect the Child** (This list may be added to or changed throughout the year)

Name			Name		
Address			Address		
Telephone/s (W)	(H)	(M)	Telephone/s(W)	(H)	(M)

**CONFIDENTIAL**

**Other persons to be notified**

There may be time when the child has an accident; injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations, Longbeach PLACE Inc. should notify one of the following people who are authorised to collect and care for the child.

Name			Name		
Address			Address		
Telephone/s (W)	(H)	(M)	Telephone/s(W)	(H)	(M)
Relationship to the child			Relationship to the child		

**5. Child Care – Child’s Medical and Health Information**

Name Doctor / Medical Service	Telephone
Address Doctor / Medical Service	
Maternal & Child Health (MCH) Centre:	
MCH Contact Name:	

**6. Child's Immunisation Record**

Please bring a photocopy of your Child's Birth Certificate and Immunisation record for our files. All Enrolment forms must be filled out before your child can attend the program. **NO** child will be accepted unless the form is **fully completed** with an attached copy of your child's records.

**7. \*Information for Government Agencies which provide funding to this service**

From time to time the Department of Human Services seeks information of the characteristics of families who use this children's service. This is used in planning new policies, programmes and resources to support services.

Please answer the following questions as accurately as possible. please tick No or Yes

*Does the child have a developmental delay or disability?	No [ ] Yes [ ]
If Yes, please describe:-	
.....	
.....	
.....	
*Does either parent have a disability?	No [ ] Yes [ ]
*Is the family a single parent family?	No [ ] Yes [ ]

Does the child have any allergy or sensitivity? If yes, the following management procedures are to be followed: <i>(or a copy of the management plan is attached)</i>	<table border="1"> <tr> <td>No [ ]</td> </tr> <tr> <td>Yes [ ] please tick</td> </tr> </table>	No [ ]	Yes [ ] please tick
No [ ]			
Yes [ ] please tick			

Does the child have any dietary restrictions?	<table border="1"> <tr> <td>No [ ]</td> </tr> <tr> <td>Yes [ ] please tick</td> </tr> </table>	No [ ]	Yes [ ] please tick
No [ ]			
Yes [ ] please tick			

**8. CONFIDENTIAL**

**Other Information:**

If there is anything else that the Longbeach PLACE Inc. children's service should know about the child. *(eg. Excessive fears, favourite activities etc.)*

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**9. Declaration and Consent to Emergency Medical Treatment**

I,.....(please print your 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 Longbeach PLACE Inc. 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 he / she becomes unwell at the service;
- Consent to the staff of Longbeach PLACE Inc. children’s service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by Longbeach PLACE Inc.

Signature: ..... Date:.....

**10. Understanding of complying extra fee rules**

**Cancelling a booking– (Occasional Care - Casual rates only)**

A \$5 fee will be charged if in the event that you have not notified us that your child cannot attend a booked session.

**Delayed pick up**

In the case of delayed pick up (15 minutes or more) an \$8 fee will be incurred

Signature:..... Date:.....

**11. Childcare Policy & Procedure Information Booklet 2011**

I / We have read the Childcare Policy and Procedure Information Booklet and agree to abide by all that is stipulated.

Signature: .....

**Preferred day/s:-** (please tick)

<b>Tuesday</b> ACFE Occasional Care (5hr)	<b>Wednesday</b> (Pre-kinder) (4hr)	<b>Thursday</b> Occasional Care (3hr)	<b>Friday</b> (Occasional Care) (5hr)
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**Basis for using the centre** (please tick)

Attending ACFE Course	Attending Non-ACFE course	Attending Course at other centre	Respite care
Use for social / recreational / shopping activities	Working	Other	