

CONFIDENTIAL ENROLMENT FORM

Enrolment Date
/ /



Eureka Community Kindergarten Inc.
is the Approved Provider (Manager)
of this Education and Care Service.

This form must be completed by a parent or guardian who has parental responsibility in relation to the child. An explanation of parental responsibility is at the end of this form. The Education and Care Services National Regulations 2011 requires the Approved Provider (ECKA) to keep an enrolment record for each child containing the prescribed information in Regulations 160 to 162. Questions marked with an * are not required by the regulations, however, answers you provide to each question will assist the service in educating and caring for your child. **CRN (Customer Reference Number) is required ONLY for Long Day Care Enrolments.

EDUCATION & CARE SERVICE DETAILS

Name of Service		Child's Group	3yo kinder <input type="checkbox"/> 4yo kinder <input type="checkbox"/> other <input type="checkbox"/>
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CHILD INFORMATION

Family Name:	Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Given Names:	*Preferred Name:	
Home Address:		
**Child CRN:	Visit familyassistance.gov.au or call 136 150	
*Country of Birth:	*Religion:	

Is the child of Aboriginal &/or Torres Strait Islander origin? <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander <input type="checkbox"/> Yes, Torres Strait Islander	Language used in the child's home:
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Cultural background of the child & if applicable, the child's parents:

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Does this child live with: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Foster Care <input type="checkbox"/> Informal Kinship Care <input type="checkbox"/> Permanent Care <input type="checkbox"/> Formal Kinship Care <input type="checkbox"/> Residential Care <input type="checkbox"/> Other – if other, please list carers details below:	Does this child or their family currently have a humanitarian or refugee visa? <input type="checkbox"/> Yes (if yes, please select visa type below) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refugee visa (subclass 200) <input type="checkbox"/> In-country special humanitarian visa (subclass 202) <input type="checkbox"/> Protection Visa (subclass 866) <input type="checkbox"/> Global Special Humanitarian visa (subclass 786) <input type="checkbox"/> Women at risk visa (subclass 204) <input type="checkbox"/> Emergency Rescue visa (subclass 203) <input type="checkbox"/> Humanitarian Stay visa (subclass 449) <input type="checkbox"/> Temporary Protection visa (subclass 785) <input type="checkbox"/> Safe Haven Enterprise visa (subclass 790) <input type="checkbox"/> Bridging via A-E for humanitarian or refugee visa <input type="checkbox"/> Other, please write visa type:
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SIBLINGS AND CO-RESIDENTS

*Age & Gender of Child's Brothers & Sisters (if applicable)			*Any other person/s living in the child's home (e.g.: grandparents)		
Name:	DOB:	Gender:	Name:	Know to the child as:	
				Relationship to the child:	
			Name:	Know to the child as:	
				Relationship to the child:	

PARENT GUARDIAN INFORMATION

Please add all appropriate parents and/or guardians who have legal authority over the child

Is there one or two parents/guardians with parental/guardian rights for your child? <input type="checkbox"/> One <input type="checkbox"/> Two					
Parent 1			Parent 2		
Name:			Name:		
Address -as per child or:			Address -as per child or:		
Phone (H) (W)			Phone (H) (W)		
Mobile * D.O.B / /			Mobile * D.O.B / /		

PARENT GUARDIAN INFORMATION (continued)

*Email:	*Email:
Country of birth:	Country of birth:
Does the child live with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this parent? Yes <input type="checkbox"/> No <input type="checkbox"/>
**Parent 1 CRN:	**Parent 2 CRN:
What is the highest year level of school parent 1 has completed? (Tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	What is the highest year level of school parent 2 has completed? (Tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <i>compulsory, please complete</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
What is the level of the highest qualification parent 1 has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate 1 to 1V (Including trade certificate) <input type="checkbox"/> No non-school qualification	What is the level of the highest qualification parent 2 has completed? (tick one) <i>compulsory, please complete</i> <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate 1 to 1V (Including trade certificate) <input type="checkbox"/> No non-school qualification
What is the occupation group of parent 1? (See list at end of form) Please select parental occupation group from the list: Attached Parent 1 Occupation Group- <input type="checkbox"/>	What is the occupation group of parent 2?(see list below form) Please select parental occupation group from the list: Attached Parent 2 Occupation Group- <input type="checkbox"/> <i>compulsory, please complete</i>
Guardian 1 (if applicable)	Guardian 2 (if applicable)
Name:	Name:
Address -as per child or:	Address -as per child or:
Phone (H) (W)	Phone (H) (W)
Mobile * D.O.B / /	Mobile * D.O.B / /
*Email:	*Email:
*Occupation:	*Occupation:
Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>
**Guardian 1 CRN:	**Guardian 2 CRN:

OTHER PERSON/S AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for your child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted, the person/s listed below with authority will be contacted regarding collecting your child, in the event of an emergency involving your child, consent treatment or the administration of medication, or to authorise an Educator to take your child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisations.

Name:	Name:
Address:	Address:
Phone (H) (W)	Phone (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg.160(3)(b)(iii))	<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg.160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an emergency (Reg.160(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an emergency (Reg.160(3)(b)(ii))
<input type="checkbox"/> Authorised to consent to medical treatment (Reg. 160(3)(b) (iv))	<input type="checkbox"/> Authorised to consent to medical treatment (Reg. 160(3)(b) (iv))
<input type="checkbox"/> Authorisation for the administration of medication (Reg.160(3)(b)(iv))	<input type="checkbox"/> Authorisation for the administration of medication (Reg.160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorise an Educator to take your child outside of the premises (Reg.160(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorise an Educator to take your child outside of the premises (Reg.160(3)(b)(iv)&(v))
Name:	Name:
Address:	Address:

OTHER PERSON/S AUTHORISATIONS (continued)

Phone (H) (W)	Phone (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg.160(3)(b)(iii))	<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg.160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an emergency (Reg.160(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an emergency (Reg.160(3)(b)(ii))
<input type="checkbox"/> Authorised to consent to medical treatment (Reg. 160(3)(b) (iv))	<input type="checkbox"/> Authorised to consent to medical treatment (Reg. 160(3)(b) (iv))
<input type="checkbox"/> Authorisation for the administration of medication (Reg.160(3)(b)(iv))	<input type="checkbox"/> Authorisation for the administration of medication (Reg.160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iv)&(v))

COURT ORDERS IN RELATION TO THE CHILD

Are there any:

- Court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- Other court orders relating to the child's residence or the child's contact with a parent or other person?
 No go to the next section Yes **please complete the following:**

- Prior to commencement at the service, please bring the original order/s for Educators to sight and attach a copy to this enrolment form;
- Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities;

STAFF ONLY: has a copy of the court orders, parenting orders or plans been received? Yes No

STAFF ONLY: has the child health record been sighted? Yes No

CHILD'S IMMUNISATION STATUS

Please provide the immunisation status for this child (select one of the following)

My child has an up-to-date immunisation status

My child's immunisation history statement indicates they have a medical condition preventing them being fully vaccinated

My child is on a recognised catch-up schedule

My child is not immunised and is not on a regular catch-up schedule

Before commencing please bring a copy of your *Child History Statement* from the Australian Childhood Immunisation register OR other acceptable documentation as outlined in the Early Education and Care services Immunisation Toolkit- please speak to the Teacher about other acceptable documentation.

STAFF ONLY: Has the Child History Statement been received at the service? Yes No

If No, has the Grace Period Eligibility assessment form been completed? Yes No

CHILD'S HEALTH INFORMATION

Registered Medical Practitioner/ Medical Service Name:		Phone:
Registered Medical Practitioner/ Medical Service Address:		
Permission to contact Maternal Child Health: <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Maternal & Child Health (MCH) Centre: *Has your child had the 2 year old MCH check? Yes <input type="checkbox"/> No <input type="checkbox"/> *Has your child had the 3 ½ year old MCH check? Yes <input type="checkbox"/> No <input type="checkbox"/>		*Ambulance Subscription No.: Expiry Date: / /
Does the family have a Commonwealth Health Care Card? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: / /	Does the family have a Pensioner Concession Card? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: / /	Does the family have a Department of Veteran's Affairs gold or White card? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: / /

CHILD'S HEALTH INFORMATION (continued)

*Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes No

*Does your child need a high level of assistance with core activities because of disability or health condition?

Yes No

If yes, please give details of assistance required.....

*Is the child receiving funding through NDIS? Yes No

*Is the child currently attending or has previously attended:

Councillor/Psychologist Occupational therapy Paediatrician Specialist
 Speech Therapy Dietitian Other

If yes, please provide details:

CHILD'S MEDICAL INFORMATION

ANAPHYLAXIS (Reg. 162(c)(iii)&(d))

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

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

If your child has an auto injection device, you have to supply a device with a valid expiry date, to the service, prior to commencement.

In the case of anaphylaxis, you will be required to provide the service with an individual medical management plan for you child signed by the medical practitioner who is treating your child prior to commencement at the service. You will be required to complete a risk minimisation and communication plan in consultation with the Educator prior to commencement. You will also be provided with a copy of the service's anaphylaxis management policy. This will be attached to your child's enrolment form. More information can be found at allergyfact.org.au

STAFF ONLY:

Has an auto injection device been supplied to the service? Yes No

Has the parent/guardian provided the anaphylaxis medical management plan to the service? Yes No

Has a risk minimisation and communication plan been completed in consultation with the parent/guardian? Yes No

SPECIFIC HEALTHCARE NEEDS (Reg. 162(c)(i)&(d))

Does your child have any specific healthcare needs including any medical conditions that are relevant to the care and education of your child? (e.g. asthma, epilepsy, diabetes etc.) Yes No

If YES, you will be required to provide the service with an individual medical management plan for you child signed by the medical practitioner who is treating your child prior to commencement at the service. You will be required to complete a risk minimisation and communication plan in consultation with the Educator prior to commencement.

If necessary, will you be providing medication to the service Yes No

ALLERGIES (Reg. 162(c) (iii))

Does your child have any allergies? Yes No

If Yes, prior to you child's commencement at the service, please provide details of any allergy and any management plan/s or risk minimisation plan/s to be followed with respect to the allergy.

If necessary, will you be providing medication to the service Yes No

STAFF ONLY:

Has the parent/guardian provided a medical management plan to the service for any medical condition or allergy? Yes No

Has a risk minimisation and communication plan been completed in consultation with the parent/guardian? Yes No

DIETARY RESTRICTIONS (Reg. 162 (e))

Does your child have any dietary restrictions? Yes No

If Yes, please provide any details of any dietary restrictions:

ADDITIONAL INFORMATION

*Is your child attending or previously attended:

Kindergarten Playgroup Long Day Care Family Day Care Early Intervention Service Other

If yes- please provide details:

*If applicable, which school have you or do you plan to enrol your child?

*Do you allow sunscreen to be applied to your child while in the care of the Education and Care Service? Yes No

*Do you give permission to conduct head lice checks? Yes No

*Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the Educators to be aware of: Birthdays Christmas Diwali Easter Mother's Day Father's Day Hanukkah NAIDOC week Ramadan

Please list other specific information related to the above:

.....

*Do you have any specific skills or a trade that could be of use to the Education and Care Service?.....

AUTHORISATION AND DECLARATION

I,(Print Full Name)

A person with parental responsibility of the child referred to in their enrolment form (Reg161)

- authorise the Approved Provider (ECKA), Nominated Supervisor, or an educator to seek;
 - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
 - transportation, an authorise of the child by an ambulance; and
 - if relevant, an authorisation given under Regulation 102 of the Education and Care Service to take the child on regular outings
 - agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
 - agree to collect or make arrangements for the collection of the child if he or she becomes unwell;
 - understand that in an emergency situation or where evacuation is necessary that the child may need to leave the Education and Care service under the direction and supervision of the approved provider, nominated supervisor or educator;
 - have read & understood the Education and Care Service's policies including the 'Payment of Fees';
 - declare that the information in the enrolment form is true and correct and undertake to immediately inform the Education and Care Service in the event of any change to this information;
- I give permission to contact Maternal Child Health if needed.

...../...../.....20..... **(To be signed at the service before commencement)**
Signature of person with parental responsibility of the child *Date*

DEFINITIONS

Authorised Nominee/s means a person who has been granted permission by a family member* to collect the child from the Education and Care Service (Education and Care Services National Law 170(5)).

Family Member/s as defined in the Education & Care Services National Law 2010; section 5 'family member' in relation to a child, means-

- a parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including de facto relationship) or by adoption or otherwise; or
- a relative of the child according to Aboriginal or Torres Strait Islander tradition; or
- a person with whom the child resides in a family like relationship; or
- a person who is recognised in the child's community as having a familial role in respect to the child.

Parental Responsibility is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children" All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". 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.

CONFIDENTIAL ENROLMENT RECORDS

The Approved Provider of the Education and Care Service (ECKA) must ensure that the information in your child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of your child or medical treatment of your child; or where expressly authorised, permitted or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

Parental Occupation Index

What is the occupation group of the parent/guardian?

Please place the appropriate parental occupation group from this list (See Parental Occupation Group Codes) in the parent 1 & 2 information section on the ECKA Confidential enrolment form above.

If the person has not been in paid work for the last 12 months, place "N" on the confidential enrolment form.

If the person has not been in paid work for the last 12 months as they have been at home caring for children, place "H" on the confidential enrolment form.

If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.

Chief Executives, General Managers and Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers and Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers	A
Hospitality, Retail and Service Managers	Accommodation and Hospitality Managers, Retail Managers	B
PROFESSIONALS <i>generally with a bachelors degree or above</i>		
Arts and Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resource and Marketing Professionals	Accountants, Auditors and Company Secretaries, Financial Brokers and Dealers, and Investment Advisers, Human Resource and Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering and Science Professionals	Architects, Designers, Planners and Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists	A
Legal, Social and Welfare Professionals	Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A
TECHNICIANS AND TRADES WORKERS		
Engineering, ICT and Science Technicians	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians	B
Automotive and Engineering Trades Workers	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers	C
Electrotechnology and Telecommunications Trades Workers	Electricians, Electronics and Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks		C
Skilled Animal and Horticultural Workers	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians and Trades Workers	Hairdressers, Textile, Clothing and Footwear Trades Workers	C
COMMUNITY AND PERSONAL SERVICE WORKERS		
Health and Welfare Support Workers	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists	B
Carers and Aides	Child Carers, Education Aides, Personal Carers and Assistants	D
Hospitality Workers	Bar Attendants and Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
Defence Force Members - Other Ranks, Fire and Emergency Workers		C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors and Officials, Sportspersons	C
Fitness Instructors, Outdoor Adventure Guides		D
CLERICAL AND ADMINISTRATIVE WORKERS		
Office Managers and Program Administrators	Contract, Program and Project Administrators, Office and Practice Managers	B
Personal Assistants and Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks and Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers	D
Clerical and Office Support Workers	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers	D
Other Clerical and Administrative Workers	Conveyancers and Legal Executives	B
Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors		C
Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers		D
SALES WORKERS & MACHINERY OPERATORS, DRIVERS AND LABOURERS		
Sales Agents	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator	D
Machinery Operators, Drivers and Labourers	Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers	D