



Harrietteville Bush Kinder

## HARRIETTEVILLE BUSH KINDER ENROLMENT RECORD - 2019

Please Read This Notice Before Completing The Enrolment Form

**This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that the service can register your child and allocate staff and resources and so that staff can attend to the child's/families cultural needs in a timely and sensitive manner. All staff at the service and the Department of Education, Employment and Workplace Relations are required by law to protect the information provided by this enrolment form.**

Health information is asked for so that staff at the service can properly care for your child. This includes information about any medical condition or disability your child may have medication your child may rely on while at the service, any known allergies and contact details of your child's doctor. The service depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

The service requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to the service. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Manager, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

### EMERGENCY CONTACTS

**These are people that the service may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to the service.**

### CHILD BACKGROUND INFORMATION

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that the service receives appropriate resource allocations for their children. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

### IMMUNISATION STATUS

This assists the service in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

### UPDATING YOUR CHILD'S RECORDS

Please let the service know if any information needs to be changed by sending updated information to the service office. During your child's time with the service we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

### ACCESS TO YOUR CHILD'S RECORD HELD BY THE SERVICE

In most circumstances you can access your child's records. Please contact the Manager to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Manager. The Service can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.



Harrietville Bush Kinder

**Harrietville Bush Kinder Enrolment Record - 2019**

This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority can be found on page 3.

Please indicate the date you wish to commence Kinder: .....

**INFORMATION ABOUT YOUR CHILD**

Family Name: .....

Given Names: .....

Usually called: .....

Date of Birth: ..... Sex: M  F  (please tick)

Home Address: .....Postcode: .....

Postal Address: .....Postcode: .....

Language(s) spoken in the home: .....Place of Birth: .....

Is the child of Aboriginal and/or Torres Strait Islander descent?

No  Yes  (please tick)

Are the parents of Aboriginal and/or Torres Strait Islander descent?

No  Yes  (please tick)

Do you hold or is your child one of the following:

- Health Care Card       Pension Concession Card       Veteran's Affairs Card
- Refugee       Multiple Birth Child

Family Assistance Office registered name: .....

Parent CRN: ..... Child CRN: .....

**INFORMATION ABOUT THE CHILD'S PARENTS/GUARDIANS**

Mother/Guardian	Father/Guardian
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Address – as per child or:	Address – as per child or:
Home Telephone: Mobile:	Home Telephone: Mobile:
Email:	Email:
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

Mother/Guardian Work/Study Details	Father/Guardian Work/Study Details
Occupation:	Occupation:
Work Address:	Work Address:
Work Telephone: Mobile:	Work Telephone: Mobile:
Work Email:	Work Email:
Country of Birth:	Country of Birth:
Language/s:	Language/s:

**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 the next section.

Yes  **please complete the following:**

1. Bring the **original** court order/s for staff to view and a copy to attach to this enrolment form;
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;
    - consent to the medical treatment of the child;
    - request or 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:

.....  
 .....  
 .....

**Lawful Authority**

*Parents*

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The *Education and Care Services National Law and Education and Care National Regulations 2011* refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether they live 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 *Education and Care Services National Law and Education and Care National Regulations 2011* 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.

**PRIORITY OF ACCESS (Please refer to the handbook for further details)**

I understand that when there are no vacant places and my child is considered 'third priority', my child may be required to leave the service in order for the service to provide a place for a higher priority child

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

## Type of Kinder program

We offer the following options:

### Option 1

A 4 year old Kinder Only option for 15 hours a week over 3 days during school terms. Please note these sessions run from 9:00am – 2:00pm with a strict drop off and pick up time. Your child will receive a school transition statement and portfolio of their work for the year.

### Option 2

A 3 year old Kinder Only option for 9 hours a week over 3 days during school terms. Please note these sessions run from 9:00am – 12noon with a strict drop off and pick up time. Your child will receive a portfolio of their work for the year.

## TIMETABLE AND PRICING FOR 2019:

	<u>Monday</u>	<u>Wednesday</u>	<u>Friday</u>
4 year old Kinder program	\$380 per school term 9:00am-2:00pm Available for funded 4 year olds		
3 year old Kinder program	\$220 per school term 9:00am-12:00noon		

\*(Prices are current as at 05/12/2018. Before enrolling please confirm prices with the administrator as they may be subject to change)

### **PLEASE TICK THE OPTION YOU REQUIRE BELOW AND SIGN TO ACKNOWLEDGE YOU AGREE**

#### **Option 1 (please tick) 4 year old Kinder enrolment**

\*Children attending the Kinder program will receive a school transition statement and work portfolio

\*Late pick up will incur a corresponding fee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Option 2 (please tick) 3 year old Kinder enrolment**

\*Children attending the Kinder program will receive a work portfolio

\*Late pick up will incur a corresponding fee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PAYMENT:**

How would you like to receive your invoice?

Email       Hard copy       Both

How will you pay?

Direct Debit into our account: BSB: 633 000 Account No: 152 186 607

Cash

Combination

**OTHER PERSONS TO BE NOTIFIED IN AN EMERGENCY  
AND COLLECTING THE CHILD FROM THE SERVICE**

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 in such situations.

If required these people will also need to be contacted for their permission to administer medication in an emergency or if the child becomes ill whilst attending the centre.

**Ideally, the person should live locally**

Your consent is required for other people to collect the child from the children's service on your behalf. They will need Photo ID for initial pickup.

Name:	Name:
Address:	Address:
Telephone/s: (H) (W) (Mobile)	Telephone/s: (H) (W) (Mobile)
Relationship to child:	Relationship to child:
This person has authority to: <b>Tick those that apply</b> <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Give permission for excursions off site <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness	This person has authority to: <b>Tick those that apply</b> <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Give permission for excursions off site <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness

Name:	Name:
Address:	Address:
Telephone/s: (H) (W) (Mobile)	Telephone/s: (H) (W) (Mobile)
Relationship to child:	Relationship to child:
This person has authority to: <b>Tick those that apply</b> <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Give permission for excursions off site <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness	This person has authority to: <b>Tick those that apply</b> <input type="checkbox"/> Collect /Deliver to and from the service <input type="checkbox"/> Give permission for excursions off site <input type="checkbox"/> Consent to Medical treatment <input type="checkbox"/> Permit transport by an ambulance <input type="checkbox"/> Request/permit medication to be administered <input type="checkbox"/> If parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness

(Please add an extra page to the back of the form if you wish to list more contact names)

## **CHILD'S IMMUNISATION DETAILS**

'No Jab, No Play' legislation commenced on 1 January 2016. Under the new law, before enrolling a child, s/he must be fully immunised for their age OR on a vaccination catch-up program OR unable to be fully immunised for medical reasons.

Has the child been immunised? No  Yes  (please tick)

If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register

If your child has NOT been vaccinated, you will need to provide a certified letter stating that your child is on a vaccination catch-up program OR unable to be fully immunised for medical reasons.

If your child is not vaccinated s/he may have to be excluded if there is an outbreak of a vaccine preventable disease.

**Please note: the original copy of child's Immunisation Record and Child Health Record needs to be sighted by a staff member and notation to that affect.**

## **DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT**

If appropriate, Long Term Medication Authorisation Asthma or Anaphylaxis Plan forms are also needed to be completed prior to the child's first day of attending Kinder.

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 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 reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

Signature.....Date.....

## **CONSENT TO ATTEND BUSH KINDER OFF SITE**

As part of the Harrierville Bush Kinder program, two structured sessions are held off site at Pioneer Park, Harrierville (often beside the river) in order to provide opportunities for the children to explore their natural environment. During these sessions, there will always be two adults present and a first aid and snake bite kit will be on hand at all times.

Our Water Safety policy and Risk Register is available for you to view on request.

Please sign below to acknowledge that you give permission for your child to attend off site.

Signature.....Date.....

## **CONSENT TO ATTEND REGULAR OUTINGS**

As part of the Harrierville Bush Kinder program, we like to provide opportunities for the children to explore their local community. Children may walk around the school grounds or to various businesses around town (e.g. Harrierville Museum, Bakery, Lavender farm etc.). There will always be two adults present and a first aid kit will be on hand at all times.

Our Water Safety policy and Risk Register is available for you to view on request.

Please sign below to acknowledge that you give permission for your child to attend off site.

Signature.....Date.....

**CHILD'S MEDICAL AND HEALTH INFORMATION**

Name Doctor/Medical Service: .....  
Telephone: .....  
Address Doctor/Medical Service:  
.....

Does your child have any allergy or sensitivity? No  Yes  (please tick)  
**If yes, please complete the Allergenic Management Form attached**

Does your child have any Dietary restrictions: No  Yes  (please tick)  
If yes, please list:  
.....  
.....  
.....

Does your child have any medical conditions or needs (eg anaphylaxis, epilepsy, diabetes, etc) that are relevant to the children's service? No  Yes  (please tick)  
**If yes, the following management procedures are to be followed:**  
**(if asthmatic/anaphylactic please complete Allergenic Management Form attached)**  
.....  
.....  
.....

Is your child known to have a reaction to bee or wasp sting or to any other insects? If so, how severe and what treatment is most effective?  
.....  
.....  
.....

Maternal Health Centre:  
.....  
Maternal and Health Nurse: ..... Telephone: .....

**Has your child had their 3½ year old assessment?**

YES  NO  (Please tick)  
If yes, provide details by attaching a copy of the 3½ assessment from the Child Health Book

Are you an Ambulance subscriber? YES / NO  
Ambulance Subscription No.: .....

Private Health Fund Name (if applicable): .....  
Health Fund number: .....

Medicare Number: .....

Relevant Illness/accident history:  
.....  
.....  
.....

**The following information is vital to staff in providing quality care that meets the particular needs of your child.**

**Food**

Please supply details of special diet/restricted diet/food intolerance

.....  
.....

**Toileting**

Is your child toilet trained, in pull-ups, fully independent or in need of some assistance? (Please note: we are unable to offer care for children in nappies).

**Other information**

Is there anything else that the children's service should know about the child? (eg excessive fears, favourite activities, specific behaviour guidance strategies etc)

.....  
.....  
.....  
.....

Family celebrations/festivals/cultural or religious issues that educators should be aware of:

.....  
.....  
.....  
.....

Are there any aspects of your child's cultural, ethnic and /or religious background that you would like us to be aware of? Yes  No

Details:

.....  
.....  
.....  
.....

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week)? Yes  No

Details:

.....  
.....  
.....  
.....

**Name and ages of siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Lives with sibling: YES / NO  
Name \_\_\_\_\_ Age \_\_\_\_\_ Lives with sibling: YES / NO  
Name \_\_\_\_\_ Age \_\_\_\_\_ Lives with sibling: YES / NO  
Name \_\_\_\_\_ Age \_\_\_\_\_ Lives with sibling: YES / NO  
Name \_\_\_\_\_ Age \_\_\_\_\_ Lives with sibling: YES / NO

**SUNSCREEN / STINGOSE**

Does your child have any allergic reaction to sunscreen or Stingose? YES  NO

If YES, please comment: \_\_\_\_\_

I give permission to apply sunscreen to my child which has been supplied by me:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for staff to apply the centres sunscreen or Stingose to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**PHOTOGRAPHS**

**I give permission for my child to be photographed whilst attending the Kinder:**

**YES**  **NO**

For use in (Please tick):

Within the centre for displays

Newspaper/media articles

Within other children's portfolios

Website/internet

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

**STUDENTS:**

As part of commitment to the continuance of quality care within the Early Childhood industry, Harrietville Bush Kinder may have students from the tertiary education sector. As part of their studies they may be required to take observations, written and photographic.

**I give permission for tertiary students to take written observations and photographs for the purposes of their education and learning as an Early Childhood student**

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

**FAMILY INFORMATION BOOKLET:**

**I am aware that a Family Information Booklet will be provided to me and agree to abide by the policies and procedures described therein, or as updated through staff and parent input and advertised via the noticeboard and through the parent newsletter.**

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

**DECLARATION AND CONSENT TO FOLLOW POLICIES AND PROCEDURES:**

**I, .....(Parent/Guardian) have read the 'Parent Information Book' provided and agree to abide by the policies and procedures described therein. Updated and new policies will be advertised/displayed via the centre noticeboard and through the parent newsletter.**

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

**DECLARATION AND CONSENT TO PAY FEES, LATE FEES AND MISCELLANEOUS FEES FOR SERVICES MANAGED BY Harrietville Bush Kinder:**

I understand that:

- Fees are charged for each term the Kinder is operational and are payable at the commencement of each term.
- All scheduled closures will be published on the notice board and in the newsletter.
- The eligible 4 year old kinder funding for my child will be claimed by Harrietville Bush Kinder and I give permission for this.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DECLARATION:**

I, \_\_\_\_\_ (please print full name), a person of lawful authority of the child referred in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Harrietville Bush Kinder in the event of any change to the information:

**Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*Only complete this section if your child suffers from an allergic reaction or asthma\*\*\*

# ALLERGENIC MANAGEMENT FORM

(Seek the advice from your medical practitioner if necessary when completing this form)

CHILD'S NAME: \_\_\_\_\_

What is your child allergic to?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When a person has a reaction to an allergy, it can usually be categorised into one of the three reactions described below (i.e. Localised, Systematic or Anaphylactic) Please tick the box that best describes the reaction your child has and complete the information required. If you tick boxes 1 or 2, please complete the "Action Plan for Mild to Moderate Allergic Reactions". If your child is Anaphylactic and you tick box 3, please complete the "Action Plan for Anaphylaxis – EpiPen".

**1**          LOCALISED Reaction – This reaction can best be described as a rash, itching or swelling **at** the site where the poison entered. Please provide details below for the treatment of this localised reaction.

.....  
.....  
.....  
.....

**2**          SYSTEMATIC Reaction – This reaction can best be described as a rash, itching or swelling **away from** the site where the poison entered. Please provide details below for the treatment of this localised reaction.

.....  
.....  
.....  
.....

**3**          ANAPHYLACTIC Reaction – Tick only if diagnosed by a medical practitioner as at risk of anaphylaxis.

Anaphylaxis is a severe rapidly progressing allergic reaction that is potentially life threatening. The person can experience severe breathing problems, swelling of the tongue, swelling/tightness of the chest, loss of consciousness and /or collapse. The most effective first aid treatment for anaphylaxis is adrenalin given as an injection (EpiPen) into the muscle of the outer mid-thigh. Please ensure the ASCIA Action Plan for anaphylaxis is completed, signed by a doctor and returned to Harrierville Bush Kinder (or provide a copy of your child's current Action Plan signed by a doctor).

# ASTHMA MANAGEMENT FORM

CHILD'S NAME: \_\_\_\_\_

Please select **one** of the Asthma First Aid Plans by ticking the appropriate box.

**Child's Asthma First Aid Plan** (if different from Victorian Schools Asthma Policy)

Please complete the attached Asthma Care Plan and have signed by a doctor where required. Please note: if your child's Asthma First Aid plan is proving ineffective, Harrietville Bush Kinder will proceed to step 4 of the Victorian Schools Asthma First Aid plan where an ambulance will be called.

**Victorian Schools Asthma Policy for Asthma First Aid**

**Step 1** Sit the person upright

- Be calm and reassuring
- Do not leave them alone

**Step 2** Give medication

- Shake the blue reliever puffer
- Use a spacer if you have one
- Give 4 separate puffs into the spacer, shaking the puffer between each puff
- Child takes 4 breaths from the spacer after each puff

IMPORTANT: If a spacer is not available, use the puffer on its own

**Step 3** Wait 4 minutes

- If there is no improvement, repeat Step 2

**Step 4** If there is still no improvement, call an ambulance 000

- Keep giving 4 puffs, getting the child to take 4 breaths per puff, every 4 minutes while you wait for emergency assistance.

## Declaration

In the event of an asthma attack while at Harrietville Bush Kinder, I agree to my child receiving the treatment described above. I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please notify the administrator in writing immediately of any changes to this plan as soon as the changes are known.**