

ENROLMENT INFORMATION UPDATE

Please complete this form to update enrolment details, including medical information and emergency contact details. Please attach any documents as requested.

CHILD DETAILS			
Family name		Given name	
Preferred first name		Date of birth	
New address			
New school name			

PARENT/GUARDIAN INFORMATION UPDATE		
	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Address		
Relationship to Child		
Home Phone Number		
Work Phone Number		
Mobile Number		
Email Address		
Occupation		

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER		
<i>Education and Care Services National Regulations - Regulation 160 (3c, d)</i>		
Please note- Without this documentation we cannot legally enforce the Order/s.		
Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/>	

Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?		<input type="checkbox"/>
Have photographs and names of unauthorised people been attached to this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
Briefly outline court order requirements		

MEDICAL INFORMATION UPDATE			
Please ensure a <i>Management Plan</i> , <i>Risk Minimisation Plan</i> and <i>Communication Plan</i> has been completed for medical conditions			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Name of Doctor			
Medical Centre		Phone number	
Doctor's address			
Dentist name			
Name of Service		Phone number	
Dentist address			
Private health cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	Private health fund name	
Private health care membership number		Ambulance cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
ASCIA Action Plan (Anaphylaxis) or Action Plan (Asthma) update	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach all relevant documentation		
Please identify any new medical conditions			

AUTHORISED NOMINEES
<i>Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) and 161 (1a, i, ii, 1b)</i>

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person’s consent before listing them as an emergency contact.

FIRST EMERGENCY CONTACT

Full name	
Relationship to child	
Phone number	Home: Mobile: Work:
Address	
Email address	

SECOND EMERGENCY CONTACT

Full name	
Relationship to child	
Phone number	Home: Mobile: Work:
Address	
Email address	

Can emergency contacts listed above be contacted to collect your child from the education and care service?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can emergency contacts listed above be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can emergency contacts listed above be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Can emergency contacts listed above give authorisation for the Service to take the child on regular outings?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are emergency contacts listed above authorised to authorise the education and care service to transport the child or arrange transportation for the child? [If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A]	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Comments:

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

Parent/Guardian 1 name		Date	
Parent/Guardian 1 signature			

Parent/Guardian 2 name		Date	
Parent/Guardian 2 signature			

PRIVACY DISCLAIMER

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.