



Dear Parents/Caregivers,

Can you please fill out the attached enrolment form for **3-year-old Kinder 2019** and return it along with this form and a **\$40 enrolment fee** to Mansfield Kindergarten 64 Ailsa Street or PO Box 196, Mansfield 3724, as soon as possible.

Enrolment fee is to be paid by cash or cheque (payable to: Mansfield Kindergarten)

There may be a waiting list so please don't leave it until the last minute.

If you have any further enquiries, please don't hesitate to contact us.

Thank you

03 5775 2445

Please complete and return the following:

I am enrolling my child into 3-year-old Kinder 2019.

I have included my \$40 enrolment fee as CASH or CHEQUE (payable to: Mansfield Kindergarten)

Please indicate the days that **you prefer** and that work in with other children, work, childcare, etc.

Days are subject to numbers, Groups will be determined and announced at our open day in October.

Yellow GROUP
Monday
9.00am – 12.00pm

Purple GROUP
Friday
9.00 – 12.00pm

Both Days

Please circle/tick the sessions you prefer.

Name Signed Date



64 Ailsa Street/PO Box 196
Mansfield, VIC 3724
P: 03 5775 2445
F: 03 5775 3293

ENROLMENT DETAILS:

Enrolment Date:

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. The licensed children's services must collect the child's enrolment information in this form, as required by the Children's Services Regulations 1998 (Regulations). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist in providing relevant children services. .

INFORMATION ABOUT THE CHILD

FAMILY NAME:DATE OF BIRTH:..... SEX M F (Please circle)

GIVEN NAMES:.....USUALLY CALLED:.....

HOME ADDRESS:.....

POSTAL ADDRESS:.....

Health Care Card Expiry.....

LANGUAGE(S) SPOKEN IN THE HOME: 1st.....2nd.....3rd.....

Is the child of Aboriginal or Torres Strait Islander descent? * No Yes (Please tick)

*

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?
 No Yes (Please tick)

Does the child suffer from anaphylaxis or allergies? No Yes (Please tick)
Please refer to medical section for

Does this child have issues that involve court orders? No Yes (Please tick)

Information about the child's parents or guardians. The following people have legal authority to:

1. Collect or authorize collection of the child.
2. Authorize the taking of the child outside the premises by a staff member.
3. Consent to medical treatment.
4. Request or permit the administration of medication for the child.

PARENT ONE / GUARDIAN

NAME.....

ADDRESS: AS PER CHILD

OR:.....

PHONE: H..... W.....

MOBILE:.....

*E-MAIL

OCCUPATION:.....

Does the child live with this parent? NO YES

PARENT TWO / GUARDIAN

NAME.....

ADDRESS: AS PER CHILD

OR:.....

PHONE: H..... W.....

MOBILE:.....

E-MAIL

OCCUPATION:.....

Does the child live with this parent? NO YES

*VERY important as this is how we send out important information to parents

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 see 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:

.....

.....

.....

OTHER PERSON/S AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for the 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 the child, in event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the 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)	<input type="checkbox"/> Authorised to Collect (Authorised Nominee)
<input type="checkbox"/> Notification in the event of an Emergency	<input type="checkbox"/> Notification in the event of an Emergency
<input type="checkbox"/> Authorised to Consent to Medical Treatment	<input type="checkbox"/> Authorised to Consent to Medical Treatment
<input type="checkbox"/> Authorisation for the administration of medication	<input type="checkbox"/> Authorisation for the administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises

(Please use Y / N for authorisations below)

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)	<input type="checkbox"/> Authorised to Collect (Authorised Nominee)
<input type="checkbox"/> Notification in the event of an Emergency	<input type="checkbox"/> Notification in the event of an Emergency
<input type="checkbox"/> Authorised to Consent to Medical Treatment	<input type="checkbox"/> Authorised to Consent to Medical Treatment
<input type="checkbox"/> Authorisation for the administration of medication	<input type="checkbox"/> Authorisation for the administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises

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)	<input type="checkbox"/> Authorised to Collect (Authorised Nominee)
<input type="checkbox"/> Notification in the event of an Emergency	<input type="checkbox"/> Notification in the event of an Emergency
<input type="checkbox"/> Authorised to Consent to Medical Treatment	<input type="checkbox"/> Authorised to Consent to Medical Treatment
<input type="checkbox"/> Authorisation for the administration of medication	<input type="checkbox"/> Authorisation for the administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises

CHILD'S MEDICAL AND HEALTH INFORMATION

NAME: Doctor/Medical Service:Phone:

ADDRESS: Doctor/Medical Service:

DO YOU HAVE:

AMBULANCE SUBSCRIPTION; NO YES MEMBERSHIP NUMBER.....

MEDICARE NO:.....

* Has the child had their 3½ year old assessment No Yes (Please tick)

If yes, provide details by attaching a copy of the 3½ year assessment from the Child Health Record book

Our Kindergarten has on site a medicine cabinet, please indicate if your child has any allergies or reactions the following:

Band-aids

Paw Paw Ointment

Savlon Cream

Does the child have any allergy or sensitivity? NO YES (Please tick)

If yes, give details and outline the management procedures to be followed,(or attach a management plan.)

Anaphylaxis

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

Does your child have an auto injection device (eg EpiPen®)? No D Yes D

Has the anaphylaxis medical management plan been provided to the service? No D Yes D

Has a risk management plan been completed by the service in consultation with you? No D Yes D

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy **You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child.** This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does the child have any medical conditions and needs.(e.g.: asthma, epilepsy, diabetes, etc.) or any information regarding your child's medical history that may be necessary for the service to know about?

NO YES (Please tick)

If yes, give details and attach a management plan.

Does the child have any dietary restrictions? NO YES (Please tick)

If yes, outline the restrictions and reactions that may occur.

Has your child ever tried or eaten the following?

Oranges / citrus	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Carrot	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Kiwi Fruit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sultanas	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Strawberries	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dairy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Rockmelon	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Pear	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pineapple	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mandarins	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Apple	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Watermelon	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tomatoes	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

Was there any noticeable reaction or dislike to any of the above? Were any reactions severe? Please explain

CHILD'S IMMUNISATION RECORD

Has the child been immunised?

 NO YES

Under Victoria's No Jab No Play law, children need to be fully immunised for their age to be enrolled in an early childhood education and care service.

The ACIR is a national register administered by Medicare that records details of vaccinations given to children in Australia.

Parents/ carers must provide a copy of their most recent ACIR Immunisation History Statement issued by the ACIR. There are two kinds of Immunisation History Statements issued by ACIR – an online version (that can be printed) and a posted version. Both kinds are acceptable documentation.

Parents/Carers can get a copy of their Child's Immunisation History Statement:

- Through Medicare online accounts or the Express Plus Medicare mobile app
- By requesting a statement to be posted to them in the mail
- At a local Medicare service centre
- By calling the Immunisation Register on 1800 653 809

Useful contact information:

- ACIR 1800 653 809
- Email ACIR acir@medicareaustralia.gov.au
- Visit www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register

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 either parent have a disability?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (Please tick)
• Is the family a single parent family?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (Please tick)

OTHER INFORMATION

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

.....

.....

.....

DECLARATION AND CONSENT TO EMERGENCY MEDICAL, HOSPITAL, AMBULANCE TREATMENT

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,hospital,ambulance treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children’s service.

Name..... 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 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.

ADDITIONAL INFORMATION

We require you to sign an authorisation for the following matters:

SUNSCREEN

I hereby give the Kindergarten permission to apply **sunscreen** to my child.....

NAME:.....SIGNATURE:..... DATE:.....

PHOTOGRAPHS

I hereby give the Kindergarten permission to take photographs/moving images of my child

I understand that these may be used for promotional and educational purposes and may be exhibited within the Preschool community and in the general community. (eg. Mansfield Courier)

NAME:SIGNATURE.....DATE:.....

SOCIAL MEDIA (Facebook, instgram, twitter , website, etc)

Every effort will be made to gain specific permission as occasions arise for external use of photographs/moving images but if this is not possible please sign if you allow your child’s photograph/moving image used in this way.

NAME:.....SIGNATURE:..... DATE:.....

HEADLICE

In our efforts to attempt to eradicate headlice from the kindergarten, on occasion we have a school nurse conduct checks of the children’s hair. These checks generally take place around term 2 and term 4. If any lice activity are found we will notify you and advise of immediate collection of child and an appropriate course of treatment.

I hereby give the preschool permission to check my child for headlice,

Name: SIGNATURE DATE

BACKGROUND INFORMATION: (to help with program planning)

Other Family members:

Sibling(s) Yes No (Please tick)

Name.....	Age.....	Name.....	Age.....
Name.....	Age.....	Name.....	Age.....

Other adults living at home:

Family pets:

Do you live: In town Out of town On a rural property On a farm

Other_____

Where did you hear about Mansfield Kindergarten?

Friends/Family Social Media Newspaper Previous family member attended
Other _____

What skills can you offer the Mansfield Kindergarten?

i.e, Building, plumbing, electrical, gardening, cooking

Would you be interested in joining the committee?

President Vice President Treasurer Secretary Maintenance Officer IT Officer
Social Policies Officer Grants OH&S QIP (Quality Improvement Plan) Fundraising

As you can see we require a lot of volunteers to keep the kindergarten running, any assistance would be greatly appreciated.