

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Please read this important information before completing this form:

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 is contained on page three of this form.

Fill in ALL sections of this form in full, or mark as n/a and DO NOT use abbreviated names or nicknames.

Child's name			
Session type	<input type="checkbox"/> Four-year-old (15 hours)	<input type="checkbox"/> Three-year-old (Three hours)	<input type="checkbox"/> Early start (15 hours)
Preferences	First preference preschool	Group/centre	Third preference preschool
	Second preference preschool	Group/centre	Fourth preference preschool
	Does the child have a sibling attending a Wodonga Council preschool in the same year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, sibling's name:		
	Has the child accessed an early start or four-year-old preschool program previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which preschool:		
Has the child been approved for a second year of funded four-year-old preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Information about the child	Family name:	Given name/s:
	Usually called:	Date of birth:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Child's Medicare number:	
	Languages(s) spoken in the home:	
	Cultural background:	
	Siblings (names and ages):	
	Is the child of Aboriginal and/or Torres Strait Islander origin? (tick only one box) <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	
	Does the child have refugee or asylum seeker status? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information about the child's parents or guardians: Please use full names.	Mother/guardian	Father/guardian
	Family name:	Family name:
	Given name/s:	Given name/s:
	Date of birth:	Date of birth:
	Address:	Address:
	Phone (home):	Phone (home):
	Phone (work):	Phone (work):
	Mobile:	Mobile:
	Does the child live with the mother/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child live with the father/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cultural background:	Cultural background:
	Occupation:	Occupation:
	Email address:	Email address:
	Is the child in an out-of-home care arrangement including kinship care or foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the service with more information regarding the arrangement.	

OFFICE USE ONLY

Application number	Reg. Maint. No.	Return date:	Customer no.
Immunisation compliant			

Have you had other children attend Wodonga Council preschools?	Child's name	Year of attendance	Preschool attended

FEES Four-year-old (15 hours)	Section one: Health Care Card (or equivalent) holders only		
	Child's Health Care Card (or equivalent) number:		
	Card issue date:		
	Card expiry date:		
	Child's name on card:		

FEES Payment options Four-year-old (15 hours) and three-year-old (three hours)	Section two: Non Health Care Card holders only	
	I agree to pay the appropriate term fees to the council by the due date:	Signature:
	My payment choice is: <input type="checkbox"/> Payment of term fees payable before commencement of each term; or <input type="checkbox"/> Direct debit - fortnightly (commencing February 2017 (or commencement date) until October 2017)	

CHILDCARE For children accessing childcare (including before and after preschool care) only:	Child's Centrelink Reference Number (CRN):		
	Family CRN:		
	Person registered: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		
	Please tick the days you would like to make a permanent booking: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
	Please specify starting date:		
	Will you be claiming the multiple child percentage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sibling name:	Date of birth:	Service type:

Authorised nominees	Your consent is required for other people to collect the child from the children's service on your behalf. In the table below, please list the details of those people you have authorised to collect the child in the event that as the parent or guardian, you are unable to do so. There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will be used to arrange someone to collect the child.
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Family name:	Family name:
Given name/s:	Given name/s:
<input type="checkbox"/> Authorised to collect child	<input type="checkbox"/> Authorised to collect child
<input type="checkbox"/> Authorised to consent to medical treatment or <input type="checkbox"/> authorise administration of medication	<input type="checkbox"/> Authorised to consent to medical treatment or <input type="checkbox"/> authorise administration of medication
<input type="checkbox"/> Authorise staff to take child off premises if required	<input type="checkbox"/> Authorise staff to take child off premises if required
Address:	Address:
Phone (home):	Phone (home):
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Date of birth:	Date of birth:
Family name:	Family name:
Given name/s:	Given name/s:
<input type="checkbox"/> Authorised to collect child:	<input type="checkbox"/> Authorised to collect child:
<input type="checkbox"/> Authorised to consent to medical treatment or <input type="checkbox"/> authorise administration of medication	<input type="checkbox"/> Authorised to consent to medical treatment or <input type="checkbox"/> authorise administration of medication
<input type="checkbox"/> Authorise staff to take child off premises if required	<input type="checkbox"/> Authorise staff to take child off premises if required
Address:	Address:
Phone (home):	Phone (home):
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Date of birth:	Date of birth:

Court orders relating to the child and/or family plan	<p>Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)</p> <p>1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form.</p> <p>2. If these orders:</p> <p>a. Change the powers of a parent/guardian to:</p> <ul style="list-style-type: none"> • Authorise the taking of the child outside the service by a staff member of the service; • Consent to the medical treatment of the child; and/or • Request or permit the administration of medication to the child; • Collect the child; and/or <p>b. Give these powers to someone else. Please describe these changes and provide the contact details of any person given these powers:</p> <p>3. Family plan: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)</p>
Lawful authority	<p>Parents All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The <i>Education and Care Services National Regulations 2011</i> 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 <i>Family Law Act</i>, may take away the authority of a parent to do something, or may give it to another person.</p> <p>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 <i>Education and Care Services National Regulations 2011</i> 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.</p>
Declaration and consent to emergency medical treatment	<p>I,(Print full name)</p> <p>A person with lawful authority of the child referred to in this enrolment form:</p> <ul style="list-style-type: none"> • 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; and, • 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. <p>Signature</p>
Photographs	<p>I give permission for my child to be photographed or filmed by staff, students and/or the media. I understand that such photographs/footage may be used in displays and/or newspapers, pamphlets, communication journals and television advertisements. I understand that the co-ordinator/director, staff will, when able, notify me prior to the photographing/filming. Families, religious and cultural beliefs will be taken into consideration before photographing/filming.</p> <p>Signature</p> <p>Date.....</p>
Emergency procedures	<p>I give permission for my child to leave the centre with staff for nearby emergency/evacuation drills.</p> <p>Signature</p> <p>Date.....</p>
School (four-year-old preschool children only)	<p>What primary school will your child be attending after completion of the preschool year?</p>
Fees	<p>I(parent/guardian’s name) have read the centre handbook/fees brochure and understand that fees must be paid within given timelines. I also understand that if fees are not paid within this timeframe the service has the discretion to cancel my child’s position. I hereby agree to abide by the conditions as set out in the centre handbook/fees brochure.</p> <p>Signature</p> <p>Date.....</p>
Sunscreen	<p>I (parent/guardian’s name) authorise Wodonga Council staff to apply sunscreen to my child. In the event that my child is allergic to common sunscreen, I will provide sunscreen for my child.</p> <p>Signature</p> <p>Date.....</p>

Child's health and medical information form	Medical conditions
	Has your child been diagnosed with a medical condition (anaphylaxis/asthma/diabeties/allergies)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe:
	<i>Please note: If your child has a medical condition, please provide a copy of the child's medical management plan signed by your doctor. The preschool service will then provide you with the medical conditions policy outlining the requirements and procedures required for medical conditions.</i>
	Does your child have any dietary restrictions or intolerances that do not require a medical management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:
	Name of doctor/medical service:
	Phone:
	Address:
	Name of maternal child health centre:
	Has your child completed a 3.5-year-old health check?
	Does your child have a child health record? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide this to your preschool service for sighting.
	Was there any issues or conditions during your child's early years (including pre birth and birth) that may have impacted on your child's learning ability and development?
	Does your child have a development delay/disability or special needs? If yes, please describe and attach any assessment reports:
Do you have any concerns relating to your child's behaviour or development?	
Does your child receive support from any of these services: <input type="checkbox"/> Child FIRST/Child protection <input type="checkbox"/> Paediatrician <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Speech therapy <input type="checkbox"/> Early Childhood Intervention Service (ECIS) <input type="checkbox"/> Other.....	
Other information	Is there anything else that the children's service should know about the child (for example excessive fears, favourite activities or attending other early childhood service or early intervention service)?
Confidentiality of enrolment records	The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the <i>Education and Care Services National Regulations 2011 (regulation 181 (a-e))</i> .

Privacy collection statement	<p><i>Personal and/or health Information collected by the council is used for municipal purposes as specified in the Local Government Act 1989. The personal and/or health information will be used solely by the council for these purposes and/or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and/or health information provided is for the above purpose and that he or she may apply to the council for access to, and/or amendment of, the information. Requests for access and/or correction should be made to the council's privacy officer. The centre has a privacy policy on display for parents to read at all times.</i></p> <p>I (parent/guardian's name) have read and understand the above statement and am aware that the privacy policy is available for viewing or a copy can be obtained on request.</p> <p>Signature</p> <p>Date.....</p>
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Child's immunisation record	<p>Please provide the following:</p> <ul style="list-style-type: none"> • An Immunization Statement from the Australian Childhood Immunisation Register (ACIR). <p>Or if unsure, contact ACIR on 1800 653 809 or Wodonga Council's immunisation department on (02) 6022 9300.</p>
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Declaration	<p>I hereby declare all information provided is true and correct. I understand that if the information is incorrect, my application will be withdrawn.</p> <p>Signature of legal parent/guardian:</p> <p>.....</p> <p>Date.....</p>
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Please return your completed **enrolment application form, immunisation record** and any **supporting documentation** to the early years co-ordinator at the address below.

Enquiries: Early years unit on (02) 6022 9300 or info@wodonga.vic.gov.au

Deliver to: Early years unit,
104 Hovell St,
Wodonga,
VIC 3690

<p>Check list (Please tick)</p> <p><input type="checkbox"/> Application and enrolment form completed</p> <p><input type="checkbox"/> Immunisation record attached</p> <p><input type="checkbox"/> Other supporting documentation attached</p>
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