



Office Use Only:
 Enrollment Fee: / /
 Schedule entered:

Email: office@hamptonparkch.com.au
Website: www.hamptonparkch.com.au
Phone: 03 9799 0708 Office

16-20 Stuart Avenue
 HAMPTON PARK VIC 3976

P.O Box 440
 HAMPTON PARK VIC 3976

Auspiced by: Hampton Park Care Group Inc. A 587
 ABN 91 334 724 925

Hampton Park Community House Enrolment Form 2018

CHILD DETAILS

Enrolment Date: _____

CHILDS FAMILY NAME: _____ **CHILDS FIRST NAME:** _____
DATE OF BIRTH: ___/___/___ **AGE:** _____ **SEX:** F / M (Please circle)
CHILD RESIDES WITH: Both parents / Mother / Father / Guardian (please circle)
CHILD'S COUNTRY OF BIRTH: _____
Language spoken at home: _____
Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?
 (Please tick) YES NO (specify) _____

DETAILS OF OTHER CHILDREN ATTENDING CENTRE

Child's Surname	Child's First Name	Date of Birth

MOTHER/GUARDIAN DETAILS

FATHER/GUARDIAN DETAILS

FAMILY NAME: _____	FAMILY NAME: _____
GIVEN NAME: _____	GIVEN NAME: _____
ADDRESS: _____	ADDRESS: _____
_____ PCODE: _____	_____ PCODE _____
PHONE (H): _____ (W): _____	PHONE (H): _____ (W): _____
(M): _____	(M): _____
OCCUPATION: _____	OCCUPATION: _____
DATE OF BIRTH: ___/___/___	DATE OF BIRTH: ___/___/___
COUNTRY OF BIRTH: _____	COUNTRY OF BIRTH: _____
EMAIL ADDRESS FOR ACCOUNTS AND INFORMATION: _____	

EARLY CHILDHOOD ENROLMENT CHILDS NAME: _____

COLLECTION & EMERGENCY CONTACTS

In case of an emergency when parents/guardians are not available, please state **TWO reliable contacts** that could pick up your child and take care of them. In the event that your child is not collected from the Hampton Park Community House Program and you cannot be contacted, this list will also be used to arrange someone to collect the child. (Maximum of 30 minutes distance from service)

EMERGENCY CONTACT NAME (TWO NAMES COMPULSORY)	RELATIONSHIP TO CHILD
Name: Address: Phone/Mobile:	
Name: Address: Phone/Mobile:	
NON EMERGENCY COLLECTIONS CONTACTS (NON COMPULSORY)	RELATIONSHIP TO CHILD
Name: Address: Phone/Mobile:	
Name: Address: Phone/Mobile:	

MEDICAL AND DIETARY DETAILS

DOCTOR / HEALTH FUND DETAILS

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

ADDRESS: _____ P/CODE _____

Medicare No. _____ Ambulance Subscription No: _____

Does the child have any allergy or sensitivity? Yes No
-If YES, management plan required _____

Does the child have any medical conditions and needs? Yes No
(eg. Epilepsy, diabetes, etc.) Which are relevant to the children's service?
-if YES, management plan required _____

Does the child have any dietary restrictions Yes No
-If YES, what restrictions apply? _____

CHILD'S IMMUNISATION RECORDS

IMMUNISATION STATUS CERTIFICATE MUST be provided with up to date vaccination details (photocopy of book is no longer acceptable) see Immunization sheet for information

Has this sheet been provided (Childcare cannot take place until this form is submitted) -If NO, (a medical reference must be provided) Yes No

COURT ORDERS RELATING TO 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? (Please tick box) Yes No

- 1. Bring the ORIGINAL court order/s for staff to see and attach a copy to this enrolment form
- 2. If these orders:

a. Change the power 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:

.....
.....

Signature _____

Name of Primary Parent/Guardian:

Date:

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that 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 Regulations* 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.

Hampton Park Community House is in receipt of Government funding for some of the programs and services it offers. We are required to provide statistical data to the government for these funds but all data provided is managed in line with the Information Privacy Act 2000 and its principals. You may be contacted in the future by a government agency or its representative, re your satisfaction with the services that you received from the Hampton Park Community House. Only your contact details were provided then they were destroyed. Further details re the Act and the information Privacy Principals can be found at http://www.dms.dpc.vic.gov.au/sb/2000_Act/A00814.html

PERMISSIONS AND AGREEMENTS TO TERMS

The below section outlines various procedures and policies of Hampton Park Community House. Please ensure you read over these carefully and tick each item to indicate understanding and then sign the last page approving permission for these to occur.

Child's Name: _____ Date of Birth: _____

Emergency or Accidents Yes

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorised Contact/s), I / We give the Team Member at the centre consent to provide Medical or Hospital attention for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport.

Permission for Publication Yes No

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, Centre displays and/or publications (e.g. Newsletters). Where this information may be utilised outside of the Centre, further permission will be sought, such as website.

Permission for Observation Yes No

I / We give permission for our child to be observed for Team Member. Students and visitors will be from accredited training programs and will work in conjunction with your child's caregivers. If questioning or testing is to be carried out I / we will be asked for further permission.

Permission for Evacuations Yes No

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their caregivers and centre Team Member to a safety zone for evacuation purposes. (Please refer to the Centre's Evacuation Plans and Procedures for information.)

House Pet Agreement Yes No

I / We hereby agree to the acknowledgment that Hampton Park Community House has child friendly pets.

Headlice Detection Yes No

I/We give permission for my child to be inspected by staff at the Hampton park Community House for head lice. If live lice are found I accept that my child will be excluded from the program until treatment has commenced.

Release of Personal Information Consent Yes

I/We hereby authorise the person in charge of my child at the Hampton Park Community House to share relevant health and welfare information with emergency services, local doctors or case managers. I understand that I can withdraw my consent of the release of this information by notifying the Hampton Park Community house in writing.

By signing this form I/we declare and confirm:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.

Name of Primary Parent/Guardian:

Signature

Date:
