



# Yarrunga Community Centre

Incorporated: A0036088A

ABN 62 340 040 053

76-86 Croydon Hills Drive  
Croydon Hills Vic 3136

Ph: 9722 8942  
Fax: 9722 9458

www.yarrunga.org.au  
[info@yarrunga.org.au](mailto:info@yarrunga.org.au)

## Early Learning Centre Registration Form (for Childcare and 3 year old Kindergarten programs)

We really appreciate you taking the time to fill in this form. (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.) If you have any queries or concerns when filling out this form, please ask for assistance. This information will help us understand your child and provide them with the best possible care. Please let us know of any change of address, phone numbers, immunizations or care arrangements as soon as possible. **We welcome your comments and are happy to discuss our service with you at any time.** Thank you!

Enrolled / /	Started childcare / /	Started 3yo Kinder / /	Date Left / /
--------------	-----------------------	------------------------	---------------

### Child's Information:

Name: \_\_\_\_\_  
(Given Names) (Surname)

Home Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Birth Date: / / Sex: Male / Female

Language(s) Spoken at Home: \_\_\_\_\_

Sibling(s): Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

### Mother/Guardian:

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Home Contact: \_\_\_\_\_  
Work Contact: \_\_\_\_\_  
Mobile Contact: \_\_\_\_\_  
Language spoken at Home: \_\_\_\_\_  
Address: \_\_\_\_\_  
(only if differs from child)

### Father/Guardian:

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Home Contact: \_\_\_\_\_  
Work Contact: \_\_\_\_\_  
Mobile Contact: \_\_\_\_\_  
Language Spoken at Home: \_\_\_\_\_  
Address: \_\_\_\_\_  
(only if differs from child)

### Background Information

Child's Country of Birth: \_\_\_\_\_

Parents' Country of Birth: \_\_\_\_\_

If overseas, how long has your family been in Australia? \_\_\_\_\_

Have there been any prior separations from home/family, including previous child care? \_\_\_\_\_

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

**Emergency contact people:** (if neither Parent/Guardian is contactable, these people may be notified that your child is unwell. They are authorized to collect the child but we will ask to see their ID.)

**Name 1:**

Relationship to child:

Telephone (H):

Telephone (W):

Telephone (M):

Address:

**Name 2:**

Relationship to child:

Telephone (H):

Telephone (W):

Telephone (M):

Address:

**The following people are also authorized to collect your child:** (we will check their ID!)

(If no-one collects your child at the end of the session, we may also contact them to make arrangements.)

**Name 1:**

Relationship to child:

Telephone (H):

Telephone (W):

Telephone (M):

Address:

**Name 2:**

Relationship to child:

Telephone (H):

Telephone (W):

Telephone (M):

Address:

**Name 3:**

Relationship to child:

Telephone (H):

Telephone (W):

Telephone (M):

Address:

**Name 4:**

Relationship to child:

Telephone (H):

Telephone (W):

Telephone (M):

Address:

### **Custody arrangements**

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No... please go to next section.

Yes, please complete the following:

1 Bring the original court order/s for staff to sight as well as a photocopy to attach to this form.

2 If these orders: A) change the powers of a parent/guardian to:

- Authorize staff to take the child outside the service;
- Consent to medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child from the service, AND/OR

B) give these powers to someone else,

please describe these changes and provide the contact details of any person given these powers.

.....

.....

.....

.....

.....

.....

.....

## Child's Health Information:

Name Doctor/Medical Service: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Maternal & Child Health Centre Attended: \_\_\_\_\_

Does your child have a Child Health Record?  No  Yes, please bring it in for staff to sight.

Staff Member sighting: \_\_\_\_\_ Position: \_\_\_\_\_

Has the child been immunised?  No  Yes, please bring in details (Child Health Record book, immunization record, or Child History Statement) so that we may attach a copy to this form.

## Child's Medical Information:

Does your child have any special needs?  No  Yes, please provide details of any special needs and any management procedure to be followed with respect to the special need: \_\_\_\_\_

Does your child have any other medical conditions? (Eg asthma, epilepsy, diabetes, etc that are relevant to the care of your child)  No  Yes, please provide details of management: \_\_\_\_\_

Does the child have any dietary restrictions?  No  Yes, the following restrictions apply: \_\_\_\_\_

Does your child have any allergies or sensitivity?  No  Yes, provide management details: \_\_\_\_\_

### Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis  No  Yes

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

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

Has a risk management plan been completed by us in consultation with you?  No  Yes

In the case of anaphylaxis you will be provided with a copy of Yarrunga's anaphylaxis management policy. You will be required to provide the service with a 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](http://www.education.vic.gov.au/anaphylaxis) .

## Photograph authorisation

I give permission for Yarrunga Community Centre to take and use photographs of me, or my child, as required, for the purpose of promoting the centre, through the following media:

- |  |  |
|--|--|
| <input type="checkbox"/> Yarrunga promotional print material | <input type="checkbox"/> Yarrunga website and electronic media |
| <input type="checkbox"/> Yarrunga's Annual Report            | <input type="checkbox"/> Local Newspapers                      |

**Other information about your child:**

What activities does your child particularly enjoy? (eg. painting, puzzles, music, etc.) \_\_\_\_\_

Is your child particularly frightened of anything? (eg. animals, closed doors, etc.) \_\_\_\_\_

Does your child have a favourite toy or belonging? \_\_\_\_\_

Any other comments about your child that you feel might help us to understand him/her? \_\_\_\_\_

**Privacy and confidentiality of enrolment records**

Yarrunga Community Centre must ensure that information in the child's enrolment records 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 authorized by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e)). Yarrunga complies with the Information Privacy Act 2000—a copy of our Privacy policy is available upon request.

**Declaration and consent to emergency medical treatment**

I \_\_\_\_\_, a person with lawful authority of the child referred to in this form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform Yarrunga in the event of any change to this information;
- agree to collect or make arrangements for collection of the child referred to in this form if s/he becomes unwell at the service;
- consent to the proprietor to seek medical treatment for the child from a medical practitioner, hospital or ambulance service at my expense.
- consent to my child being evacuated from the Centre, under the supervision of staff, in the event of an emergency or drill evacuation.
- acknowledge and agree to abide by the policies and procedures set down in the Centre handbook and accept the conditions of enrolment at Yarrunga Community Centre.
- consent to photographs of my child being used/on display in Early Learning Centre only.

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

Lawful authority: 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 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between 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. A guardian of a child also has a 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.