



LYREBIRD COMMUNITY CENTRE CHILD ENROLMENT DETAILS

Enrolment Date: _____

A parent or Guardian who has lawful authority to the child must complete this form. A brief explanation of Lawful Authority in this form. Questions marked with an asterisk * are not required by the Children's Services Regulations 1998, but you are encouraged to answer these to assist in providing relevant children services. Lyrebird Community Centre respects your right to information privacy. Information which we collect and hold on your personal details, is kept in accordance with information privacy laws.

A. INFORMATION ABOUT THE CHILD

Child's First Name: _____ Surname: _____
 Date of Birth: _____ * Gender: Male Female (please tick)
 Home Address: _____
 Language(s) spoken at home (if not English) : _____
 * Is the child of Aboriginal and/or Torres Strait Islander descent ? Yes No
 * Does the child have a developmental delay or disability including intellectual, sensory or physical impairment ? Yes No

B. INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS

| | |
|--|---|
| <p>1. Mother</p> <p>Name: _____</p> <p>Address: as per child <input type="checkbox"/> or _____</p> <p>Phone: (Home) _____ (Work) _____ (Mobile) _____</p> <p>Does the child live with the mother ? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there any <u>other</u> Parent or Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details: Name: _____ Address: _____</p> | <p>2. Father</p> <p>Name: _____</p> <p>Address: as per child <input type="checkbox"/> or _____</p> <p>Phone: (Home) _____ (Work) _____ (Mobile) _____</p> <p>Does the child live with the father ? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Relationship: _____ Phone: _____</p> |
|--|---|

C. OTHER PERSONS TO BE NOTIFIED

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorized to collect and care for the child after accident, injury, trauma or illness.

| Name | Address | Relationship to child | Telephone |
|------|---------|-----------------------|---------------------------|
| 1. | | | Home: Work: Mobile: |
| 2. | | | Home: Work: Mobile: |

D. COLLECTING THE CHILD FROM THE CENTRE

Your consent is required for other people to collect your child from the children's service on your behalf. Please list details of those people who can collect your child in the table below (this list may be added to or changed throughout the year).

In the event that your child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange for someone to collect your child.

| Name | Address | Relationship to child | Telephone |
|------|---------|-----------------------|---------------------------|
| 1. | | | Home: Work: Mobile: |
| 2. | | | Home: Work: Mobile: |
| 3. | | | Home: Work: Mobile: |
| 4. | | | Home: Work: Mobile: |
| 5. | | | Home: Work: Mobile: |

E. 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?

Yes - if yes, please complete the following

No - go to section F

1. Provide the original court order for Centre staff to see and to copy to attach to this enrolment form.

2. If these orders:-

a) change the powers of 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:-

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 a Lawful Authority. A legal guardian is given Lawful Authority by a court order. The definition of "guardian" under the Children's Services Regulations 1998 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.

F. CHILD'S MEDICAL & HEALTH INFORMATION

Has the child been immunised ? Yes No (please tick)
Immunisation records sighted by Centre staff ? Yes No
A copy of immunisation records is attached ? Yes No

Staff initials:
Date:

Name Doctor/ Medical Service: _____ Phone: _____

Address Doctor/ Medical Service: _____

* Maternal & Child Health Centre: _____

Child Health Records Sighted by Centre staff ? Yes No

Are you a member of an ambulance fund ? Yes No

If Yes, Membership number: _____

Does the child have any allergy or sensitivity ? (*e.g. asthma etc*) ?

Yes No

If yes, please give details _____

If yes, the following management procedures are to be followed or a copy of an Asthma Action Plan is completed and attached – this form can be obtained from the office.

Does your child have any medical conditions and needs ? (*e.g. anaphylaxis, epilepsy, diabetes, grommets etc*) ?

Yes No

If yes, please give details _____

If yes, the following management procedures are to be followed or a copy of an Anaphylaxis Enrolment Checklist is completed and attached - this form can be obtained from the office.

Does your child have any dietary restrictions ?

Yes No

If yes, the following restrictions apply:

G. DECLARATION & CONSENT

I, _____ (print full name)

A person with lawful authority of the child referred to in this enrolment form,

- 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.
- 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 he/she becomes unwell at the service.
- Agree to reimburse the Centre for any expenses incurred (ie: costs associated with the late collection of child etc).

Signature _____ Date _____

H. GETTING TO KNOW YOUR CHILD

To assist our staff in getting to know your child & the planning of the sessions they will be attending, could you please fill in the following information sheet.

Child's name: _____

Child's D.O.B: _____

Toilet trained Yes No

Has your child been left before? Yes No

Mother's name: _____

Father's name: _____

Name child uses for Grand parents:

Mother's Mother

Mother's Father

Father's Mother

Father's Father

Does your child have any brothers or sisters?
If so please list them.

(first name) (age) (gender)

(first name) (age) (gender)

(first name) (age) (gender)

(first name) (age) (gender)

Does your child have any pets? If so please list them.

(type of animal) (name)

(type of animal) (name)

(type of animal) (name)

Does your child have any fears or dislikes? (please circle)

loud noises dogs balloons loud music

other : _____

Are there any special occasions that your family celebrate?

Does your child enjoy?

Painting Yes No

Pasting Yes No

Singing Yes No

Dancing Yes No

Outside play Yes No

Other: _____

What is your child's Favourite?

TV show _____

TV character _____

Video _____

Story book _____

Story book character _____

Nursery rhyme _____

Toy _____

Game _____

Song _____

Are you aware of anything which your child has a particular interest in? (please circle)

trucks trains planes building with blocks
drawing dancing singing music

Other: _____

What are some of your child's favourite foods?

What are some of your child's least favourite foods?

Any other information you would like to share with us

I. CONSENT TO PHOTOGRAPH

During your child's attendance at the Lyrebird Community Centre there may be occasions when they are photographed. Reasons for this may include: Centre promotions, displays and/or other activities and professional photographs available for parents to purchase.

Child's Name: _____

Signature: _____

Date: _____