

# Early Learning Services Enrolment Form

**This enrolment form belongs to:**

Childs Name

## Welcome to Uniting Early Learning

**We look forward to working with your child and family. To get started, we need to collect some important information that helps to promote the safety and wellbeing of all children at our services. Please read this form, fill in the parts that are relevant to you and get in touch with us if you have any questions**

Below are the items you will need to complete this form:

<input type="checkbox"/>	Immunisation History Statement	<input type="checkbox"/>	Contact information for emergency contacts
<input type="checkbox"/>	Child's Medicare Number	<input type="checkbox"/>	Child's doctor's details
<input type="checkbox"/>	Customer Reference Number (CRN)	<input type="checkbox"/>	Additional needs information (if required)
<input type="checkbox"/>	Custody or parenting orders (if required)	<input type="checkbox"/>	

\*If you are already registered with the Department of Health and Human Services (Centrelink) please complete a separate form for each child

### Confidentiality and privacy

Uniting uses this enrolment form to collect personal information to comply with the Education and Care Services National Regulations and for the purpose of program enrolment. Please ask for a copy of our privacy policy to view our collection statement. The information you provide will be shared for operational purposes only- for example: fee collection, debts, program management or statistics required by Australian Government Departments of Education and Training and Human Services, Department of Education and Training Victoria and Department of Education and Care Tasmania. The information will not be shared with any other party except as required by law.

**Child's First Name:** \_\_\_\_\_ **Usually called:** \_\_\_\_\_

**Child's Family Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Female  Male

Residential Address: (required) \_\_\_\_\_

Postal Address: (if different to above) \_\_\_\_\_

Child's Centrelink reference number: \_\_\_\_\_

Language(s) spoken in the child's home: \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander origin?

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

### Parent/Guardian 1:

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Centrelink reference number: \_\_\_\_\_

DOB: \_\_\_\_\_ Does the child live with this parent/guardian? Yes  No  Sometimes

Postal Address: (if different to the child's) \_\_\_\_\_

Residential Address: (if different to the child's) \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Language/s parent speaks: \_\_\_\_\_ Interpreter required? Yes  No

### Parent/Guardian 2:

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Centrelink reference number: \_\_\_\_\_

DOB: \_\_\_\_\_ Does the child live with this parent/guardian? Yes  No  Sometimes

Postal Address: (if different to the child's) \_\_\_\_\_

Residential Address: (if different to the child's) \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Language/s parent speaks: \_\_\_\_\_ Interpreter required? Yes  No

Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))

Notification in the event of an Emergency (Reg. 160(3)(b)(ii))

Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))

Authorisation for the administration of medication (Reg. 160(3)(b)(iv))

Authorised to authorise an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))

**Siblings:** Given names and ages of the child's siblings: \_\_\_\_\_

**Other persons to be notified (Not Parent/Guardian listed above)** The Education and Care Services National Regulations 2011 (National Regulations) allows parents of a child attending an education and care service to provide an authorisation to empower other relevant people to provide medical treatment and administer medication to a child; to take a child outside the education and care services premises and to collect a child from the education and care service. The people who are authorised to authorise, or empower others, on the parent's behalf are called 'Authorised Nominees'. Parents who nominate an Authorised Nominee must provide relevant contact details for the person.

**I authorise and empower the following people in accordance with the above regulation:**

Full Name:	Full Name:
Address:	Address:
Telephone/s: Home: _____ Work: _____ Mobile: _____	Telephone/s: Home: _____ Work: _____ Mobile: _____
Relationship to Child:	Relationship to Child:
<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))	<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))
<input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))	<input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))
<input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))	<input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorize an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorize an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))
Full Name:	Full Name:
Address:	Address:
Telephone/s: Home: _____ Work: _____ Mobile: _____	Telephone/s: Home: _____ Work: _____ Mobile: _____
Relationship to Child:	Relationship to Child:
<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))	<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an Emergency (Reg. 160(3)(b)(ii))
<input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))	<input type="checkbox"/> Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))
<input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))	<input type="checkbox"/> Authorisation for the administration of medication (Reg. 160(3)(b)(iv))
<input type="checkbox"/> Authorised to authorize an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorize an Educator to take the child outside of the premises (Reg. 160(3)(b)(iv)&(v))

**Has the child previously attended a kindergarten program?**

If so, at which service? \_\_\_\_\_

**Is the child known to Child Protection or Child FIRST?**  Yes  No

**Court orders relating to the child:**

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  Yes  **Please provide a copy with this enrolment application form.**

**Child’s Health and Wellbeing Information:**

Name of Medical Service: \_\_\_\_\_

Name of Doctor (if applicable): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Medicare Number of your child: \_ \_ \_ \_ \_

Ambulance Subscription: Yes  No  Ambulance Membership No.: \_\_\_\_\_

Maternal & Child Health (MCH) Centre: \_\_\_\_\_

Has the child been immunised? Yes  No

**You must provide the child’s Immunisation History Statement from Medicare, otherwise we are unable to process your application.**

**Child’s Medical Information or Specific Health Care Needs:**

Does the child have any allergies or sensitivities or intolerances? Yes  No

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

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

Does the child have any other medical conditions? Yes  No   
(e.g. asthma, epilepsy, diabetes etc, that are relevant to the care of the child)

If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

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

Does the child have any special needs? Yes  No

If yes, please provide details of any special needs and any management procedure to be followed with respect to the need.

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

Does the child have any dietary restrictions? Yes  No

Reason for the restriction: (e.g. vegetarian, intolerance, cultural reasons)

\_\_\_\_\_

If yes, the following restrictions apply:

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### **Anaphylaxis:**

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

Does your child have an auto injection device (e.g. EpiPen®)? Yes  No

In the case of anaphylaxis, you will be provided with a copy of the service's Anaphylaxis Management Policy. Once your child has a confirmed placement, you will be required to provide the service with an individual Medical Management Plan signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment record. You will also be required to work with staff to develop a Medical Conditions Risk Minimisation Plan and a Medical Conditions Communication Plan.

More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

### **Other Information:**

Please provide information about any other illnesses, disabilities, other early childhood service or early intervention service, excessive fears, or recent traumas.

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Please tell us about anything else the service should know about the child? (e.g. cultural, religious, special days, favourite activities).

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### **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 Education and Care Services National Regulations 2011 (regulation 181 and 182) and Children's Services Regulations 2009.

### **Lawful Authority (Victorian Children's Services)**

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 2009 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.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

## PARENTS/GUARDIANS AGREEMENT & AUTHORISATION

I, (Print full name) \_\_\_\_\_, a person with lawful authority of the child referred to in this enrolment form agree to the following;

- I 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;
- I agree to collect or make arrangements for the collection of the child referred to in this form if she/he becomes unwell at the service;
- I consent to the service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service. I consent to the service to administer medication with verbal or written authorisation [as per r.93 to 96] or to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service [as per r.161]. (Please note expenses incurred in obtaining medical treatment including ambulance will not be the responsibility of this service.);
- I agree to abide by the Uniting (Victoria Tasmania) Ltd policies, guidelines and conditions of care as set out in the Parents Handbook;
- I agree to the educator/service being informed that care can be cancelled if the account has not been paid;
- I agree to inform Uniting (Victoria Tasmania) Ltd of changes to immunisation status;
- I agree that in the event of my child contracting an infectious or contagious illness/disease, she/he may be excluded from care for the period of time recommended by the National Health and Resource Council;
- I give my child's educator permission to apply or administer non-prescribed products such as sun screen, barrier cream, nappy cream and moisturisers. A medication form will be required for other medications;
- I understand and agree that I will be required to fill out a permission form for my child/children if they are to attend any routine outings or extraordinary excursions;
- I will inform Uniting (Victoria Tasmania) Ltd if there are changes to my circumstances in relation to work commitments, change of address, change of telephone number, court orders etc.

### Photographs:

- I give permission for my Educator and/or agency members to take photographs of my child to be included in documentation relating to the Early Years Learning Framework, program planning and individual as well as group portfolios and observations. (If you do not wish to give this permission, please answer **No** and discuss with your service's educator)  
Yes  No
- I give permission for my Educator and/or agency members to take photographs of my child to be used for promotional material e.g. newspaper articles, brochures etc. and for photographs of my child to be used on social media e.g. the service's web page, the service's Facebook page. (If you do not wish to give this permission, please answer **No** and discuss with your service's educator)  
Yes  No

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PREFERENCES FOR ALL KINDERGARTEN AND CHILD CARE SERVICES

Your Kindergarten/Child Care service and group preferences. Select up to 4.  
Please refer to our Children's Services Information Handbook to assist you in selecting the appropriate program for your child.

PREFERENCE 1	PREFERENCE 2	PREFERENCE 3	PREFERENCE 4
Service Name	Service Name	Service Name	Service Name
Group (if relevant, e.g. days/days, name, letter, colour)	Group (if relevant, e.g. day/days, name, letter, colour)	Group (if relevant, e.g. day/days, name, letter, colour)	Group (if relevant, e.g. day/days, name, letter, colour)

Please note that session times may change depending on enrolment numbers, however, every effort will be made to accommodate your needs.

Is there any other information about your child or family circumstances that you would like us to take into account in relation to the service and/or group preferences you have indicated? If so, please provide the details: \_\_\_\_\_

**The following documents must be provided with this application.**  
**Applications cannot be processed without the required documents.**

If you have difficulty providing documents please contact us on 1800 183 103.

Immunisation History Statement

Copy of current Concession Card (**4 year old Kindergarten only**)

Please refer to our Children's Services Information Handbook for a full list of eligible concessions.

**If relevant to your child, please also provide -**

Court Orders, Anaphylaxis Management Plan, Asthma Management Plan,  
Severe Allergy Management Plan, Medical Communication Plan

**Please return this completed form and attached documents to -**

Email: [earlyyearsadmin@ucgipps.org.au](mailto:earlyyearsadmin@ucgipps.org.au)

Post: Early Years Administration  
Uniting Gippsland  
PO Box 454  
BAIRNSDALE VIC 3875

**You will be notified in writing of the outcome of this application.**  
**Please note that this application does not guarantee a place.**

	Adult A (Primary Carer)	Adult B (must be completed, except in cases of single parent families)
<b>Education</b>		

**What is the highest year of primary or secondary school the parent/guardian has completed?** (tick one)

*For persons who have never attended school, mark 'Year 9 or equivalent or below'.*

- Year 9 or equivalent or below
- Year 10 or equivalent
- Year 11 or equivalent
- Year 12 or equivalent

- Year 9 or equivalent or below
- Year 10 or equivalent
- Year 11 or equivalent
- Year 12 or equivalent

**What is the level of the highest qualification the parent/guardian has completed?** (tick one)

- No non-school qualification
- Certificate I to IV (including trade certificate)
- Advanced diploma / Diploma
- Bachelor degree or above

- No non-school qualification
- Certificate I to IV (including trade certificate)
- Advanced diploma / Diploma
- Bachelor degree or above

<b>Occupation</b>		
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What is the occupation of the parent/guardian?

**What is the occupation group of the parent/guardian?**

*Please tick the appropriate parental occupation group from the attached list (See Parental Occupation Group Codes).*

*If the person has not been in paid work for the last 12 months, tick 'N'.*

*If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.*

- A
- B
- C
- D
- N

- A
- B
- C
- D
- N



## Parental Occupation Index

<b>MANAGERS</b>		
Chief Executives, General Managers and Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers and Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers	A
Hospitality, Retail and Service Managers	Accommodation and Hospitality Managers, Retail Managers	B
<b>PROFESSIONALS generally with a bachelors degree or above</b>		
Arts and Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resource and Marketing Professionals	Accountants, Auditors and Company Secretaries, Financial Brokers and Dealers, and Investment Advisers, Human Resource and Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering and Science Professionals	Architects, Designers, Planners and Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists	A
Legal, Social and Welfare Professionals	Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A
<b>TECHNICIANS AND TRADES WORKERS</b>		
Engineering, ICT and Science Technicians	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians	B
Automotive and Engineering Trades Workers	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers	C
Electrotechnology and Telecommunications Trades Workers	Electricians, Electronics and Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
	Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks	C
Skilled Animal and Horticultural Workers	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians and Trades Workers	Hairdressers, Textile, Clothing and Footwear Trades Workers	C
<b>COMMUNITY AND PERSONAL SERVICE WORKERS</b>		
Health and Welfare Support Workers	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists	B
Carers and Aides	Child Carers, Education Aides, Personal Carers and Assistants	D
Hospitality Workers	Bar Attendants and Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
	Defence Force Members - Other Ranks, Fire and Emergency Workers	C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors and Officials, Sportspersons	C
	Fitness Instructors, Outdoor Adventure Guides	D
<b>CLERICAL AND ADMINISTRATIVE WORKERS</b>		
Office Managers and Program Administrators	Contract, Program and Project Administrators, Office and Practice Managers	B
Personal Assistants and Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks and Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers	D
Clerical and Office Support Workers	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers	D
Other Clerical and Administrative Workers	Conveyancers and Legal Executives	B
	Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors	C
	Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers	D
<b>SALES WORKERS &amp; MACHINERY OPERATORS, DRIVERS AND LABOURERS</b>		
Sales Agents	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator	D
Machinery Operators, Drivers and Labourers	Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers	D

# Working with Children Checks Information Sheet

The Working with Children Check (WWCC) assists in protecting children from physical or sexual harm by ensuring that people who work with, or care for them are subject to a screening process. As part of our commitment to providing a safe environment for children, Uniting (Victoria and Tasmania) Limited requires all employee's and volunteer's over 18 years of age to hold a valid Working With Children Check.

## Do I need a Working with Children Check?

For family members that wish to be involved on a regular or semi-regular basis at our early learning services, to support the education and care programs, will require a Volunteer Working with Children Check.

This includes participation in activities such as:

- literacy development through story telling
- group learning experiences in the program
- fruit duty
- excursions outside of our learning environments

## How do I apply?

Applications can be viewed online at [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)

Applications can be completed in three easy steps:

1. Fill in the application form and verify your identity online.

Make sure you include our organisation details as part of your application:

**Organisation Name:** Uniting (Victoria and Tasmania) Limited

**Address:** Locked Bag 8, A'Beckett St PO, Melbourne VIC 8006

**Phone:** 03 9192 8100

2. Check your inbox for an email from [workingwithchildren@smarteform.com.au](mailto:workingwithchildren@smarteform.com.au) with instructions on how to finalise your application at Australia Post.

3. Attend a participating Australia Post outlet, have your photo taken (at no charge to you)

## What will it cost?

A Volunteer Working with Children Check is free.

## I already have a Working with Children Check, do I need to apply again?

If you already hold a WWCC you don't need to apply again. You will need to update your details to recognise our organisation. You can do this by logging into your online account and add our organisation details (above). You can also call the WWCC Information Line on 1300 652 879 to add this information. Make sure you include your WWCC number on your child's enrolment form so our staff are aware that you hold a check.

## Not sure if you need a Working with Children Check?

We encourage all parents to have a WWCC so you can participate in the programs with your child and their friends. If you're still not sure, please speak with any of the staff at your early learning service and they can provide you with more information.

## Tasmanian - Working with Children Registration

Working with Children Registration - Tasmanian Government-Department of Justice

[www.justice.tas.gov.au/working\\_with\\_children/application](http://www.justice.tas.gov.au/working_with_children/application)

This is the email address for the relevant information required to the Tasmanian working with children check.