

Children's Services Enrolment Form

| CHILD'S DETAILS | |
|--|-------------------|
| First Name: | Surname: |
| Date of Birth: | Gender: M / F |
| Home Address: | |
| Country of Birth: | |
| Does your child identify as Aboriginal / Torres Strait Islander / Neither | |
| Language(s) Spoken at Home: | |
| PARENT GUARDIAN DETAILS (1) | |
| First Name: | Surname: |
| Relationship to Child: | Country of Birth: |
| Home Address: | |
| Contact Phone Numbers: (h) | (m) |
| Occupation: | (w) |
| Email: | |
| Does the child live with you? Y/N | |
| PARENT GUARDIAN DETAILS (2) | |
| First Name: | Surname: |
| Relationship to Child: | Country of Birth: |
| Home Address: | |
| Contact Phone Numbers: (h) | (m) |
| Occupation: | (w) |
| Email: | |
| Does the child live with you? Y/N | |
| Please supply a copy of any court orders in relation to the custody and care of your child if applicable | |

AUTHORISED PERSONS/EMERGENCY CONTACTS

In case of an emergency, Eltham Leisure Centre staff will attempt to contact the parent/guardians of the child directly. There may be times when the child has an injury or illness and the parents/guardians are unable to be contacted. In these situations, the Children’s Services Team will contact the following people in the order that you list them below:

These people will have the authority to

- authorise an educator to take the child outside of the premises if required
- authorise an educator to administer medication or medical treatment to the child
- collect the child from the service

EMERGENCY CONTACT 1

| | |
|----------------------------|----------|
| First Name: | Surname: |
| Relationship to Child: | |
| Home Address: | |
| | |
| Contact Phone Numbers: (h) | (m) |

EMERGENCY CONTACT 2

| | |
|----------------------------|----------|
| First Name: | Surname: |
| Relationship to Child: | |
| Home Address: | |
| | |
| Contact Phone Numbers: (h) | (m) |

EMERGENCY CONTACT 3

| | |
|----------------------------|----------|
| First Name: | Surname: |
| Relationship to Child: | |
| Home Address: | |
| | |
| Contact Phone Numbers: (h) | (m) |

Signed by Parent Guardian: _____ Date: _____

| MORE ABOUT YOUR CHILD | | | |
|--|------|-------|------|
| Please provide the name and ages of your child's siblings; | | | |
| Name: | Age: | Name: | Age: |
| Name: | Age: | Name: | Age: |
| | | | |
| What does your child enjoy? | | | |
| | | | |
| Does your child have any fears or dislikes? | | | |
| | | | |
| Is there any other information you could provide that would assist us with caring for your child? | | | |
| | | | |
| CHILD HEALTH INFORMATION | | | |
| Is your child fully immunised? Y/N | | | |
| <i>A copy your child's immunisation must be included with this enrolment form</i> | | | |
| | | | |
| Does your child suffer from any allergies? Y/N | | | |
| Please provide a copy of their current allergy/anaphylaxis action plan signed by your doctor if applicable | | | |
| For lower severity allergies please provide details below. | | | |
| | | | |
| Does your child have a diagnosed disability or additional needs? Y/N | | | |
| Please provide details below | | | |
| | | | |
| Does your take prescribed medication on a regular basis? Y/N | | | |
| Please provide details below: | | | |
| | | | |
| Does your child suffer from Asthma? Y/N | | | |
| Please provide a copy of their current ASCIA action plan signed by your doctor | | | |

Community
Bank Stadium
129-163 Main Hurstbridge Rd
Diamond Creek 3089
9438 8900

Diamond Creek
Community Centre
28 Main Hurstbridge Rd
Diamond Creek 3089
9438 5299

Diamond Creek
Outdoor Pool
1 Elizabeth St
Diamond Creek 3089
9438 1883

Diamond Valley Sports
and Fitness Centre
44 Civic Dr
Greensborough 3088
9435 8444

Eltham
Leisure Centre
40 Brougham St
Eltham 3095
9439 2266

| MEDICAL INFORMATION | |
|--|----------------------|
| Family Doctor's Practise: | |
| Family Doctor's Name: | |
| Address: | |
| Phone Number: | |
| MEDICARE NUMBER: | Ambulance Cover: Y/N |
| Private Health: | |
| PERMISSIONS- Please circle to authorise the following, and sign below: | |
| I/we give permission to - | |
| - Have Band-Aids or the like applied when needed: | Y/N |
| - Have staff apply Nappy Cream/Paste (supplied by parent): | Y/N |
| - Have staff apply teething gel when requested (supplied by parent): | Y/N |
| - Have sunscreen reapplied when necessary (supplied by parent) | Y/N |
| Signed: | |
| I/we give permission- | |
| - For photographs to be taken of my/our child for use ONLY within the service | Y/N |
| - For students studying in Children's Service's to Observe and Document my child: | Y/N |
| Signed: | |
| I/We: | |
| <ul style="list-style-type: none"> • Have viewed the Eltham Leisure Centre Child Care (hereafter called the Centre) and consent to the enrolment of my child. • Understand that the person/s nominated as the parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise the release of the child. • Have read the centre's Children's Services Enrolment Information and understand that any changes to this will be displayed on the service's Notice Board at the entrance to the service • Agree to comply with all Government Requirements in relation to the Centre and its services • Understand that children who are lowest priority under the Access Guidelines may be required to alter their days and times of attendance at the Centre in order to provide a place for a higher priority child. This Centre's priorities are as follows: | |
| First Priority- Disadvantaged Families and Children, Centre Members who are using the facility | |
| Second Priority- Non-members who are using the Facility whilst their children are in care | |
| Third Priority- Any other child. | |

| |
|---|
| <ul style="list-style-type: none"> • Agree that in the case of an accident or injury, the centre will attempt to contact me/us and where I/we cannot be contacted, medical care and/or ambulance services may be sought, and I/we are liable for any costs incurred. |
| <ul style="list-style-type: none"> • Are aware that the child will be excluded from the centre if he/she has contracted a contagious disease or condition that may be transferred to other children in care. |
| <ul style="list-style-type: none"> • Understand that the Centre may require a medical clearance from your doctor before they may return to the Centre. |
| <ul style="list-style-type: none"> • Agree to provide information in relation to the health of my/our child. |
| <ul style="list-style-type: none"> • Understand that the centre may be used as a training and observation Centre by students aiming to/already working with young children. |
| <ul style="list-style-type: none"> • Are aware that the cancellation Policy requires me/us to cancel our booking by 7:30 am on the day of the booked session. |
| <ul style="list-style-type: none"> • Understand that a system of payment for late collection operates at the Centre, to cover overtime payments for staff, and that I/we are obliged to drop off and pick up our child as negotiated with the Centre. Any late collection may result in a fee being charged. |
| I/we have read, understood and agree to abide by the conditions of this enrolment form. |
| Primary Parent/Guardian: |
| Signature: Date: |
| How did you hear about our Centre? |

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