

ELTHAM LEISURE CENTRE

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	

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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: _____

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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			

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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.	

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- 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.
- 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.
- Understand that the Centre may require a medical clearance from your doctor before they may return to the Centre.
- Agree to provide information in relation to the health of my/our child.
- Understand that the centre may be used as a training and observation Centre by students aiming to/already working with young children.
- Are aware that the cancellation Policy requires me/us to cancel our booking by 7:30 am on the day of the booked session.
- 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?