



# Lyrebird Community Centre Inc. Child Enrolment Form

## Enrolment Date:

A parent or guardian who has lawful authority to the child must complete this form. Lyrebird Community Centre acknowledges and respects the privacy of all individuals. Information that we collect and hold with your personal details are 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: \_\_\_\_\_  
 Customer Reference Number (CRN) :

### B. INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS

<b>Parent 1:</b> Name: _____ Date of Birth: ____ / ____ / ____ CRN (if claiming Childcare Subsidy): _____ Address: _____ _____ Phone: (Home) _____ (Work) _____ (Mobile) _____ Email: _____ Relationship to child: _____ Does the child live with Parent 1? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Parent 2:</b> Name: _____ Date of Birth: ____ / ____ / ____ Address: _____ _____ Phone: (Home) _____ (Work) _____ (Mobile) _____ Email: _____ Relationship to child: _____ Does the child live with Parent 2? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is there any other Parent or Guardian? Yes  No  If yes, please give details:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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 authorised to collect and care for the child after an 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 Lyrebird Community Centre on your behalf. Please list details of these people 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 Lyrebird Community Centre and no parents or guardians can 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, duties, responsibilities or authorities of the parents or any other person in relation to the child or access to the child?

Yes  - if yes, see below

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 a 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:-

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### 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 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 a Lawful Authority. A legal guardian is given Lawful Authority by a court order. The definition of "guardian" under the Children's Services Regulations 2009 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 your child been immunised? Yes <input type="checkbox"/> An Immunisation History Statement provided by Medicare <b>MUST</b> accompany this enrolment form No <input type="checkbox"/> An Immunisation Exemption Medical Contraindication form will need to be obtained from Medicare, signed by a GP and provided to us.
Name of Doctor / Medical Service: _____ Phone: _____ Address of Doctor/ Medical Service: _____ Maternal & Child Health Centre*: _____ Child Health Records Sighted by Centre staff ? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a member of an ambulance fund ? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Membership number: _____
Has your child been diagnosed as at risk of anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details. A copy of the current ASCIA Action Plan for Anaphylaxis <b>MUST</b> be provided.
Does the child have any allergies or sensitivities ( <i>e.g. asthma etc</i> )? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details and include any management procedures to be followed:  If asthma, a copy of an Asthma Action Plan <b>MUST</b> be provided.
Does your child have any medical conditions or special needs ( <i>e.g. epilepsy, diabetes, grommets etc</i> )? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details and include any management procedures to be followed:
Does your child have a developmental delay or disability including intellectual, sensory or physical impairment* ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:
Does your child have any dietary restrictions ? Yes <input type="checkbox"/> No <input type="checkbox"/> 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,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Lyrebird Community Centre in the event of any change to this information.
- Consent to the staff of Lyrebird Community Centre seeking, or where appropriate, administering, such medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by Lyrebird Community Centre.
- 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 Lyrebird Community Centre for any expenses incurred, including but not limited to, costs associated with the late collection of my child.
- Understand that Lyrebird Community Centre has a Sunsmart policy that must be adhered to. I give permission for sunscreen to be applied by staff while in attendance. I will supply my own sunscreen if my child has an allergy or sensitivity to the sunscreen provided.
- Give permission for the child on this form to be photographed or filmed while in attendance at Lyrebird Community Centre for reasons such as Centre promotions, website or social media.
- By clicking on the "**Sign & Submit**" button at the end of this document I agree that I have read and understand all of the above.

## 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: \_\_\_\_\_

Language(s) spoken at home (if not English): \_\_\_\_\_

Child's D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander descent\* ? Yes  No

Toilet trained Yes  No

Does your child have any special religious / cultural requirements that need observing while in attendance?  
\_\_\_\_\_

Has your child been left before? Yes  No

Parent 1's name: \_\_\_\_\_

Does your child have any particular interests? (please tick)

Parent 2's name: \_\_\_\_\_

painting pasting outside play

Name child uses for Grandparents:

trucks trains planes building with blocks

Parent 1's  
\_\_\_\_\_

drawing dancing singing music

Other : \_\_\_\_\_

Parent 2's  
\_\_\_\_\_

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

loud noises dogs balloons loud music

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

Other : \_\_\_\_\_

What is your child's favourite?

Comfort toy/dummy \_\_\_\_\_

TV show/character \_\_\_\_\_

Story book \_\_\_\_\_

Nursery rhyme/song \_\_\_\_\_

Toy \_\_\_\_\_

Game \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
(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.

What helps your child when they are upset?  
\_\_\_\_\_

\_\_\_\_\_  
(type of animal) (name)

Will your child need a sleep / bottle? Please give us a rough estimate of when / how they like to sleep / have their bottle  
\_\_\_\_\_

\_\_\_\_\_  
(type of animal) (name)

\_\_\_\_\_  
(type of animal) (name)

Any other information you would like to share with us  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special occasions that your family celebrate?  
\_\_\_\_\_

By clicking on the **"Sign & Submit"** button below, I agree that I have read and understand all of the information in part **G Declaration & Consent** of this form above.