



Lyrebird Community Centre Inc.

Reg No: A0028779R

ABN: 68 590 261 969

2025 CHILDCARE ENROLMENT FORM CONFIDENTIAL INFORMATION

These forms must be completed by a parent or guardian who has lawful authority in relation to the child recorded herein. The information received from this form/interview and other nominated sources is CONFIDENTIAL and will only be used: (1) to assist with the care of your child (2) to manage the medical treatment of your child (3) for census/statistical purposes (non-identifiable information only) (4) for information required by the Department of Human Services and Centrelink.

All QUESTIONS MUST BE ANSWERED IN PEN

Please tick days required:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Commencing care at Lyrebird? ____/____/____	Name of Person Completing Form:			Today's Date: ____/____/____	

CHILD ENROLMENT INFORMATION

Surname:	Given Names:	
Date of Birth:	Age Now:	Gender:
Address:		
Child's Centrelink Customer Reference Number (CRN):	Country of Birth:	
What is the cultural background of your child?	Language spoken at home:	
Is your child of Aboriginal or Torres Strait Islander Decent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any special religious and/or cultural requirements that need observing while they attend the program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PARENT/GUARDIAN DECLARATION

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 (including transportation of the child by an ambulance service) 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.
- Should the Australian Government Department of Education withdraw CCS funding for sessions missed you will be liable for any outstanding amount.
- Understand that Lyrebird Community Centre has a Sunsmart/Anaphylaxis 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 promotions, website, social media, in portfolios and in group observations on Xplor.
- Give permission for the child on this form to undertake experiences in any of the rooms within the Centre and the Carrum Downs Library.
- Agree to download the Xplor App in the Apple App store or Google Play store. I understand that this will be required to sign my child in and out and that all communications from the service will be sent via this App.
- Confirm that I have read and understood the information set out in the Play 'N' Learn Handbook.

Parent/Guardian Signature: _____

Date: ____/____/____

CHILD'S IMMUNISATION RECORD

Has the child been immunised?

Yes An Immunisation History Statement provided by Medicare **MUST** accompany this enrolment form.
(Note: You must update the Centre of immunisation(s) as they become due).

No An Immunisation Exemption Medical Contraindication form will need to be obtained from Medicare, signed by a GP and provided to the service (*enrolment forms will not be accepted until this is provided*)

INDIVIDUAL MEDICAL INFORMATION

Name of child's Doctor:	Telephone No:
Address:	Medicare Number:

Does your child have any Diagnosed Medical Condition/Disability? If yes, please provide details of diagnosis/special needs/considerations and any management procedure to be followed. <i>Additional information can be attached to this form.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have their own Health Care Card? If yes, HCC Number: _____ Expiry Date / /	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have Asthma? If yes, please provide a current (less than 12 months old) medical action plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child take any regular medication? Name of Medication: _____ <i>Note that if medication is required to be administered during the program this will need to be discussed with the Centre Manager or Nominated Supervisor and you will be required to complete a medication form and sign it on each day that your child attends the program. Please remember that it is a Parent's / Guardian's responsibility to give the medication to staff.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any allergy or sensitivity? Eg. bee sting, penicillin, foods etc If yes, please specify the allergy/sensitivity: Will your child require medication for this? <i>If yes, you will need to provide both a medical action plan and an authority for medication from your doctor.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child been diagnosed at risk of anaphylaxis? (If no, please move on to next section) Does your child have an auto injection device (eg. Epi Pen)? Has the anaphylaxis medical action plan been provided to the service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>An appointment with the Nominated Supervisor or Centre Manager to complete a risk management plan for your child is required prior to care commencing. Care cannot commence until all above steps have been completed.</i> <i>An Epi Pen is required at the program when the child is in attendance at all times. This is a legal requirement. In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis</i>		
Does your child have any dietary restrictions? If yes, please specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CUSTODY ORDERS

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?

Yes

No

If yes, please complete the following:

1. Bring the original court orders for staff to see and a copy to attach to this form.
2. If these orders change the powers of a parent/guardian to:
 - Authorize 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 from the service
 - Give these powers to someone else

Please describe these changes and provide the contact details of any person given these powers:

PARENT/GUARDIAN INFORMATION

All family enrolment information below is compulsory (No empty boxes please). Mark N/A if no work details etc.

Parent/Guardian 1: This parent's CRN will be used unless notified otherwise

Parent/Guardian Surname:		Given Name:
Address:		Relationship to Child:
Email Address:		Date of Birth:
Home Phone:	Mobile:	Work Phone:
Centrelink Customer Reference No (CRN):		Occupation:
Language Spoken at home:	Cultural Background:	Aboriginal or Torres Islander decent <input type="checkbox"/> Other <input type="checkbox"/> _____

Parent/Guardian 2: Is Parent/Guardian 2 known? Yes No If Yes, details must be listed below.

Parent/Guardian Surname:		Given Name:
Address:		Relationship to Child:
Email Address:		Date of Birth:
Home Phone:	Mobile:	Work Phone:
Centrelink Customer Reference No (CRN):		Occupation:
Language Spoken at home:	Cultural Background:	Aboriginal or Torres Islander decent <input type="checkbox"/> Other <input type="checkbox"/> _____

CHILDCARE SUBSIDY (CCS) INFORMATION

To ensure that you are linked to our service through the Child Care Management System (CCMS) and to have Child Care Subsidy (CCS) applied to your child care fees you must contact Centrelink to confirm that they have the correct name and date of birth for both the parent and the child who are registered for CCS.

Do you wish to claim your CCS (Child Care Subsidy) entitlement to reduce your childcare fees? Yes No

Does your child attend any other approved child care service? Yes No

**AUTHORISED NOMINEE / EMERGENCY CONTACT NUMBERS / AUTHORITY TO COLLECT
(other than parents/guardians)**

Authorised Nominee / Emergency Contact - There may be times when your child has an accident, injury, trauma or illness and the parents/guardians cannot be contacted. To deal with these situations the Centre should notify one of the following people who are authorised to consent to medical treatment of, or to authorise medication to the child and authorise the taking of the child outside the premises by a staff member.

Authority to Collect - Your consent is also required for other people to collect the child from the service on your behalf. This list may be changed throughout the year. In the event that the child is not collected from the service and the parents/guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

In the table below please list the details of those people (other than parents/guardians) that you authorise and tick which authority you give each:

Name:	Mobile:
Address:	Home Phone:
Relationship to Child:	Work Phone:
Authorised Nominee / Emergency Contact <input type="checkbox"/>	Languages Spoken:
Authority to Collect <input type="checkbox"/>	

Name:	Mobile:
Address:	Home Phone:
Relationship to Child:	Work Phone:
Authorised Nominee / Emergency Contact <input type="checkbox"/>	Languages Spoken:
Authority to Collect <input type="checkbox"/>	

Name:	Mobile:
Address:	Home Phone:
Relationship to Child:	Work Phone:
Authorised Nominee / Emergency Contact <input type="checkbox"/>	Languages Spoken:
Authority to Collect <input type="checkbox"/>	

Name:	Mobile:
Address:	Home Phone:
Relationship to Child:	Work Phone:
Authorised Nominee / Emergency Contact <input type="checkbox"/>	Languages Spoken:
Authority to Collect <input type="checkbox"/>	

OFFICE USE ONLY

Immunisation Statement Attached <input type="checkbox"/>	Immunisation Due ____ / ____ / ____ <input type="checkbox"/>
Deposit Charged to Xplor <input type="checkbox"/>	Deposit Paid <input type="checkbox"/>
Materials Fee Charged to Xplor <input type="checkbox"/>	Materials Fee Paid <input type="checkbox"/>
Enrolment Information Entered on Xplor <input type="checkbox"/>	Copy of Enrolment Form in Childcare Office <input type="checkbox"/>

CHILD INFORMATION FOR EDUCATORS

Child's Name:			Child's DOB:		
Please Booked:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Parents/Guardians Names:					
Family Status:					
Both Parents/Grandparents/Guardians <input type="checkbox"/>			Single Parent/Grandparent/Guardian <input type="checkbox"/>		
Shared Custody <input type="checkbox"/>			Siblings		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, names: _____					
Interests & activities that would be enjoyed:					
Dislikes, fears & concerns: Eg: crowded situations, loud noises, strangers					
Level of independence: Eg: requires encouragement or assistance to participate in group activities					
Behavioural concerns interaction with other children & adults: Eg: shy, slow to form friendships, can be aggressive etc					
Is there any additional mobility or other information that staff may require? Eg: limitations of any kind, toileting etc					
Is your child toilet trained? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Has your child had any previous experience in a childcare setting? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is there any other information about your child that would be helpful for staff to know?					
Does your child have a dummy? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does your child have any special/favourite toy/blanket? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does your child have any special words for items?					