



## Melbourne City Mission (MCM) Early Years Hub

### Confidential Enrolment Form

#### Child information

Family name: \_\_\_\_\_

Given name: \_\_\_\_\_

This form must be completed by a parent or guardian who has parental responsibility in relation to the child being enrolled. A brief explanation of parental responsibilities is contained at the end of this form. The *Education and Care Services National Regulations 2011* requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulations 160 to 162.

Questions marked as optional are not required by the regulations, however answers you provide to each question will assist the service in educating and caring for your child.

**Please return the completed form in person to the Centre Manager or Assistant Centre Manager.**

Publish date: March 2023

## Education and care service details

Name of service into which your child is to be enrolled:

- MCM Early Years Hub Hartnett House**  
123 Albion Street Brunswick VIC 3056  
03 9385 3208
- MCM Early Years Hub Doreen**  
11 Aspect Drive Doreen VIC 3754  
03 8775 1200

Enrolment received: \_\_\_\_\_

Commencement date: \_\_\_\_\_

Days of care required:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if you are flexible with the days required  Yes  No

*Staff Use Only:*

Room Allocated: \_\_\_\_\_

*Orientation 1*

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

Time: \_\_\_\_\_ : \_\_\_\_\_ AM/PM

*Orientation 2*

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

Time: \_\_\_\_\_ : \_\_\_\_\_ AM/PM

## Child information

Family name: \_\_\_\_\_ Given names: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Usually called: (optional) \_\_\_\_\_

Home address: \_\_\_\_\_

Child CRN:  
Customer Reference Number (CRN) from Centrelink \_\_\_\_\_

Country of birth: \_\_\_\_\_ Religion (optional): \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander origin?  No, not Aboriginal or Torres Strait Islander  
 Yes, Aboriginal and Torres Strait Islander  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

Main language spoken in the child's home (required): \_\_\_\_\_

Interpreter required:  Yes  No

Cultural background (required): \_\_\_\_\_

## Family information

<p><b>(1 – Parent claiming CCS)</b> Please indicate</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Guardian</p> <p>Name: _____ Please Circle: Miss/Mr/Mrs/Ms</p> <p>Address: <input type="checkbox"/> Same as child OR: _____</p> <p>Home phone: _____</p> <p>Work phone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p>Does the child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of birth (required): ____/____/____</p> <p>Parent / caregiver / guardian 1 CRN: _____</p>	<p><b>(2)</b> Please indicate</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Guardian</p> <p>Name: _____ Please Circle: Miss/Mr/Mrs/Ms</p> <p>Address: <input type="checkbox"/> Same as child OR: _____</p> <p>Home phone: _____</p> <p>Work phone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p>Does the child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of birth (required): ____/____/____</p> <p>Parent / caregiver / guardian 2 CRN: _____</p>
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## Authorisations

Please provide details of people who you authorise as an authorised nominee for your child. The list may be amended at any time. *Please ensure at least one person is authorised for all fields.*

In the event that the primary carers cannot be contacted, the people listed below with authority will be contacted. Please tick the appropriate boxes for each contact to confirm authorisations.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mobile/Preferred  
 Contact No: \_\_\_\_\_  
 Email required: \_\_\_\_\_  
 Relationship  
 to child: \_\_\_\_\_

- 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))
- Authorised 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))
- Authorised to authorise the education and care service to transport the child or arrange transportation of the child (Reg.160(3)(b)(vi))

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mobile/Preferred  
 Contact No: \_\_\_\_\_  
 Email required: \_\_\_\_\_  
 Relationship to  
 child: \_\_\_\_\_

- 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))
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- Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iv)&(v))
- Authorised to authorise the education and care service to transport the child or arrange transportation of the child (Reg.160(3)(b)(vi))

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mobile/Preferred  
 Contact No: \_\_\_\_\_  
 Email required: \_\_\_\_\_  
 Relationship  
 to child: \_\_\_\_\_

- Authorised to Collect (Authorised Nominee) (Reg.160(3)(b)(iii))
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Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mobile/Preferred  
 Contact No: \_\_\_\_\_  
 Email required: \_\_\_\_\_  
 Relationship to  
 child: \_\_\_\_\_

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MCM Early Years follows the *Child Wellbeing and Safety Act 2005*, and within this framework has in place a code of conduct, procedures and policies to ensure the safety of all children in our care. Staff are employed based on their experience, motivation for seeking the role and completion of the relevant checks and certificates.

MCM Early Years monitors all children for signs of abuse as per the *Responding to Family Violence Framework*.

MCM Early Years listens to all children and strives for engagement and empowerment within their culture, religion, language or disability.

MCM Early Years works towards the Health and Wellbeing of all children through the management of play, learning, sleep/rest, nutrition, water safety, sun safety and assessment of injuries or sickness.

## Court orders in relation to the child

Are there any:

- Court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- Other court orders relating to the child's residence or the child's contact with a parent or other person?

Yes – please provide details below

No – go to the next section

*Please bring the original order(s) or plans for educators to sight and attach a copy to this enrolment form.*

Describe the orders and provide the contact details of any person given powers, duties, responsibilities, or authorities:

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## Confidentiality of enrolment records

The approved provider of the Education and Care Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than prescribed under Regulations 181 and 182 of the *Education and Care Services National Regulations 2011*. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; where expressly authorised, permitted or required to given by or under any Act or law; or with the written consent of the person who provided the information.

## Child's health information

### Registered Medical Practitioner

Medical Centre Name and Address (required): \_\_\_\_\_

GP Name (required): \_\_\_\_\_

Phone (required): \_\_\_\_\_

Maternal & Child Health Centre: (optional) \_\_\_\_\_ Contact name: \_\_\_\_\_

Medicare no. (and ref. no.): \_\_\_\_\_ Expiry date: \_\_\_\_\_

Ambulance subscription: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Healthcare no. (if applicable) \_\_\_\_\_ Expiry date: \_\_\_\_\_

Is the child currently attending or has previously attended:

- |  |   |
|--|---|
| <input type="checkbox"/> Counsellor/Psychologist | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Occupational Therapist  | <input type="checkbox"/> Dietitian        |
| <input type="checkbox"/> Paediatrician           | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Specialist              |   |

If yes, please provide details:

\_\_\_\_\_

Does your child have any additional needs?

\_\_\_\_\_

## Child's medical information

### Specific Healthcare Needs (Reg.162(c) (i)&(d))

Does the child have any special healthcare needs including any medical conditions that are relevant to the care & education of the child? (e.g. Asthma, Epilepsy, Diabetes, etc.)  Yes  No

Please provide details of any specific healthcare needs, medical conditions and any management plans or risk management plans to be followed with respect to the specific healthcare need or medical condition. Attach a copy of any plans or additional pages if needed.

\_\_\_\_\_

\_\_\_\_\_

## Anaphylaxis (Reg. 162(c) (ii)&(d))

- Has the child been diagnosed as at risk of anaphylaxis?  Yes  No
- Does your child have an auto injection device (e.g. Epipen or Anapen)?  Yes  No
- Has the anaphylaxis medical management plan been provided to the service?  Yes  No
- Has a risk management plan been completed by the service in consultation with you?  Yes  No

In the case of anaphylaxis, you will be provided with a copy of the service's 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 can be found at [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

## Asthma (Reg. 162(c) (ii)&(d))

- Has the child been diagnosed as at risk of asthma?  Yes  No
- Does your child have medication/preventers (e.g., Ventolin, Reliever)?  Yes  No
- Has the asthma medical management plan been provided to the service?  Yes  No
- Has a risk management plan been completed by the service in consultation with you?  Yes  No

In the case of asthma, you will be provided with a copy of the service's asthma 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.

## Diabetes (Reg. 162(c) (ii)&(d))

- Has your child been diagnosed as at risk of diabetes?  Yes  No
- Does your child have medication to manage this diagnosis?  Yes  No
- Has a diabetes medical management plan been provided to the service?  Yes  No
- Has a risk management plan been completed by the service in consultation with you?  Yes  No

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.

## Allergies (Reg.162 (c) (ii))

- Does your child have any allergies?  Yes  No

If yes, please provide details of any allergies and any management plans or risk minimisation information to be followed with respect to the allergy.

Attach a copy of any plans or additional pages if needed.

## Child's Immunisation Status

Has the child been immunised?

Yes – provide the details by selecting one of the options below

If yes, please provide details by:

- Attaching the Immunisation History Statement from the Australian Childhood Immunisation Register OR
- Attaching an approved “catch –up” scheduled developed in conjunction with the child's immunisation provider.

*The 'No Jab, No Play' law applies to all early childhood education and care services in Victoria. Evidence of immunisation will be required to support your child's enrolment.*

## Dietary Restrictions (Reg.162 (e))

Does your child have any dietary restrictions?

Yes

No

If yes, please provide details of any dietary restrictions:

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If the service is aware that the child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Medical Conditions Policy been provided to the parent or guardian of the child? (Reg 91)

Yes

No

Has a communication plan been developed to ensure that the Medical Conditions Policy, the medical management plan and risk minimisation plan for the child and:

Yes

No

The child's parent can communicate changes to the medical management plan and risk minimisation plan for the child (Reg.90 (1) (c) (iv))

Yes

No



## Kindergarten enrolments

Are you enrolling your child into the kindergarten program at MCM?

Yes

No

If yes please provide additional information below

Which kindergarten program are you enrolling your child into?

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Will your child turn 4 years of age prior to the 30th April?

Yes

No

Will your child be attending any other kindergarten program?

Yes

No

If yes please provide the following information.

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Will you be accessing 15 hours of funded kindergarten at MCM or at the additional kindergarten program?

Yes

No

If applicable, which school have you or do you plan to enrol your child? (optional)

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## Additional permissions

Are you willing to have your child photographed to appear in videos, flyers, newspapers, social media and other MCM publications?  Yes  No

Are you willing to have your child photographed by educators to be used in learning stories, journals, peer journals, documentation, Storypark and centre newsletters?  Yes  No

Are you willing to have your child photographed by volunteers, students and/or other families for personal use?  Yes  No

Do you allow sunscreen to be applied to your child?  Yes  No

- Please tick if you will provide your own sunscreen  
I understand that it must be clearly labelled and adhere to the medication policy

Do you allow your nappy creams, lotions and/or powders to be applied to your child?  Yes  No

- Please tick if you will provide your own nappy cream, lotion and/or powder  
I understand that these must be clearly labelled and adhere to the medication policy

I am aware that my child will participate in evacuation drills that may require my child to go to the meeting place outside the education and care setting.  Yes  No

In line with the MCM Early Years Hub Administration of Medication Policy, if child presents with temperature of 38° or above, I give permission for Paracetamol/Nurofen to be administered.  Yes  No

## Authorisation and declaration

I, \_\_\_\_\_ (print full name)

A person with parental responsibility of the child referred to this enrolment form (Reg. 161)

- Authorise the Approved Provider, Nominated Supervisor, or an educator or in the case of Family Day Care, the family day care educators, to seek
  - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
  - transportation of the child by an ambulance service; and
  - if relevant, an authorisation given under regulation 102 for the Education and Care Service to take the child on regular outings.
- Agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
- Agree to collect or make arrangement for the collection of the child if he or she becomes unwell;
- Understand that in an emergency situation where evacuation is necessary that the child may need to leave the Education and Care Service under the direction and supervision of the approved provider, nominated supervisor or educator;
- Have read and understood the Education and Care Service's policies including the "Payment of Fees";
- Have read and understood the priority of access which is detailed below

I declare that the information in this enrolment form is true and correct and undertake to immediately inform the Education and Care Service in the event of any change to this information.

Signature of person with parental responsibility of the child:

\_\_\_\_\_

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

## Conditions of attendance

- I am aware that it is my responsibility to provide and maintain all Government requirements for the Child Care Subsidy (CCS). I understand that I am required to accept the enrolment through my MyGov account in order to receive my CCS entitlements. Until such time, full fees will apply.
- I am aware that the MCM Early Years Service is under no obligation to pay CCS payments to accounts until they are received from the Department of Human Services (DHS). This condition is applied on recommendation from the DHS.
- I am aware that providing my email address on this enrolment form means my invoices and statements will be sent to this email address. I will inform the Centre Coordinator of any changes to my email address. A printed statement is available on request.
- I am aware that fees for absent days, sick days, holidays and public holidays are payable at the normal daily rate with no discount.
- I am aware that I must sign my child/ren in and out of the centre daily of full fees will be charged, as per our requirement from the Department of Human Services.
- I am aware that fees are to be paid two weeks in advance. If my account becomes 4 weeks in arrears, my child's care will immediately be cancelled until the account is paid.
- I am aware that the method of payment is direct debit from either my credit card/cheque/savings account. (A transaction fee will be payable if the direct debit is dishonoured by the financial institution.) It is my responsibility to inform the Centre Coordinator when new details are required.
- I am aware that I must notify the Centre Coordinator in writing (preferable email), of any changes to my child's enrolment status and booking hours. For example; contact details, emergency contacts, changes in usual attendance, changes in child usual collection arrangements, court orders/documentation. The service is under no obligation to resubmit an attendance record if incorrect information is given, e.g. dates of birth of CRN numbers.
- I am aware that two weeks' notice must be given to the Centre Coordinator in writing for cancellation of care. Full fees may be charged in accordance with DHS guidelines for non-attendance, also known as "cessation of care", during the notice period.

\_\_\_\_\_

Parent/guardian name

\_\_\_\_\_

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date (dd/mm/yyyy)

## Definitions

### Authorised Nominee(s)

Authorised nominee means a person who has been granted permission by a family member to collect the child from the education and Care Service or the Family Day Care Educator (Education and Care Services National Law – Section 170 (51))

### Family Member(s)

Family members as defined in the education and Care Services National Law 2010; section 5 “family member” in relation to a child, means.

- a) A parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including de facto relationships) or by adoption or otherwise; or
- b) A relative of the child according to Aboriginal or Torres Strait Islander tradition; or
- c) A person with whom the child resides in a family-like relationship; or
- d) A person who is recognised in the child’s community as having a familiar role in respect of the child.

### Parental Responsibility

The term “parental responsibility” is defined in the *Family law Act 1975* as “all duties, powers, responsibility and authority which, by law, parents have in relation to children”.

All parents have power and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as “parent responsibilities”. It is not affected by the relationship between 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 it may give it to another person.

### Funding arrangement types

#### Complying Written Arrangement (CWA)

A CWA is an enrolment type used for families wishing to claim the Child Care Subsidy (CCS) now or in the future.

#### Relevant Arrangement (RA)

An RA is an enrolment type used for families not wishing to claim CCS.

#### Additional Child Care Subsidy (ACCS)

An ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identified to pay the child care fees

#### Arrangement with an organisation

In an arrangement with an organisation, where the organisation is liable for the fees for the care of the child

## Written Agreement Form

An early childhood education and care provider and a parent/guardian must agree upfront on the arrangement for the care of a child. The arrangement must be recorded and kept up-to-date to ensure compliance. This Written Arrangement is an ongoing agreement between MCM Early Years and the parent/guardian, to provide care in return for fees. This Written Arrangement contains the minimum amount of information specified in subsection 200B(3) of the *Family Assistance Administration Act*.

Arrangement type  CWA  RA  ACCS  Arrangement with an organisation

Name of service: \_\_\_\_\_

Service ID: \_\_\_\_\_

Parent/guardian Full name: \_\_\_\_\_

Parent/guardian Contact details: \_\_\_\_\_

Parent/guardian CRN: \_\_\_\_\_

Start date of arrangement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full name of child attending care: \_\_\_\_\_

Child's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's CRN: \_\_\_\_\_

Expected session of care:  Mon  Tues  Weds  Thurs  Fri

Start time for session: \_\_\_\_ : \_\_\_\_ : \_\_\_\_ : \_\_\_\_ : \_\_\_\_

End time for session: \_\_\_\_ : \_\_\_\_ : \_\_\_\_ : \_\_\_\_ : \_\_\_\_

Care arrangement:  Routine care  Casual care

Fees to be charged for the sessions of care provided are as per the fees guide available at [www.mcm.org.au](http://www.mcm.org.au). It is understood that fees may vary from time to time.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/guardian name

Signature

Date (dd/mm/yyyy)