



YAVNEH CRÈCHE

בית הספר הדתי הציוני "ליבלר יבנה"

ENROLMENT FORM

Name of child: _____

Enrolment Form Submission Date: _____

Year Required: _____

Please return the completed form to:

The Enrolments Coordinator
Yavneh Crèche
P O Box 164, Caulfield South, VIC, 3162

For Office use only:

Deposit Received: _____





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This form must be completed by a parent or guardian who has parental responsibility in relation to the child. A brief explanation of 'parental responsibility' 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.

Please tick your preferred days of attendance:

Mon	Tues	Wed	Thurs	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that we cannot guarantee days but will do our best to accommodate the days required.

CHILD INFORMATION

Family Name: _____ Date of Birth _____ Gender: Male Female

Given Names: _____ Usually called: _____ Hebrew name: _____

Home address: _____ Post Code: _____

Child CRN: _____ Who is the child registered for CCR under? _____

Country of Birth: _____ Religion: _____

Language spoken at home: _____ Is the child of Aboriginal and/or Torres Strait Islander origin?

No, not Aboriginal or Torres Strait Islander Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Cultural background of the child and, if applicable, the child's parents:

Any special considerations for the child (eg. Any cultural, religious or dietary requirements or additional needs):

INFORMATION ABOUT PARENTS/GUARDIANS

Mother/Guardian:

Name: _____

Date of birth: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: Home _____

Work _____

Mobile _____

Parent CRN: _____

Email: _____

Occupation: _____

Father/Guardian:

Name: _____

Date of birth: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: Home _____

Work _____

Mobile _____

Parent CRN: _____

Email: _____

Occupation: _____

Does the child live with the mother? Yes No

Is there any other Parent/Guardian? Yes No

Does the child live with the father? Yes No

Is there any other Parent/Guardian? Yes No



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MARRIAGE DETAILS

Date of marriage: _____

Place of marriage: _____

Officiating Rabbi: _____

Has either parent converted? Mother Father

If yes, please supply conversion certificate.

OTHER PERSON/S AUTHORISATIONS:

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child, in event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisations.

Name:	Name:
Address:	Address:
Phone (H) (W)	Phone (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))	<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an Emergency Reg. 160(3)(b)(ii)	<input type="checkbox"/> Notification in the event of an Emergency Reg. 160(3)(b)(ii)
<input type="checkbox"/> Authorised to Consent to Medical Treatment Reg. 160(3)(b)(iv)	<input type="checkbox"/> Authorised to Consent to Medical Treatment Reg. 160(3)(b)(iv)
<input type="checkbox"/> Authorisation for the administration of medication Reg. 160(3)(b)(iv)	<input type="checkbox"/> Authorisation for the administration of medication Reg. 160(3)(b)(iv)
<input type="checkbox"/> Authorisation to authorise an Educator to take the child out side of the premises Reg. 160(3)(b)(iv)&(v)	<input type="checkbox"/> Authorisation to authorise an Educator to take the child out side of the premises Reg. 160(3)(b)(iv)&(v)
Name:	Name:
Address:	Address:
Phone (H) (W)	Phone (H) (W)
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))	<input type="checkbox"/> Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an Emergency Reg. 160(3)(b)(ii)	<input type="checkbox"/> Notification in the event of an Emergency Reg. 160(3)(b)(ii)
<input type="checkbox"/> Authorised to Consent to Medical Treatment Reg. 160(3)(b)(iv)	<input type="checkbox"/> Authorised to Consent to Medical Treatment Reg. 160(3)(b)(iv)
<input type="checkbox"/> Authorisation for the administration of medication Reg. 160(3)(b)(iv)	<input type="checkbox"/> Authorisation for the administration of medication Reg. 160(3)(b)(iv)
<input type="checkbox"/> Authorisation to authorise an Educator to take the child out side of the premises Reg. 160(3)(b)(iv)&(v)	<input type="checkbox"/> Authorisation to authorise an Educator to take the child out side of the premises Reg. 160(3)(b)(iv)&(v)

COURT ORDERS IN RELATION TO THE CHILD:

Are there any:

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

No (go to the next section) Yes, please complete the following:

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form;
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:



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INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS EDUCATION AND CARE SERVICE

From time to time the Regulatory Authorities seek information on the characteristics of the children and their families who use an Education and Care Service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indicating Yes or No:

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does either parent have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the family a single parent family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 as 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; or where expressly authorised, permitted or required to be 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 Service Name		Phone
Registered Medical Practitioner/Medical Service Address		
Maternal & Child Health (MCH) Centre		Contact Name
Medicare No	Ambulance Subscription No	Pension No
Expiry Date	Expiry Date	Healthcare No
		Expiry Date

Is the child currently attending or has previously attended:

- Counsellor/Psychologist
 Occupational Therapy
 Paediatrician
 Specialist
 Speech Therapy
 Dietician
 Other

If yes, please provide details:

CHILD'S MEDICAL INFORMATION:

Does your child have any allergy or sensitivity? Yes No If yes, please give details:

Does your child have any medical conditions and/or needs? Yes No If yes, please give details:

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

Has your child been diagnosed at risk of anaphylaxis, asthma or allergy? Yes No

Does your child have an auto injection device (EpiPen or Anapen)? Yes No

Has the anaphylaxis, asthma or allergy medical management plan been provided to us? Yes No

Has a risk management and communication plan been completed by us in consultation with you? Yes No

In the case of anaphylaxis, asthma or allergy you will be provided with a copy of our Dealing With Medical Conditions policy. You will be required to provide us with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This must be attached to this enrolment form.

Specific Healthcare Needs (Reg. 162 (c) (i) & (d)) - Does the child have any specific healthcare needs including any medical conditions that are relevant to the care & education of the child? (eg. Asthma, epilepsy, diabetes etc.)

Yes No

If yes, please provide details of any specific healthcare need/s or medical condition and any management plan/s or risk minimisation plan/s to be followed with respect to the specific healthcare need/s or medical condition/s. Attach a copy of an plan/s or additional pages if necessary.



Allergies (Reg. 162 (c) (ii)) - Does your child have any allergies? Yes No

If yes, please provide details of any allergies and any management plan/s or risk minimisation plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.

Dietary Restrictions (Reg. 162 (e)) - Does the child have any dietary restrictions? Yes No

If yes, please provide details of any dietary restriction.

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 N/A

Has a communications plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child. (Reg. 90 (1) (c)(iv))

Yes No N/A

CHILD'S IMMUNISATION STATUS:

Has your child been immunised? Yes No

If yes, provide the details by selecting one of the options below:

- Attaching a copy of the Immunisation Record from the Child Health Record OR
- Attaching a copy of the Immunisation Record printout from local government OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- Providing the Child Health Record to the Education and Care Service to determine their immunisation status (ACIR—Contact: 1800 653 809 or www.humanservices.gov.au)

(Child health record means a record that documents a child's health and development assessments and immunisations)

Immunisation Record (from the Child Health Record) sighted by (Reg. 162 (g)):

Name: _____ Position: _____ Date: _____

If no, provide a letter from a registered medical practitioner stating the parent/guardian is a conscientious objector to immunisation.

(In some cases where there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from the Education and Care Service as per the period of exclusion of contacts recommended by the National Health and Medical Research Council.

The exclusion periods table can be found at <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>)

ADDITIONAL INFORMATION:

Toilet training:

Is your child in nappies? Yes No Is your child toilet trained? Yes No

If yes, at what stage are they? _____

Does your child have any special word for going to the toilet? _____

Does your child have a dummy? Yes No Does your child have a bottle: Yes No

If yes: Cow's milk Soy milk Other: _____

Does your child have a special toy/blanket for sleeping? Yes No

Any special names for your child's comforter(s)? _____

If applicable, which kindergarten/school have you or do you plan to enrol your child? _____



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CONSENT TO PHOTOGRAPH

During your child's attendance at Yavneh Crèche there may be occasions when they are photographed. Reasons for this may include: promotions, newsletters, social media, displays and/or activities, advertising and documentation for programming.

- Yes, I consent to my child being photographed and the photos to be displayed in class rooms, on social media, and/or for advertising and programming purposes
- No, I do not consent to my child being photographed and the photos to be displayed in class rooms, on social media, and/or for advertising and programming purposes

SUNSCREEN PROTECTION

In line with the Anti-Cancer Council of Victoria recommendations, the children's service suggests all children are protected by SPF30+ sunscreen when exposed to sunlight. In conjunction with Yavneh Crèche's Sun Smart Policy, we ask that each parent apply SPF30+ sunscreen to their child prior to their arrival at crèche.

- Yes - reapply sunscreen to my child as required when going outside
- No - do not reapply sunscreen to my child

SPECIFIC PLAY CONSENT

- Yes, I consent to my child participating in both indoor and outdoor water play, face painting and messy play/sensory experiences.
- No, I do not consent to my child participating in both indoor and outdoor water play face painting and messy play/sensory experiences.

Name: _____ Date: _____ Signature: _____

- Yes, I consent to my child participating in activities taking place on Mizrahi property.
- No, I do not consent to my child participating in activities taking place on Mizrahi property.

Name: _____ Date: _____ Signature: _____

GETTING TO KNOW YOUR CHILD:

To assist our staff in getting to know your child, could you please fill in the following information:

Has your child attended daycare previously? Yes No

Names your child uses for you and your spouse: Mother: _____ Father: _____

Does your child have any siblings? Yes No

If yes, please list their details:

Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____

Does your child/family have any pets? Yes No

If yes, please list them:

Type of animal: _____	Name: _____
Type of animal: _____	Name: _____

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

Loud noises Dogs Balloons Clowns Spiders Loud music

Other: _____



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Are you aware of anything in which your child has a particular interest? (please circle)

Trucks Trains Planes Building blocks Dolls Dress ups

Drawing Dancing Singing Music

Other: _____

What would you like to see your child learn at crèche?

Is there any other information about your family/child that you would like to share with us?

AUTHORISATION AND DECLARATION

I _____ (print full name), a person with lawful authority of the child referred to in this enrolment form (Reg. 161):

- Understand that this application form is for the Yavneh Crèche only and does not guarantee entry into the Abeles Liberman Early Learning Centre.
- Understand that the submission of this form will place my child on a waiting list. The Enrolment Coordinator will be in touch in due course regarding firm placement offers.
- I am aware that I am responsible for Fees to be paid on a fortnightly basis.
- Understand that my signature below will be considered consent to all permissions requested in this form.
- Authorise the Approved Provider, Nominated Supervisor, or an educator 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
- Consent to the staff of Yavneh Crèche seeking, where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at crèche.
- Agree to reimburse Yavneh Crèche for any expenses incurred (or costs associated with the late collection of the child, etc.)
- Understand that in the case of an emergency situation or fire drill where evacuation is necessary that my child may need to leave the Centre under the direction and supervision of educators.
- Am aware that I am required to give one calendar month's notice in the event of the decision to withdraw my child from the Yavneh Crèche.
- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the staff of Yavneh Crèche in the event of any change to this information.
- Have read and understood all of the above.

Signature: _____

Date: _____

The Enrolment Coordinator will be in touch with you to finalise the enrolment

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 (5))

Family Member/s:

'Family member' 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 a de facto relationship) 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 familial role in respect of the child.

Parental Responsibility: The term 'parental responsibility' is defined in the Family Law Act 1975, as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children". All parents have powers and responsibilities in relation to the children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". 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.