### Childcare services at AquaPulse and Eagle Stadium crèche facilities

Aqua Pulse & Eagle Stadium Crèche provides opportunity for those parents who wish to enjoy our facilities whilst having their children cared for by qualified childcare professionals. Our Crèche services have been built with the highest quality facilities to ensure our customers' children receive the highest quality care in a safe and secure environment.

### Sessions

Sessions are available Monday to Friday 9am – 12pm at Aqua Pulse and Eagle Stadium Mon, Tues 9am – 12pm Wed & Thurs 9am–11am and closed on Fridays. Children can be dropped off and picked up at any time during this session. PLEASE NOTE PARENTS ARE TO REMAIN ON PREMISES.

Crèche will be closed on all public holidays and for three weeks over the Christmas/New Year period.

• Enrolments

An enrolment form for each child must be completed 48 hours prior to leaving your child/ren in care. Forms are available from the Centre or from our website. A copy of the birth certificate and immunisation statement are required at enrolment.

### Bookings

Bookings are essential and available seven days in advance for members, and five days in advance for casual visitors. Contact Eagle Stadium on 8734 5677 or Aqua Pulse on 8734 5678 to make a booking or you can book using the online portal.

### • Fees

Fees for each session are and can be paid prior to your booking via the online booking portal or at our service counters.

<u>\$4.90 per child for 30 minutes minimum session is 60 mins</u> Non-Members

<u>\$3.30 per child for 30 minutes minimum session is 60 mins</u> Members

<u>\$6.00 per child for 30 minutes minimum session is 60 mins</u> for Occasional Care

• Cancellations and No-Shows

Notice is required for cancellation. You can cancel your booking using our online portal and this can be done 1 hour before your booking. Failure to cancel will result in payment for that session.

### • Arrival and Departure

Under requirements set out by the Children's Service Regulations 2020, parents/guardians must sign their child in each day and out prior to departure and must include the name of the child, who will be collecting the child, signatures of parent/guardian and a contact phone number.

Collection of Children

To ensure the safety of the child, only authorised people will be allowed to collect the child from the Centre. It is the parents/guardian responsibility to inform the Centre of any changes to the authorised people. if you are unable to collect your child, Crèche staff must be informed in writing or via the telephone of the name of the person who will be collecting your child. The person collecting the child will need to provide identification (preferably photo identification) before the child will be released into their care.

### • Illness/Injury

Children who are infectious or unwell should be kept at home. In the event of an illness or injury the parent/guardian will be contacted immediately

### Medication

Due to the short nature of the sessions, it is preferred that any medication is administered prior to arriving for the session. If your child requires medication during the session, please speak to the Crèche staff on duty. Medication will only be administered by Crèche staff with written permission and an accurately completed medication form.

### Anaphylaxis/Asthma Action Plans

If your child has an allergy or asthma, you may be provided with an action plan from your doctor. This document must be signed by your doctor. We will need a copy of this plan prior to enrolment.

### Note: The Crèche is nut-free.

- What to Bring
- Clearly labelled bag and change of clothes.
- Sufficient nappies.
- Plastic bag for soiled nappies or clothes.
- Clearly labelled drinks, including bottles.
- Hat and sunscreen in summer
- Hat and jacket in winter

Food is permitted in the sessions.

We are unable to store prams in Crèche or in the foyer due to Health and Safety requirements.

### • Queries

Queries should be directed to Crèche staff on 87345677 Eagle Stadium or Aqua Pulse on 8734 5678

### • Complaints

Any queries or complaints that cannot be resolved by staff can be directed to the General Manager of Operations on 8734 5677 or Aqua Pulse 8734 5678

### • Staff

All staff are employed in accordance with the Victorian childcare legislative requirements. Crèche staff will be available from 9.00am to 12.00pm Monday to Friday for any enquiries and for a tour.





Enrolment date:

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31-35. Questions marked with an asterisk \* are not required to be answered by regulations, but will assist in the caring of your child.

INFORMATION ABOUT THE CHILD				
FAMILY NAME	DATE OF BIRTH	GENDER M	F	OTHER
GIVEN NAMES	USUALLY CA	LLED		
HOME ADDRESS				
LANGUAGE(S) SPOKEN AT HOME				
Is your child of Aboriginal and/or Torres Strait Islander origin? / cultu	ral background			
No, not Aboriginal or Torres Strait Islander Yes, Abo	iginal List cultu	ral background		
Yes, Aboriginal and Torres Strait Islander Yes, Torre	es Strait Islander			
Does your child have a developmental delay or disability including in	tellectual, sensory or physical im	pairment?		
YES NO				
If yes, please explain in further detail				
INFORMATION ABOUT THE PARENTS AND/OR G	IARDIANS OF THE CHIL	ח		
PARENT 1	PARENT 2			
Name	Name			
Address As per child	Address As per child			
OR	OR			
РН Н М	РН <b>Н</b>	м		
Does the child live with Parent 1? Parent 1 Parent 2	Both			
Does the child live with Parent 1? Parent 1 Parent 2 Email				
Email	Both			
Email GUARDIAN (IF APPLICABLE)	Both Email			
Email       GUARDIAN (IF APPLICABLE)       Name	Both Email Name			
Email GUARDIAN (IF APPLICABLE)	Both Email			
Email   GUARDIAN (IF APPLICABLE)   Name   Address   Image:	Both Email Email Address			
Email GUARDIAN (IF APPLICABLE) Name	Both Email Name	Μ	NO	





### **OTHER PERSONS TO BE NOTIFIED**

after accident, injury trauma or i	illness.	notify one of the following people who are	or guardians cannot be contacted. To deal authorised to collect and care for the child
NAME		NAME	
ADDRESS		ADDRESS	
РН <b>Н</b>	М	РН <b>Н</b>	м
Relationship to child		Relationship to child	
COURT ORDERS RELAT	ING TO THE CH	ILD	
Are there any court orders relati to your child?	ng to the powers, du	ities, responsibilities or authorities of any p	erson in relation to your child or access
No, go to the next section	<b>Yes,</b> please co	omplete the following	
<b>1.</b> If there are court orders in plant this enrolment form.	lace relating to your o	child, you must bring the original court ord	er/s for staff to see and a copy to attach to
	of the child outside th ly day care service, th ; cal treatment of the cl e administration of me	he service by a staff member of the service he taking of the child outside the family da hild; edication to the child;	e; y carer's residence or family day care venue
(b) give these powers to sc	omeone else.		
Please describe these changes a	and provide the conta	act details of any person given these powe	rs.
Please describe these changes a	and provide the conta	act details of any person given these powe	rs.
Please describe these changes a	and provide the conta	act details of any person given these powe	rs.
Please describe these changes a	and provide the conta	act details of any person given these powe	rs.
Please describe these changes a	and provide the conta	act details of any person given these powe	٢۶.
Please describe these changes a	and provide the conta	act details of any person given these powe	rs.
		act details of any person given these powe	
DETAILS OF THE PEOPL		JTHORISED TO COLLECT YOUR	
DETAILS OF THE PEOPL		JTHORISED TO COLLECT YOUR	
DETAILS OF THE PEOPL NAME ADDRESS		JTHORISED TO COLLECT YOUR	
DETAILS OF THE PEOPL NAME ADDRESS PH H	.E WHO ARE AU	JTHORISED TO COLLECT YOUR	CHILD
DETAILS OF THE PEOPL NAME ADDRESS PH H	.E WHO ARE AU	JTHORISED TO COLLECT YOUR NAME ADDRESS	CHILD
DETAILS OF THE PEOPL NAME ADDRESS PH H Relationship to child	.E WHO ARE AU	JTHORISED TO COLLECT YOUR	CHILD
DETAILS       OF THE PEOPL         NAME	.E WHO ARE AU	JTHORISED TO COLLECT YOUR         NAME         ADDRESS         PH H         Relationship to child	CHILD
DETAILS OF THE PEOPL NAME ADDRESS	.E WHO ARE AU	JTHORISED TO COLLECT YOUR         Image: State of the state of th	CHILD





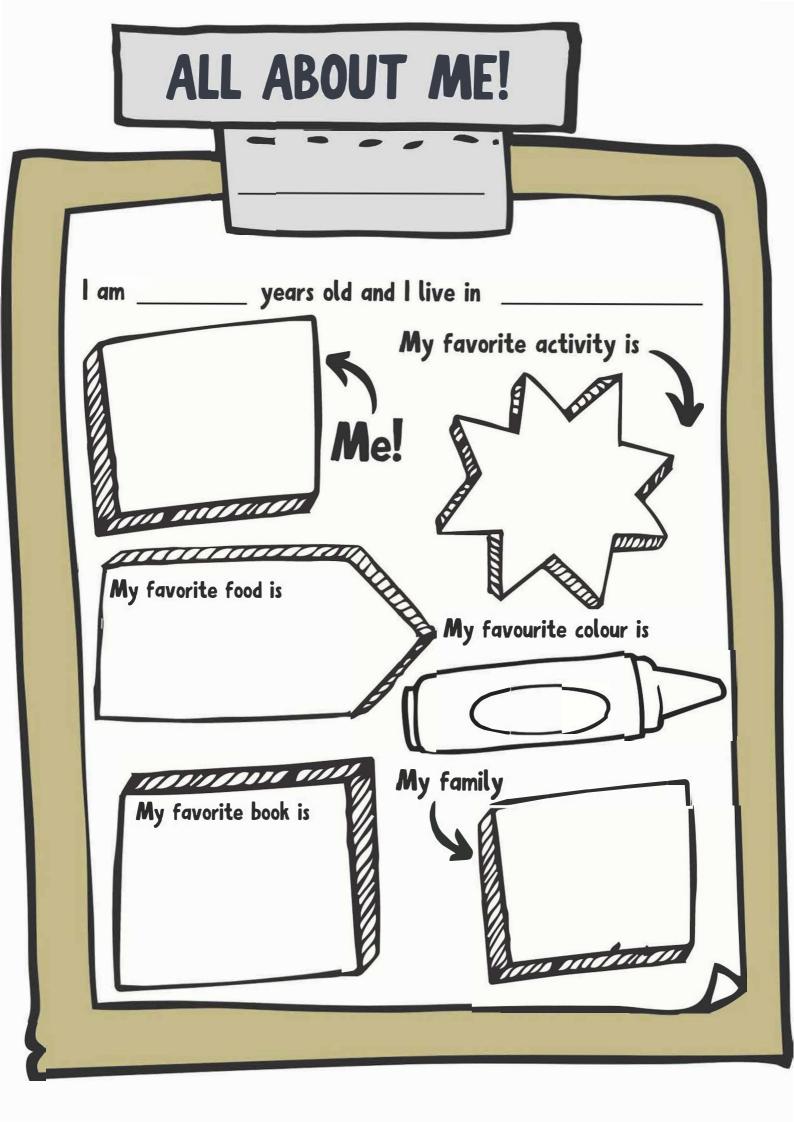
Name on card   Medicare Number   Ref.   Exp.   CHILD'S HEALTH INFORMATION   Name of Doctor/Medical service   Address of Doctor/Medical service   Address of Doctor/Medical service   Maternal and child Health (MCII) centre   THLD'S HEALTH INFORMATION   1. Does your child have any additional needs?   Yes   No   If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.   If yes, please provide details of any additional needs?   Yes   No   If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.   If yes, please provide details of any allergies or sensitivity?   Yes   No   If yes, please provide details of any allergies or sensitivity?   Yes   No   Poos your child have any allergies or sensitivity?   Yes   No   Poos your child been diagnosed with a risk of anaphylaxis?   Yes   No   Yes   No   Pas a Anaphylaxis Medical Management Plan been provided to the service?   Yes   No   No   Has a Risk Management Plan been completed by the service Anaphylaxis Management Policy. You will be required to provide the service who is nature who is reating than for your child's gipeed by the medical partitioner who is reating than the vour child's gipeed by the medical partitioner who is reating than to your child's g
CHILD'S HEALTH INFORMATION     Name of Doctor/Medical service     Address of Doctor/Medical service     Address of Doctor/Medical service     Maternal and Child Health (MCH) centre     CHILD'S HEALTH INFORMATION     1. Does your child have any additional needs?   Yes No    If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.   2. Does your child have any allergies or sensitivity? Yes No If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies. 3. Anaphylaxis any allergies or sensitivity? Yes No If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies. 3. Anaphylaxis any allergies or sensitivity? Yes No Sour child have an auto-injection device (eg. EpiPen)? Yes No No Has an Anaphylaxis Medical Management Plan been provided to the service? Yes No In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Plan beer provide by the service in consultation with you? Yes No In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Plan beer anaphylaxis due to your child signed by the medical practitioner who is treating them. This will be attached to your child's or out will be rowided with a copy of the Services Anaphylaxis Management Plan be ended all practitioner who is treating them. This will be attached to your child's service with an individual Medical Management Plan for your child signed by the medical practitioner who is treating them. This will be attached to
Name of Doctor/Medical service   Address of Doctor/Medical service   Maternal and Child Health (MCH) centre   CHILD'S HEALTH INFORMATION   1. Does your child have any additional needs?   Yes   No   If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.   2. Does your child have any allergies or sensitivity?   Yes   No   If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.   S. Anaphylaxis any allergies or sensitivity?   Yes   No   If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.   S. Does your child have any allergies or sensitivity?   Yes   No   If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.   S. Anaphylaxis any allergies or sensitivity?   Yes   No   Does your child have an auto-injection device (eg. EpiPen)?   Yes   No   Has an Anaphylaxis Medical Management Plan been provided to the service?   Yes   No   In the case of anaphylaxis you will by provided with a coy of the Service in consultation with you?   Yes   No   In the case of anaphylaxis you will by provide duct and on your child service?   Yes   No   In the case of anaphylaxis you will
Address of Doctor/Medical service   Maternal and Child Health (MCH) centre   CHILD'S HEALTH INFORMATION   1. Does your child have any additional needs?   Yes   No   If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.   If yes, please provide details of any adlergies or sensitivity?   Yes   No   If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.   If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.   3. Anaphylaxis any allergies or sensitivity?   Yes Yes   No   Does your child have an auto-injection device (eg. EpiPen)? Yes   No   Has an Anaphylaxis Medical Management Plan been provided to the service? Yes   Yes No   Has a Risk Management Plan been completed by the service in consultation with you? Yes   Yes No   In the case of anaphylaxis you will by provided with a copy of the Service? Anaphylaxis Management Plance. You will be required to your child?
Address of Doctor/Medical service   Maternal and Child Health (MCH) centre   CHILD'S HEALTH INFORMATION   1. Does your child have any additional needs?   Yes   No   If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.   If yes, please provide details of any adlergies or sensitivity?   Yes   No   If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.   If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.   If yes, please provide details of any allergies or sensitivity?   Yes No   If yes, please provide details of any allergies or sensitivity?   Yes Yes   No If an anaphylaxis any allergies or sensitivity?   Yes Yes   No No Has an Anaphylaxis Medical Management Plan been provided to the service?   Yes No   Na a Risk Management Plan been completed by the service in consultation with you? Yes   No No   No with a nisk of naphylaxis goed by the management Policy. You will be required to provide the service in consultation with you?   Yes No No the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Policy. You will be required to your child's altered to your child's and the your child and an wyw.education yic.govau/anaphylaxis Anagement Policy. You will be attached to your child's article attached to your child's and the runne
Maternal and Child Health (MCH) centre   CHILD'S HEALTH INFORMATION   1. Does your child have any additional needs?   Yes   No   If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.   Ves   No   If yes, please provide details of any allergies or sensitivity? Yes No If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies. So poes your child have any allergies or sensitivity? Yes No Has your child been diagnosed with a risk of anaphylaxis? Yes No Has an Anaphylaxis Medical Management Plan been provided to the service? Yes No Thas a Risk Management Plan been completed by the service in consultation with you? Yes No The case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Ploicy. You will be required to provide the service with an individual Medical Management Plan been for your child yinged by the medical practicaner who is treating them. This will be attached to your child's end on your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child?
CHILD'S HEALTH INFORMATION         1. Does your child have any additional needs?       Yes       No         If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.         2. Does your child have any allergies or sensitivity?       Yes       No         If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.         9. Does your child have any allergies or sensitivity?       Yes       No         9. Anaphylaxis any allergies or sensitivity?       Yes       No         9. Anaphylaxis any allergies or sensitivity?       Yes       No         9. Does your child been diagnosed with a risk of anaphylaxis?       Yes       No         9. Does your child have an auto-injection device (eg. EpiPen)?       Yes       No         9. Has an Anaphylaxis Medical Management Plan been provided to the service?       Yes       No         9. Has a Risk Management Plan been completed by the service in consultation with you?       Yes       No         9. In the case of anaphylaxis you will by 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 tracting them. This will be attached to your child's enrolment form. Further information can be found at www.education vic.gov.au/anaphylaxis         4. Does
1. Does your child have any additional needs?       Yes       No         If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.         2. Does your child have any allergies or sensitivity?       Yes       No         If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.         If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.         3. Anaphylaxis any allergies or sensitivity?       Yes       No         4. Does your child have an auto-injection device (eg. EpiPen)?       Yes       No         • Has an 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         • Has a Risk Management Plan been completed by the service in consultation with you?       Yes       No         • In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Policy. You will be required to provide the service with an individual Medical Management Plan been completed by the medical practitioner who is treating therm. This will be attached to your child's enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis         4. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are retained therm. This will b
If yes, please provide details of any additional needs and the management procedures to be followed with respect to your child's special needs.  2. Does your child have any allergies or sensitivity?  4. Sense provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.  5. Anaphylaxis any allergies or sensitivity?  4. Bas your child have an auto-injection device (eg. EpiPen)?  5. Anaphylaxis Medical Management Plan been provided to the service?  5. Yes  6. No  7. Has an Anaphylaxis Medical Management Plan been provided to the service?  7. Yes  7. No  7. Has a Risk Management Plan been completed by the service in consultation with you?  7. Yes  8. No  9. In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Ploicy. 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 them. This will be attached to your child's enclored to the service of anaphylaxis  7. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child?
2. Does your child have any allergies or sensitivity? Yes No   If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies.   3. Anaphylaxis any allergies or sensitivity?   Has your child been diagnosed with a risk of anaphylaxis?   Yes No   Ooes your child have an auto-injection device (eg. EpiPen)? Has an 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 by 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 them. This will be attached to your child's envire. A Does your child have any other medical condition (eg. asthma, epilepsy, diabetes etc. that are elevant to the of your child?
If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies. <b>3.</b> Anaphylaxis any allergies or sensitivity? • Has your child been diagnosed with a risk of anaphylaxis? • Does your child have an auto-injection device (eg. EpiPen)? • Has an Anaphylaxis Medical Management Plan been provided to the service? • Has a Risk Management Plan been completed by the service in consultation with you? • Has a Risk Management Plan been completed by the services Anaphylaxis Management Ploicy. You will be retuired to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treating them. This will be attached to your child's diabetes etc. that are visual to an other medical conditions (eg. asthma, epilepsy, diabetes etc. that are visual to any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg.
If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies. <b>3.</b> Anaphylaxis any allergies or sensitivity? • Has your child been diagnosed with a risk of anaphylaxis? • Does your child have an auto-injection device (eg. EpiPen)? • Has an Anaphylaxis Medical Management Plan been provided to the service? • Has a Risk Management Plan been completed by the service in consultation with you? • It has a Risk Management Plan been completed by the services Anaphylaxis Management Ploicy. You will be required to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treatment bernet. This will be attached to your child's antaphylaxis. <b>4.</b> Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are is of your child)?
If yes, please provide details of any allergies and the management procedures to be followed with respect to your child's allergy/ies. <b>3.</b> Anaphylaxis any allergies or sensitivity? • Has your child been diagnosed with a risk of anaphylaxis? • Does your child have an auto-injection device (eg. EpiPen)? • Has an Anaphylaxis Medical Management Plan been provided to the service? • Has a Risk Management Plan been completed by the service in consultation with you? • Has a Risk Management Plan been completed by the services Anaphylaxis Management Ploicy. You will be retuired to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treating them. This will be attached to your child's diabetes etc. that are visual to an other medical conditions (eg. asthma, epilepsy, diabetes etc. that are visual to any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg. asthma, epilepsy, diabetes etc. that are visual to a visual conditions (eg.
<ul> <li>3. Anaphylaxis any allergies or sensitivity?</li> <li>Has your child been diagnosed with a risk of anaphylaxis?</li> <li>Does your child have an auto-injection device (eg. EpiPen)?</li> <li>Has an Anaphylaxis Medical Management Plan been provided to the service?</li> <li>Has a Risk Management Plan been completed by the service in consultation with you?</li> <li>Yes</li> <li>No</li> <li>In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Plan. Vou will be required to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treat. This will be attached to your child's encoding to your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are information can be found at www.education.vic.gov.au/anaphylaxis</li> </ul>
<ul> <li>Has your child been diagnosed with a risk of anaphylaxis?</li> <li>Does your child have an auto-injection device (eg. EpiPen)?</li> <li>Has an Anaphylaxis Medical Management Plan been provided to the service?</li> <li>Has a Risk Management Plan been completed by the service in consultation with you?</li> <li>Yes</li> <li>No</li> <li>No</li> <li>Has a Risk Management Plan been completed by the Services Anaphylaxis Management Plan ber your child signed by the medical practitioner who is treating the service to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treating the service to provide the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner who is treating the service to your child signed by the medical practitioner w</li></ul>
<ul> <li>Has your child been diagnosed with a risk of anaphylaxis?</li> <li>Does your child have an auto-injection device (eg. EpiPen)?</li> <li>Has an Anaphylaxis Medical Management Plan been provided to the service?</li> <li>Has a Risk Management Plan been completed by the service in consultation with you?</li> <li>Yes</li> <li>No</li> <li>Has a Risk Management Plan been completed by the Services Anaphylaxis Management Ploi. Vou will be revided to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treating them. This will be attached to your child's generation with you?</li> <li>A. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that at the service of your child)?</li> </ul>
<ul> <li>Has your child been diagnosed with a risk of anaphylaxis?</li> <li>Does your child have an auto-injection device (eg. EpiPen)?</li> <li>Has an Anaphylaxis Medical Management Plan been provided to the service?</li> <li>Has a Risk Management Plan been completed by the service in consultation with you?</li> <li>Yes</li> <li>No</li> <li>Has a Risk Management Plan been completed by the Services Anaphylaxis Management Plan. Vo</li> <li>In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Plan. Vo will be revice to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treating them. This will be attached to your child's enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis</li> <li>Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that at the service of your child)?</li> </ul>
<ul> <li>Does your child have an auto-injection device (eg. EpiPen)?</li> <li>Has an Anaphylaxis Medical Management Plan been provided to the service?</li> <li>Has a Risk Management Plan been completed by the service in consultation with you?</li> <li>Yes</li> <li>No</li> </ul> In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Plan beer to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treatment. This will be attached to your child's encounter form. Further information can be found at www.education.vic.gov.au/anaphylaxis A. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are interval to the service of your child)?
<ul> <li>Has an Anaphylaxis Medical Management Plan been provided to the service?</li> <li>Yes</li> <li>No</li> <li>Has a Risk Management Plan been completed by the service in consultation with you?</li> <li>Yes</li> <li>No</li> <li>In the case of anaphylaxis you will by provided with a copy of the Services Anaphylaxis Management Policy. You will be reduired to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treatment. This will be attached to your child's enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis</li> <li>Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)?</li> </ul>
<ul> <li>Has a Risk Management Plan been completed by the service in consultation with you?</li> <li>Yes</li> <li>No</li> </ul> In the case of anaphylaxis you will by 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 them. This will be attached to your child's enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis 4. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)?
In the case of anaphylaxis you will by 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 them. This will be attached to your child's enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis <b>4.</b> Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)?
<ul><li>with an individual Medical Management Plan for your child signed by the medical practitioner who is treating them. This will be attached to your child's enrolment form. Further information can be found at www.education.vic.gov.au/anaphylaxis</li><li>4. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)?</li></ul>
4. Does your child have any other medical conditions (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)?
Yes No Condition
5. Does your child have any dietary restrictions?
Yes No If yes, please provide further details of the restriction/s
6. If there is anything else that the children's service should know about your child (eg. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.)?
Yes No If yes, please provide further details of the restriction/s





CHILD IMMUNISATION RECORD					
Has your child been immunised? Yes No					
If tick yes, please provide a copy of immunisation statement printed from My Gov website (copies from immunisation books no longer accepted)					
If tick no we cannot except your enrolment.					
Name and position of the person at Wynactive who has sighted your childs immunisation statement					
Name	Position				
Photo consent					
I/we give permission to Western Leisure Services Creche educators to take ph	otographic images for usage for creche internal programs only.				
Signature 🗙	Date				
If you are signing this form on behalf of a child (as parent or guardian) please pro-	ovide the full name and age of that child				
Declaration and consent to emergency medical treatment					
١,	(Print full name)				
<ul> <li>declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;</li> <li>agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service; and</li> <li>consent to the proprietor or in the case of a family day care, the family day care service, to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.</li> </ul>					
Signature 🗙	Date				
Sun care I give permission for sunscreen to be applied to my child for outdoor play.					
Signature 🗙	Date				
<b>Emergency evacuation</b> In event of an emergency evacuation/drill (e.g. Fire at the centre), the children v safety. The children will be fully supervised by educators. I understand this and g emergency fire practices.	vill be required to evacuate the premises and assemble at a central point of ive the centre permission for my child to leave the centre premises for				
Signature 🗙	Date				
Head Lice I give permission for the centre to check my child's hair for head lice. I understan able to return until effective treatment has commenced.	d that if live head lice are found my child will be excluded and will not be				
Signature 🗙	Date				
<b>Procedures</b> I agree to abide by the centre procedures.					
Signature 🗙	Date				
Confidentiality of enrolment records The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children' Services Regulations 2009 (regulation 35(1) (d-e) 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					
responsibilities as "lawful authority". It is not affected by the relationship between the parents, such - Family Law Act, may take away the authority of a parent to do something, or may give it to another					

Guardians – A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 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. Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.



## **Starting childcare or kindergarten?**

Immunisation information for parents enrolling a child **OFFICIAL** 

### **Enrolment requirements in Victoria**

By law, to finalise enrolment for your child in long day care, kindergarten, family day care or occasional care, you must provide the service with a current immunisation history statement from the Australian Immunisation Register (AIR) that shows your child is up to date with all the immunisations that are due or able to receive for their age.

## What is an immunisation history statement?

It is a statement from the AIR that shows what vaccines your child has received and, if applicable, which vaccines are due in the future and when.

All vaccines recorded on the AIR will appear on your child's immunisation history statement. You do not need to do anything to get your child on the AIR. Your vaccination provider will tell the AIR when they give your child a vaccine and which vaccines they have given.

Vaccines on the National Immunisation Program Schedule are provided free.

### What is this document used for?

**To finalise enrolment**. To accept an offered place at a service, you must provide a current immunisation history statement. This is usually done within two months before your child is due to start at the service.

**To keep children safe**. If there is a disease outbreak at the service, the document is used to identify children at risk (for example, children too young or those who cannot be fully immunised against a disease) who may need to stay away from the service until it is safe for them to return.

### What if I cannot get a statement?

In some circumstances, a 16 week 'support period' (also known as the 'grace period') can be applied, so your child can start at the service while you arrange to get a statement. Again, the service can advise if this applies to you.

## How do I get an immunisation history statement?

The quickest way to get your child's statement is by using your Medicare online account through myGov or the Express Plus Medicare mobile app.

Alternatively, you can call the AIR on 1800 653 809 to request that your child's statement be posted to you. It can take 14 days to arrive by post.

# What if my child has had immunisations overseas, or they are not eligible for Medicare?

You can get overseas immunisations added to the AIR. You need to take a translated copy of your child's overseas immunisation history to your Australian immunisation provider. They will check the vaccines your child has had and tell you if any additional ones are required. They will update the AIR with immunisations given overseas as well as any new ones.

When your child's immunisations are recorded on the AIR, ask your immunisation provider if they can print an immunisation history statement from the AIR for you to give to your childcare or kindergarten service.

Alternatively, you can call the AIR on 1800 653 809 to check if your child's immunisations have been recorded and request a statement to be posted to you. It can take up to 14 days to arrive by post.



Department of Health

#### OFFICIAL

A translating and interpreting service is available by calling 131 450, Monday to Friday, from 8.30 am to 4.45 pm.

### How do I tell if my child is 'up to date'?

Look at your child's current immunisation history statement. 'Up to date' will appear at the top of the immunisation history statement.

At the bottom, it will show 'Next due immunisation(s)' or 'No vaccines due'. If the next due immunisation date is in the future, your child is up to date for their age. If your child has completed all their childhood immunisation, it will show 'No vaccines due'.

### What do I do when my child has immunisations AFTER enrolling?

After each immunisation, you should provide an updated immunisation history statement to the service to include in their records. Your service will periodically remind you that you need to do this.

### Getting the right documentation

Scenario	Advice
Lost AIR immunisation history statement	Use your Medicare online account through myGov or Express Plus Medicare mobile app to access a copy or call the AIR on 1800 653 809 and request a copy be posted to you. It can take up to 14 days to arrive by post.
Incorrect information recorded on the AIR immunisation history statement	If immunisations are missing from a statement, contact your immunisation provider to check if they have been sent to the AIR. Once the information is recorded on the AIR, you can access an updated copy using your Medicare online account through myGov or Express Plus Medicare mobile app.
Overdue for a vaccination	See a doctor or immunisation nurse. The doctor or nurse will provide the vaccination and advise the AIR. Once the AIR has been updated, you can access a copy using your Medicare online account through myGov or Express Plus Medicare mobile app.
Overdue for multiple vaccinations	See a doctor or immunisation nurse discuss a 'catch-up schedule'. As each vaccination is given, they will update the AIR. Once the AIR receives the information, you can access a copy of your child's immunisation history statement using your Medicare online account through myGov or Express Plus Medicare mobile app.
Medical reasons	If your child cannot be fully immunised for medical reasons, you will need to visit an eligible doctor who may provide an immunisation medical exemption. This information will be recorded on the AIR, noting the vaccines your child cannot receive for medical reasons.
	If your child has an immunisation medical exemption recorded on the AIR, information will appear at the bottom of the statement noting the vaccines they cannot receive.
Questions or concerns about immunisation	Seek advice from your doctor or contact your local council immunisation service.

### National Immunisation Program (NIP) schedule

Vaccines listed on the NIP schedule are free to children at birth, 2, 4, 6, 12 and 18 months and 4 years of age. To find out what immunisations your child needs:

- see your doctor or contact your local council immunisation service
- search 'childhood immunisation' on the Better Health Channel website <https://www.betterhealth.vic.gov.au>
- Australian Government Department of Health & Ageing Immunise Australia Program website <a href="http://www.immunise.health.gov.au">http://www.immunise.health.gov.au</a>

### OFFICIAL

- For translated versions of this document, search 'starting childcare or kindergarten' on the **Health Translations website** <www.healthtranslations.vic.gov.au>
- Translating and interpreting service call 131 450
- Early childhood services and immunisation providers can order free copies of this brochure online from the Immunisation resources order form page on the Department of Health and Human Services website <www2.health.vic.gov.au/public-health/immunisation/immunisation-resources-order-form>

To receive this document in another format, email the **Immunisation Unit, Public Health Division, Department of Health** <immunisation@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health, August 2021.

Available at: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play>



• Crispreads

• Rice cakes

• Corn thins

• Pikelets • Crumpets

• Wholemeal scones

• Hot cross buns (no icing)



\*Check your school's policy

products containing nuts.

regarding the use of nuts and

#### MEAT OR MEAT MILK, YOGHURT 3 **GRAIN AND** WATER FRUIT **VEGETABLES** 2 1 5 6 AND CHEESE ALTERNATIVE CEREAL FOOD • Milk MAINS • Take a water bottle (for FRESH FRUIT FRESH CRUNCHY VEGIES • Tinned tung or salmon in • Apple Corn cobs Calcium-enriched soy and springwater • Wraps refilling throughout the day) • Banana • Carrot sticks other plant-based milks • Lean roast or grilled meats Sandwiches Mandarin Capsicum sticks • Yoghurt (frozen overnight) (e.g. beef, chicken, kangaroo) Rolls Tip: • Orange quarters • Green beans • Custard • Falafel balls Toasted sandwiches • Freeze overnight to keep • Passionfruit halves (with spoon) Cucumber sticks Lean meat or chicken patties foods cool in lunchboxes • Watermelon, honevdew, Celerv sticks Tinned tuna or salmon Tip: Use breads such as rockmelon chunks • Snow peas Tip: patties wholemeal, multigrain, rye, • Pineapple chunks • Tomatoes (e.g. cherry and • Freeze the night before to Lentil patties sourdough, pita, flat, corn, • Grapes Roma tomatoes) keep cool during the day • Lean deli meats mountain, lavash, white • Plums • Mushroom pieces (e.g. ham, silverside, chicken) fibre-enriched, soy and Sweet and savoury snack Nectarines, peaches, • Boiled eggs linseed, herb, naan, bagels, foods (e.g. muesli/fruit/nut • Cheese cubes, sticks or Apricots • Baked beans (canned) foccacias, fruit bread and Can serve with either: bars, biscuits, crisps, cakes, Strawberries slices • Tofu cubes English muffins. • Hommus muffins, slices) should be Cherries Cottage or ricotta cheese • Hommus dip • Tomato salsa limited in lunchboxes. They • Kiwifruit halves (with spoon) • Cream cheese Lean meat or chicken Pasta dishes Tatziki can lead to excess energy Pear • Tatziki dip kebab sticks • Rice, quinoa or cous cous dishes Beetroot dip intake if consumed in large Noodle dishes Natural yoghurt amounts. **MIXED FRUIT** • Sushi Can serve with: • Fruit salad Can serve with either: SALADS Sugar sweetened drinks and • Wholegrain sandwich, roll, SAVORY BAKED ITEMS • Fruit kebabs • Fruit • Coleslaw and potato salad confectionery should not be pita or wrap bread with salad - Homemade pizzas • Wholegrain ceregl, (reduced fat dressing) provided in lunchboxes. They • Rice and corn cakes - Wholemeal savoury muffins **DRIED FRUIT** low in sugar Mexican bean, tomato, can lead to excess energy Wholearain wheat crackers or scones (e.g. ham, cheese Vegetable sticks • Dried fruit, <del>nut</del>, popcorn lettuce and cheese salad intake and tooth decay. • Side salad and corn muffins) • Rice and corn cakes mixes\* • Pesto pasta salad\* - Vegetable based muffins • Wholegrain wheat crackers TINNED FRUIT/SNACK Vegetable frittata - Pasta or noodle bake **BAKED ITEMS** PACKS/CUPS Skinless chicken drumsticks • Grilled or roasted vegetables SWEET BAKED ITEMS • In natural juice (not syrup) Savoury muffins or scones • Wholemeal vegetable • Fruit loaf (e.g. lean ham, cheese and muffins or scones Wholemeal fruit based muffins shallots) • Vegetable slice (with grated • Homemade pizzas with lean SNACKS zucchini and carrot) roast or deli meats and • High fibre, low sugar • Popcorn vegetables cereal (e.a. muesli) • English muffins **SOUP** (In small thermos) Can serve with: • Crackers Pumpkin soup Side salad

• Steamed or roasted

vegetables

For more information about healthy eating and for many tasty recipes, visit the the Healthy Eating Advisory Service: http://heas.health.vic.aov.au/

Potato and leak soup

Chicken and corn soup