

Milestone Child Care & Kindergarten

372-374 Maroondah Highway, Croydon North VIC 3136
 Phone: (03) 9727 4414
 Email: milestonekinder@bigpond.com
 Website: www.milestonekinder.com.au



ENROLMENT FORM

A parent or guardian who has parental responsibility in relation to the child must complete this form. A brief explanation of parental responsibility is found at the end of this form. We may use this form to collect the child's enrolment information as required in regulations. Questions marked with a red asterisk * are not required by regulations, but you are encouraged to answer these to assist our service in caring for your child.

INFORMATION ABOUT THE CHILD

CHILD S INFORMATION	
FAMILY NAME:	GIVEN NAMES:
*USUALLY CALLED:	DATE OF BIRTH:
HOME ADDRESS:	
GENDER:	CULTURAL BACKGROUND:
*COUNTRY OF BIRTH:	*RELIGION:
*CHILD CUSTOMER REFERENCE NUMBER (CRN):	<i>Please Note: Parent & Child have their own individual CRN number.</i>
*START DATE:	*ROOM:
LANGUAGES USED IN THE CHILD'S HOME:	
*IS YOUR CHILD: ABORIGINAL YES <input type="checkbox"/> NO <input type="checkbox"/> TORRES STRAIT ISLANDER YES <input type="checkbox"/> NO <input type="checkbox"/>	
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? DETAILS: _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	
*DAYS REQUIRED (PLEASE TICK): MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/>	
*HOW DID YOU HEAR ABOUT US?:	

PARENT INFORMATION

MOTHER S DETAILS

NAME:	*DATE OF BIRTH:
*MOTHER'S CUSTOMER REFERENCE NUMBER (CRN):	
HOME ADDRESS:	
*EMAIL ADDRESS:	
HOME PHONE:	WORK PHONE:
MOBILE PHONE:	DOES THE CHILD LIVE WITH THE MOTHER? YES <input type="checkbox"/> NO <input type="checkbox"/>
CULTURAL BACKGROUND:	*COUNTRY OF BIRTH:
*RELIGION:	HOME LANGUAGE:
*OCCUPATION:	*EMPLOYER:
*WORK ADDRESS:	
*(PLEASE TICK): WORK FULL-TIME <input type="checkbox"/> WORK PART-TIME <input type="checkbox"/> STUDYING <input type="checkbox"/> OTHER <input type="checkbox"/>	

FATHERS DETAILS

NAME:	*DATE OF BIRTH:
*FATHER'S CUSTOMER REFERENCE NUMBER (CRN):	
HOME ADDRESS:	
*EMAIL ADDRESS:	
HOME PHONE:	WORK PHONE:
MOBILE PHONE:	DOES THE CHILD LIVE WITH THE FATHER? YES <input type="checkbox"/> NO <input type="checkbox"/>
CULTURAL BACKGROUND:	*COUNTRY OF BIRTH:
*RELIGION:	HOME LANGUAGE:
*OCCUPATION:	*EMPLOYER:
*WORK ADDRESS:	
*(PLEASE TICK): WORK FULL-TIME <input type="checkbox"/> WORK PART-TIME <input type="checkbox"/> STUDYING <input type="checkbox"/> OTHER <input type="checkbox"/>	

GUARDIAN INFORMATION (if applicable)

GUARDIAN 1 DETAILS

NAME:	*DATE OF BIRTH:		
*GUARDIAN'S CUSTOMER REFERENCE NUMBER (CRN):			
HOME ADDRESS:			
*EMAIL ADDRESS:			
HOME PHONE:	WORK PHONE:		
MOBILE PHONE:	DOES THE CHILD LIVE WITH THIS GUARDIAN? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CULTURAL BACKGROUND:	*COUNTRY OF BIRTH:		
*RELIGION:	HOME LANGUAGE:		
*OCCUPATION:	*EMPLOYER:		
*WORK ADDRESS:			
*(PLEASE TICK): WORK FULL-TIME <input type="checkbox"/> WORK PART-TIME <input type="checkbox"/> STUDYING <input type="checkbox"/> OTHER <input type="checkbox"/>			

GUARDIAN 2 DETAILS

NAME:	*DATE OF BIRTH:		
*GUARDIAN'S CUSTOMER REFERENCE NUMBER (CRN):			
HOME ADDRESS:			
*EMAIL ADDRESS:			
HOME PHONE:	WORK PHONE:		
MOBILE PHONE:	DOES THE CHILD LIVE WITH THIS GUARDIAN? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CULTURAL BACKGROUND:	*COUNTRY OF BIRTH:		
*RELIGION:	HOME LANGUAGE:		
*OCCUPATION:	*EMPLOYER:		
*WORK ADDRESS:			
*(PLEASE TICK): WORK FULL-TIME <input type="checkbox"/> WORK PART-TIME <input type="checkbox"/> STUDYING <input type="checkbox"/> OTHER <input type="checkbox"/>			

EMERGENCY CONTACT AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be added to at any time. In the event that the parents/guardians cannot be contacted, the person/s listed below with authority will be contacted. Please write those contacts that you authorise to:

- . Be an authorised nominee (a person with permission to collect the child)
- . Be notified of an emergency involving the child, if parents cannot be contacted
- . Consent to medical treatment of, or administration of medication to, the child
- . Authorise an educator to take the child outside the centre premises

PERSON 1	PERSON 2
NAME:	NAME:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
ADDRESS:	ADDRESS:
MOBILE PHONE:	MOBILE PHONE:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
<p style="color: red; margin: 0;">THIS PERSON IS AUTHORISED TO:</p> <p style="margin: 0;">(Please tick any/all that apply:)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorised to collect (act as an authorised nominee) <input type="checkbox"/> Be notified in the event of an emergency <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise educators to take the child outside the centre 	<p style="color: red; margin: 0;">THIS PERSON IS AUTHORISED TO:</p> <p style="margin: 0;">(Please tick any/all that apply:)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorised to collect (act as an authorised nominee) <input type="checkbox"/> Be notified in the event of an emergency <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise educators to take the child outside the centre
PERSON 3	PERSON 4
NAME:	NAME:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
ADDRESS:	ADDRESS:
MOBILE PHONE:	MOBILE PHONE:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
<p style="color: red; margin: 0;">THIS PERSON IS AUTHORISED TO:</p> <p style="margin: 0;">(Please tick any/all that apply:)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorised to collect (act as an authorised nominee) <input type="checkbox"/> Be notified in the event of an emergency <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise educators to take the child outside the centre 	<p style="color: red; margin: 0;">THIS PERSON IS AUTHORISED TO:</p> <p style="margin: 0;">(Please tick any/all that apply:)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorised to collect (act as an authorised nominee) <input type="checkbox"/> Be notified in the event of an emergency <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Authorise educators to take the child outside the centre

COURT ORDERS IN RELATION TO THE CHILD

Are there any:

- **Court orders, parenting orders or parenting plans** relating to 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?

No *go to the next section*

Yes *please complete the following:*

PLEASE BRING THE ORIGINAL ORDER/S FOR THE CENTRE TO SEE AND ATTACH A COPY TO THIS ENROLMENT FORM.

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

Note: Parenting Order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;

Parenting Plan means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

CHILD'S HEALTH INFORMATION

DOCTOR/MEDICAL SERVICE INFORMATION

NAME OF DOCTOR/MEDICAL SERVICE:

ADDRESS OF DOCTOR/MEDICAL SERVICE:

TELEPHONE OF DOCTOR/MEDICAL SERVICE:

ADDITIONAL HEALTH SERVICES

*MATERNAL & CHILD HEALTH CENTRE:

MEDICARE NUMBER:

*AMBULANCE MEMBERSHIP NUMBER:

*HEALTH CARE/PENSION CARE NUMBER:

*HEALTH INSURANCE FUND & NUMBER:

*IS THE CHILD ATTENDING OR HAVE THEY PREVIOUSLY ATTENDED:

Speech Therapist Occupational Therapist Pediatrician Other

If yes, please provide details: _____

CHILD'S MEDICAL INFORMATION

ANAPHYLAXIS

HAS YOUR CHILD BEEN DIAGNOSED AT RISK OF ANAPHYLAXIS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES YOUR CHILD HAVE AN AUTO-INJECTION DEVICE? (e.g. EpiPen)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YOUR CHILD HAS AN AUTO-INJECTION DEVICE, HAVE YOU SUPPLIED IT TO THE CENTRE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE ANAPHYLAXIS MANAGEMENT PLAN BEEN PROVIDED TO THE CENTRE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS A RISK MINIMISATION PLAN BEEN COMPLETED IN CONSULTATION WITH YOU?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

In the case of anaphylaxis, you will be provided with a copy of our Anaphylaxis Management policy. You will be required to provide Milestone with an individual medical management plan for your child signed by the medical practitioner who is treating your child, and an Epi-Pen that is to stay at the centre.

SPECIFIC HEALTH NEEDS

DOES THE CHILD HAVE ANY SPECIFIC HEALTH NEEDS INCLUDING ANY MEDICAL CONDITIONS THAT ARE RELEVANT TO THE CARE OF THE CHILD? (e.g. asthma, diabetes) If yes, a copy of the management plan is to be attached.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

IF YES, PLEASE PROVIDE DETAILS OF THE SPECIFIC HEALTH NEED: _____

IF NECESSARY, HAS MEDICATION BEEN SUPPLIED TO THE CENTRE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

HAS YOUR CHILD EVER EXPERIENCED ANY OF THE FOLLOWING:

SEIZURES YES NO FEBRILE CONVULSIONS YES NO

ALLERGIES

DOES YOUR CHILD HAVE ANY ALLERGIES? If yes, a copy of the management plan is to be attached.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

IF YES, PLEASE PROVIDE DETAILS OF ALLERGIES: _____

IF NECESSARY, HAS MEDICATION BEEN SUPPLIED TO THE CENTRE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

DIETARY RESTRICTIONS

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

IF YES, PLEASE PROVIDE DETAILS OF DIETARY RESTRICTIONS: _____

SPECIAL CONSIDERATIONS

ARE THERE ANY SPECIAL CONSIDERATIONS FOR THE CHILD? (e.g. cultural/religious requirements, or additional needs)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

CHILD'S IMMUNISATION STATUS

IMMUNISATION RECORDS

HAS YOUR CHILD BEEN IMMUNISED AS SET OUT IN THE AUSTRALIAN IMMUNISATION SCHEDULE? YES NO

Under the No Jab, No Play legislation, all children enrolling in early childhood services will have to submit evidence that shows the child is fully up to date with immunisations.

An immunisation history statement (photo on right) from the **Australian Childhood Immunisation Register** must be provided as evidence.

These statements are available at any time by accessing Medicare via the MyGov app, phone, email or online. The centre cannot accept a child health record book or any document from a practitioner as alternative evidence.

Your child's enrolment will not be processed if you have not attached an up-to-date Australian immunisation statement.



PLEASE NOTE: Victoria's *No Jab No Play* laws are aimed at increasing childhood immunisation rates across Victoria. Children will need to be fully immunised for their age to be enrolled in an early childhood education and care service. The law allows children experiencing vulnerability and disadvantage to be enrolled under a grace period provision, striking a sensible balance between protecting children's health and allowing access to early childhood education and care services.

CHILD HEALTH RECORD SIGHTED BY AN EDUCATOR AT MILESTONE:

NAME:	POSITION:
SIGNATURE:	DATE:

INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS SERVICE:

From time to time, regulatory authorities seek information on the characteristics of the children and their families who use an education & 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 indicating yes or no:

*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"/>

AUTHORISATIONS AND DECLARATION

DECLARATION AND CONSENT TO MEDICAL TREATMENT	TICK	INITIAL
<ul style="list-style-type: none"> • I declare that the information in this enrolment form is true and correct, and undertake to <u>immediately inform</u> the centre, in writing, in the event of any change to this information. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I consent to the educators of Milestone Child Care & Kindergarten to approve ambulance transport and/or seek professional medical advice or treatment as is reasonably necessary, including the administration of medications, if needed. I also agree to reimburse any cost to the centre. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell or injured at the centre, within a one-hour time frame. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I agree to notify the centre in the event of my child having an infectious illness and understand that the child can only return upon provision of a 'clearance certificate' from a medical practitioner. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I agree to abide by all of Milestone Child Care & Kindergarten's policies and procedures, and all of the information detailed in the Family Handbook including the <i>Code of Conduct for Families</i>. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that breaching the <i>Code of Conduct for Families</i> will result in my position being cancelled and that all emergency contacts are required to abide by the conduct statements, also. 	YES <input type="checkbox"/>	
FEES AND CHARGES	TICK	INITIAL
<ul style="list-style-type: none"> • I declare that I am liable and responsible for the cost of child care and payment of fees. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I agree to give a minimum of <u>two (2) full weeks notice</u> in writing when reducing my child's booked days, or canceling my child's enrolment. I understand that if I fail to give <u>2 full weeks notice</u>, I will be ineligible for child care subsidy (CCS), and will need to pay full fees from last day of attendance. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that my child care fees are to be paid at least one (1) week in advance at all times, and failure to do so will result in my position being cancelled or suspended until fees are paid. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that if I leave the centre owing outstanding fees or charges that Milestone Child Care & Kindergarten have the right to recover the debt through their nominated collection agency and that I shall incur all costs associated with the recovery process. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that fees are still payable when my child does not attend the centre due to illness, public or personal holidays or other miscellaneous absences. I also understand that full fees are payable if my child does not attend during the cancellation leave period unless the 42 absences have already been reached for the financial year and I have supportive documentation as confirmation. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that holiday leave entitlements are a maximum of two weeks worth of my child's current booking each financial year. These are accrued on a pro-rata basis, are only granted at the director's discretion, & may not be granted in certain circumstances, <i>e.g. account in arrears, late notice</i>. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that my direct debit payments may be altered due to increase in fees charged, extra booked days, changes to my child care subsidy, or for non-attendance during the leave period. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that once all of my 42 absences have been used, no fee relief will be paid on an absent day. Full fees will be charged for that day. If my child is absent due to illness (after the 42 absences have been reached), a doctor's certificate will be required in order to apply for an additional absence where fee relief is payable. 	YES <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that the centre's operating hours are strictly between 7:00am and 6:30pm, that I cannot leave my child in the centre's care before 7:00am, and that a late fee of \$1.00 per minute, per child, will be charged if I arrive on, or after, 6:30pm. 	YES <input type="checkbox"/>	
I, _____, A PERSON WITH PARENTAL RESPONSIBILITY OF THE CHILD REFERRED TO IN THIS ENROLMENT FORM, DECLARE ALL OF THE ABOVE.		
SIGNATURE: _____ DATE: _____		

CENTRE CONSENT, AUTHORISATIONS AND DECLARATIONS

GENERAL CONSENT	TICK		INITIAL
• I understand that the centre is a nut-free and egg-free environment and agree to refrain from bringing into the centre any food or products that contain eggs, nuts or nut oils.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• I give permission to apply sunscreen to my child.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• I give permission to apply Band-Aids to my child, if required.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• I give permission to conduct head lice checks on my child.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

SOCIAL MEDIA CONSENT	TICK		INITIAL
• I give permission for my child's photos/videos to be shared by the centre via newsletters, displays, emails and documentation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• I give permission for my child's photos/videos to be posted on the centre's public Facebook page: www.facebook.com/milestonekinder	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• I give permission for my child's photos/videos to be posted on private room Facebook groups. (*Only current families and staff are allowed in these groups*).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PHILOSOPHY DECLARATION	TICK	INITIAL
• I understand that Milestone operates an indoor/outdoor program year round, during all types of weather, and that I am required to provide multiple changes of clothing for warm, cold & wet days.	YES <input type="checkbox"/>	
• I understand that Milestone provides an educational program where children will get messy, wet and dirty, engage in barefoot play, and will be encouraged to take calculated risks.	YES <input type="checkbox"/>	
• I agree to act courteously and respectfully at all times, and refrain from impolite, abusive or offensive behaviour and language towards educators and families or in front of children.	YES <input type="checkbox"/>	
• I agree to respect and interact with all educators regardless of age, years of experience, qualifications, abilities, race, culture, gender or orientation.	YES <input type="checkbox"/>	
• I agree to accept & respect the decisions made by educators and management of the centre.	YES <input type="checkbox"/>	

ADDITIONAL INFORMATION

*WILL YOU BE ENROLLING YOUR CHILD IN 3 OR 4 YEAR OLD KINDERGARTEN HERE AT MILESTONE:			
3 Year Old Kindergarten <input type="checkbox"/>		4 Year Old Kindergarten <input type="checkbox"/>	
*IS YOUR CHILD ATTENDING, OR HAVE THEY PREVIOUSLY ATTENDED:			
Child Care Centre <input type="checkbox"/>	Family Day Care <input type="checkbox"/>	Kindergarten <input type="checkbox"/>	Early Intervention Service <input type="checkbox"/> Playgroup <input type="checkbox"/>
*INFORMATION ON CHILD'S BROTHERS AND SISTERS (if applicable):			
Name:	Date of Birth:	Gender:	Position in Family:
*PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION ABOUT THE CHILD (e.g. likes, excessive fears):			

CHILD CARE SUBSIDY

CHILD CARE SUBSIDY	TICK	
*Have you applied to Centrelink for Child Care Subsidy (CCS)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Does your child attend any other approved child care services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*If you are claiming CCS, which parent/guardian is the primary parent/guardian, listed with Centrelink:		
*I understand that it is my responsibility to access Child Care Subsidy and that we are required to meet all current Child Care Subsidy requirements to be eligible.	YES <input type="checkbox"/>	INITIAL
*I understand that Child Care Subsidy is linked to my child's immunisation status, so to continue receiving CCS, my child must be up-to-date with their immunisations according to the early childhood vaccination schedule appropriate for their age.	YES <input type="checkbox"/>	INITIAL
*I understand that the centre requires a deposit of the first week of my child's fees in order to confirm the enrolment & that this is charged at the full amount prior to CCS being applied.	YES <input type="checkbox"/>	INITIAL

CONFIDENTIALITY OF ENROLMENT RECORDS

The approved provider of this 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.

The personal information collected by Milestone meets the legal & funding requirements of the National Education and Care Services Act and Regulations 2011, the Commonwealth Department of Education and the Victorian State Department of Education & Training.

DEFINITIONS

Authorised Nominee/s

Authorised Nominee means a person who has been granted permission by a parent or family member to collect the child from the education and care service (Section 170(5) of Education and Care Services National Law Act 2010).

Family Member/s

'Family Member' as defined in Education & Care Services National Law 2010; Section 5 'family member' in relation to a child, means:
 (a) a parent, grandparent, brother, sister, uncle, aunt, 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 the 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 their children, which can only be changed by a court order, parenting order or parenting plan. 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.

Guardian

A guardian of the child also has parental responsibility. A legal guardian is given parental responsibility by a court order, parenting order or parenting plan. The definition of "guardian" under the Education and Care Services National Law 2010 also covers situations where a child does not live with their parents and there are no court orders. In these cases, the guardian is the person the child lives with who had day-to-day care and control of the child.