

BALWYN

COMMUNITY CENTRE

412 Whitehorse Road, Surrey Hills, 3127 Reg No. A0033500L
Telephone: (03) 9836 7942/9836 7833

ENROLMENT DETAILS

2018

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 to 35. *Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.*

Information about the child

PLEASE PRINT

Family Name:.....Date of Birth:.....*Sex: M F (please tick)
Given Names:.....*Usually called:.....
Home Address:.....Postcode.....

*Age and sex of Child's brothers/sisters

Name:	Age	Sex
.....
.....
.....

Language(s) spoken at home

*Country of Birth *Religion

*Any other person living in the child's home? Name.....Relationship.....

Aboriginal or Torres Strait Islander? Yes No

Information about the child's parents or guardians

* Mother	* Father
Name	Name
Address — as per child or:	Address — as per child or:
Occupation:	Occupation:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)

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Email:	Email:
Does the child live with the mother? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Does the child live with the father? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address – as per child or:	Address – as per child or:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)

Details of people who you authorise to drop off and collect your child.

Your consent is required for other people to collect the child from the children’s service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. In the event that the child is not collected from the children’s service and the parents or guardians cannot be contacted, this list will also be used to arrange for someone to collect the child.

Name	Name
Address – as per child or:	Address – as per child or:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
Will this person be dropping off/picking up regularly? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	

Other persons to be notified

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children’s service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Emergency Contacts

Name	Name
Address – as per child or:	Address – as per child or:
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child

Court orders relating to the child

Are there any **court orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No go to the next section.

Yes **please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form:
2. If these orders:
 - (a) change the powers of a parent/guardian to:
 - authorise the taking of the child outside the service by a staff member of the service;
 - in the case of a family day care service, the taking of the child outside the family day carer’s residence or family day care venue by a family day carer,
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child from the service or family day care AND/OR
 - give these powers to someone else

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

.....

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.....

.....

Child's immunisation record

Under the new "No Jab, No Play" legislation which effect from 1 January 2016 children attending early childhood services will be required to be fully immunised for their age.

Further information can be obtained from the 'No Jab, No Play' factsheet at <http://www.health.vic.gov.au/immunisation/factsheets/no-jab-no-play.htm>

Immunisation History Statement can be obtained the following ways:

- Telephone 1800 653 809
- Email: acir@medicareaustralia.gov.au
- Medicare online using MyGov account or by visiting a Medicare Service Centre

In addition to the information given at the time of enrolment, further age appropriate vaccinations must be reported to the Childcare Coordinator as they are received.

Name and position of person at the children's service who has sighted the child's health record.

Name:.....Position:.....

Child's health information

Name Doctor/Medical Service:.....Telephone:.....
Address Doctor/Medical Service:.....
*Maternal & Child Health (MCH) Centre:.....
Ambulance Membership No.
Health Insurance Provider:

Reason for Childcare

* It would be helpful for our childcare staff to know why you are wanting to attend childcare. Please indicate as below

- Parent/caregiver wanting a break
- Wanting to socialise child
- Attending employment
- Other: _____

Child's medical information

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No
(please tick)

Does your child have any special needs? Yes No
(please tick)

If **yes** please provide details of any special needs and any management procedure to be followed with respect to the special need.

.....
.....
.....

Does your child have any allergies or sensitivity yes No
(please tick)

If **yes** please provide details of any allergies and any management procedure to be followed with respect to the allergy.

.....
.....

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes No

Does your child have an auto injection device (eg EpiPen®)? Yes No

Has the anaphylaxis medical management plan been provided to the service? Yes No

Has a risk management plan been completed by the service in consultation with you? Yes No

In the case of anaphylaxis you will be provided with a copy of the services' anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis.

Does your child have any other medical conditions? (eg asthma, febrile convulsions, epilepsy, diabetes etc that are relevant to the care of your child?) Yes No

If **yes**, please provide details of any other medical condition any management procedure to be followed with respect to the medical condition.

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.....
.....

Does the child have any dietary restrictions? Yes No

If **yes**, the following restrictions apply:

.....
.....
.....

Do you agree to your child's photograph being displayed for promotional marketing purposes?

Yes No

****General Information**

Does your child attend another children's service? i.e. playgroup/kindergarten or child care centre

Yes No (please tick)

**

TOILETING:

Is your child toilet trained?

Yes No (please tick)

Does your child use any special words for indicating toilet needs?

.....
.....

If yes, please give details:

EATING:

Does your child have a special diet, eg. Vegetarian/Kosher?

If you child speaks a language other than English, please indicate familiar words you use:

- Drink
- Eat
- Toilet
- Sleep

ADDITIONAL INFORMATION FOR BABIES:

- Breast Fed
- Formula
- Solids

Do you give permission for your child to have the Centre's sunscreen of 30+ applied as required?

Yes No If No, you must supply your own please.

Other Information:

*Please indicate festivals your family celebrate and/or list below any culture/religious issues that centre staff need to be aware of:

Easter Christmas Chinese New Year Birthdays Mother's Day Father's Day

Other: Please list

.....
.....

Can you provide any resources to the centre? (eg boxes, wool, etc)

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Declaration and consent to emergency medical treatment

I,
(Print full name)

a person with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service.
- consent to the staff of the children's services seeking, or where appropriate, administering such emergency medical, hospital, dental or ambulance services or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's services.
- understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the preschool/childcare premises under the direction and supervision of staff.
- have read and understood this centre's fee policy.

.....
Signature

.....
Date

Family Assistance Office Receipts

Please tick the box if you require a Family Assistance Office receipt to be issued to you for the end of each term.

Yes, I require a Family Assistance Office receipt (tick box)

Please note: If you do NOT tick the box a receipt WILL NOT be issued to you.

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 by the parent or prescribed in the Children's 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 Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

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.

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BALWYN

COMMUNITY CENTRE

Membership Application Form 2018

Welcome to Balwyn Community Centre, a place to meet, share, learn and grow. We are delighted to welcome you as a member for 2018. Please complete all questions in capitals.

HOW DID YOU FIRST HEAR ABOUT OUR CENTRE?

Friend Short Course Guide Brochure On-line Library Progress Leader Other

INTERESTED IN FINDING OUT MORE ABOUT OUR OTHER SERVICES? PLEASE TICK.

COURSES		CHILDCARE	
Languages		FUNCTION VENUE OR ROOM HIRE	
Health and fitness		COMMUNITY GARDEN	
Arts & Craft		TENNIS COURTS	
House & Garden		GAMES	

AGE GROUP: 0-4 5-11 12-19 20-39

 40-54 55-74 75+

Would you like to receive our newsletter? Please tick the box.

I wish to become a member of the Balwyn Community Centre. I agree to comply with the Rules of the Association and I support the purposes of the Association, as outlined in the Rules.

Signature: _____ Date: _____

OFFICE USE ONLY

Date paid: _____