

BALWYN

COMMUNITY CENTRE

412 Whitehorse Road, Surrey Hills 3127

Telephone Office: (03) 9836 7942 | Telephone Child Care: (03) 9836 7833
Email: reception@balwyncc.org.au | www.balwyncc.org.au

Licence ID SE-00016512

CHILD CARE ENROLMENT FORM 2021

Balwyn Community Centre requires all sections of this form to be completed and all documentation attached prior to your child's first day of child care with us. This information must be completed by one of the child's parents, who have lawful authority in relation to the child.

Please notify us of any change of details, as soon as they arise.

CHILD'S NAME: _____

Please indicate session time next to the days that your child will require care: 9-12pm 9-3pm 9-4pm									
Monday		Tuesday		Wednesday		Thursday		Friday	
Start Date:									
Will you be applying for CCS?					Number of children you are claiming CCS for:				

DOCUMENT CHECKLIST

Please ensure ALL of the following documents are attached to this application before submission

<input type="checkbox"/> <i>Child's Immunisation History Statement</i>
<input type="checkbox"/> <i>Parent One CRN eligibility letter</i>
<input type="checkbox"/> <i>Photo identification of emergency contacts</i>
<input type="checkbox"/> <i>Allergy/Sensitivity plan (if required)</i>
<input type="checkbox"/> <i>All other relevant documentation</i>

CHILD DETAILS *(Please print)*

Child CRN:		<i>Please Note: Parent and child have their own individual CRN Number</i>					
First Name(s):		Middle Name:					
Surname:							
Preferred Name:							
Date of Birth:		Gender:		Female <input type="checkbox"/>		Male <input type="checkbox"/>	
Home Address:							
Postcode:							
Country of Birth:			Language(s) Spoken at Home:				
Cultural Background:							
Cultural, Religious or Dietary Requirements or additional needs:							
Is your Child:		Indigenous Australian <input type="checkbox"/>		Torres Strait Islander <input type="checkbox"/>			

PARENT/GUARDIAN DETAILS *(each known parent must be listed)*

PARENT 1 – PRIMARY CARER

Parent 1 CRN:		<i>Parent 1 is claiming CCS from Centrelink & child will come under Parent 1 CRN. Please note Parent and child have their own individual CRN number</i>			
Title:	First Name(s):				
Surname:					
Home Address:					
Postcode:					
Mobile Phone:			Home Phone:		
Email:					
<i>(this is the email we use for all communication including digital sign in registration)</i>					
Occupation:			Work Phone:		
Date of Birth:			Country of Birth:		
Relationship to Child:					
Does the child live with you? YES <input type="checkbox"/> NO <input type="checkbox"/> Shared Care <input type="checkbox"/>					
Comments/Details:					

PARENT 2

Title:	First Name(s):		
Surname:			
Home Address:		Postcode:	
Mobile Phone:	Home Phone:		
Email: <i>(this is the email we use for all communication including digital sign in registration)</i>			
Occupation:	Work Phone:		
Date of Birth:	Country of Birth:		
Relationship to Child:			
Does the child live with you? YES <input type="checkbox"/> NO <input type="checkbox"/> Shared Care <input type="checkbox"/>			
Comments/Details:			

PARENT 3

Title:	First Name(s):		
Surname:			
Home Address:		Postcode:	
Mobile Phone:	Home Phone:		
Email: <i>(this is the email we use for all communication including digital sign in registration)</i>			
Occupation:	Work Phone:		
Date of Birth:	Country of Birth:		
Relationship to Child:			
Does the child live with you? YES <input type="checkbox"/> NO <input type="checkbox"/> Shared Care <input type="checkbox"/>			
Comments/Details:			

EMERGENCY / AUTHORISED PERSON CONTACTS (Besides Parents)

In case of an emergency, Balwyn Community Centre will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed. Please provide at least two contacts. If you do not have an emergency contact please discuss this with the Child Care Co-ordinator so that a plan can be made.

Please attach a copy of legal photo ID (eg. licence) of each emergency/authorised person.

CONTACT ONE

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Home Address:			
Suburb:		Postcode:	
Home Phone:	Mobile Phone:		
Email:			
Tick to authorise:	Pick-up <input type="checkbox"/>	Drop-off <input type="checkbox"/>	Emergency <input type="checkbox"/>
Contact One Signature	x		

CONTACT TWO

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Home Address:			
Suburb:		Postcode:	
Home Phone:	Mobile Phone:		
Email:			
Tick to authorise:	Pick-up <input type="checkbox"/>	Drop-off <input type="checkbox"/>	Emergency <input type="checkbox"/>
Contact Two Signature	x		

CONTACT THREE

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Home Address:			
Suburb:		Postcode:	
Home Phone:	Mobile Phone:		
Email:			
Tick to authorise:	Pick-up <input type="checkbox"/>	Drop-off <input type="checkbox"/>	Emergency <input type="checkbox"/>
Contact Three Signature	x		

MORE ABOUT YOUR CHILD

Please provide the name and ages of your child's siblings:

Name	Age

REASON FOR CHILD CARE

It would be helpful for our child care staff to know why you are wanting your child to attend child care

Please indicate below:

Parent/Caregiver wanting a break

Wanting to socialise child

Attending employment

Other : _____

Does your child attend another centre?

YES NO

How many days/hours per week? _____ Name of Centre: _____

COURT/CUSTODIAL ORDERS

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

YES NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES NO

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers of Balwyn Community Centre cannot enforce parents' requests.

MEDICAL INFORMATION

Family Doctor

Title:	First Name(s):	Surname:
Service Name:		
Address:		
		Postcode:
Contact Phone:		

Medicare Number:
Dietary Restrictions:
Diagnosed Healthcare Needs & Medical Conditions:
Prescribed Medications:

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I, 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; Including: informing the service of any infectious disease or illness that has been identified while the child has not attended the service and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service.
- 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;
- Authorise for the Nominated Supervisor or other educator at the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
- Authorise the Nominated Supervisor to seek transportation of the child by an ambulance service.

Full Name	Signature	Date
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CHILD HEALTH INFORMATION

Immunisation Record

Please attach a copy of your current Immunisation History Statement (from myGov).

Is your child's immunisation up to date for age?

YES

NO

A copy of your child's immunisation history statement must be sighted by the Balwyn Community Centre Child Care Coordinator and a copy attached to this form.

Please ensure you notify the Balwyn Community Centre Child Care Coordinator upon the completion of each immunisation update

Child Health Record has been sighted by Balwyn Community Centre Child Care Co-ordinator

Signed: _____ Date: _____

Has your child ever been diagnosed with any of the following?

German Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Convulsions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Whooping Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chicken Pox	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Other <i>(Please specify)</i>					

If you have ticked YES to any in the list above, please specify relevant details below:

Does your child suffer from any allergies or sensitivities? Yes No Asthma Anaphylaxis

If YES, your child will need an Action Plan for the treatment of their allergy/sensitivity signed by your doctor. The Balwyn Community Centre Child Care Coordinator will discuss this with you further and supply you with the appropriate policy.

Does your child have a disability or special needs? Yes No

Does your child take prescribed medication or treatment on a regular basis? Yes No

Please complete even if medication is not required to be given during childcare session.

Does your child sleep in a bed or cot? Bed Cot

Please describe your child's sleeping times/habits (including day/night, comforters, and fears/phobias):

Has your child been toilet trained? Yes No

Please describe details, if necessary.

BALWYN COMMUNITY CENTRE ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING.
PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.

Please tick the following clauses to authorise:

General:

I/We give permission for this child to:

Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have SPF30+ sunscreen provided by centre applied prior to sun exposure. If not, please provide a letter releasing the centre of any Liability and provide own labelled sunscreen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have staff apply Nappy Cream/Paste (supplied by parents)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Photos and Video Footage:

I/We give permission:

For photos and video footage to be taken of my/our child for centre use and staff training purposes (Footage will not leave centre)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For photos and video footage of my/our child to be used in Learning stories, and to be shared with other families that attend the centre	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For photos and video footage of my/our child to be used on the Balwyn Community Centre website, social media and other internet purposes, such as advertisement and used in organisation's resources	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature: _____ Date: _____

BALWYN COMMUNITY CENTRE MEMBERSHIP APPLICATION FORM 2021

Welcome to Balwyn Community Centre, a place to meet, share, learn and grow. We are delighted to welcome you as a member for 2021.

Please complete all questions in capitals.

NAME			
ADDRESS			
SUBURB		POSTCODE	
PHONE	HOME	WORK	
	MOBILE		
EMAIL	This will be our main point of contact with you		

ACTIVITIES / COURSES ATTENDING:	
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ANY SPECIAL NEEDS:	
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AGE GROUP: 0-4 5-1 12-17 18-24 25-34
 35-49 50-59 60-69 70-84 85+

HOW DID YOU FIRST HEAR ABOUT OUR CENTRE? (Please tick)

Friend	<input type="checkbox"/>	BCC letterbox brochure	<input type="checkbox"/>	BCC Website	<input type="checkbox"/>	Facebook / Instagram	<input type="checkbox"/>	Boroondara Website	<input type="checkbox"/>
Short Course Guide	<input type="checkbox"/>	Email Newsletter	<input type="checkbox"/>	Boroondara Bulletin	<input type="checkbox"/>	Progress Leader	<input type="checkbox"/>	Other	<input type="checkbox"/>

I would like to be contacted about becoming a member of the Balwyn Community Centre Board of Governance. Yes No

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 commenced: _____