

City of Ballarat – BALC Children’s Centre Enrolment Form

Updated March 2017

CHILD’S NAME: _____

This form must be filled out completely before registration can occur. Please ensure all required documentation is attached.

IMPORTANT If there is any medical action plans or court orders in place that BALC staff are required to adhere to a copy must be attached to this enrolment form.

Any questions regarding enrolment can be discussed with BALC Children’s Centre staff on 5334 2499. Please return this enrolment form in person to the BALC Children’s Centre.

Further information about programs and services at Ballarat Aquatic & Lifestyle Centre is available on our website at www.ballarataquaticcentre.com or please speak with our Customer Service team.

Name of service:	BALC Children’s Centre
Address of service:	Ballarat Aquatic & Lifestyle Centre Prince of Wales Park Gillies Street North, Ballarat VIC 3350
Contact name at service:	Julie Warren Person in Charge
Contact email:	juliewarren@ballarat.vic.gov.au
Contact phone:	5330 4109

Office use only	
<input type="checkbox"/>	Form complete correctly. Initial: _____
<input type="checkbox"/>	Allergy and medical details listed. Initial: _____
Enrolment accepted by:	
Name: _____	
Signed: _____	Date: / /

PARENTAL RESPONSIBILITY

This form must be completed by a parent or guardian who has Parental Responsibility in relation to the child.

Parental Responsibility - Definition

For the purposes of FA and the *Social Security Act 1991*, and under section 61B of the : Family Law Act 1975, parental responsibility means all the duties, powers, responsibilities and authority that parents have, by law, in relation to their children.

According to section 61C of the *Family Law Act 1975*, both parents of a child aged less than 18 years, have parental responsibility (subject to court orders) for their child. This responsibility continues, despite any changes in the nature of the parental relationship of a child (i.e. parental responsibility will not change if a child's parents become separated or if one or both parents remarry).

A parenting order in relation to a child does not take away or diminish any aspect of the parental responsibility of any person for the child except to the extent (if any) expressly provided for in the order; or necessary to give effect to the order.

CONFIDENTIALITY OF ENROLMENT RECORDS

The proprietor of the children's centre must ensure that the 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's Services Regulations 2009 (regulation 35(1) (d-e))

CHILD DETAILS

Full name:

Usually called/nickname:

Address:

Gender:

Male

Female

Date of birth:

/ /

CONTACT DETAILS

PARENT/GUARDIAN 1 PRIMARY CONTACT PERSON	PARENT/GUARDIAN 2 SECONDARY CONTACT PERSON
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Does the child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Email:

EMERGENCY CONTACT DETAILS

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 BALC staff will notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

CONTACT 1	CONTACT 2
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
I also authorise the above mentioned person to consent to the following for my child: (optional) <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Consent to authorise the administration of medication	I also authorise the above mentioned person to consent to the following for my child: (optional) <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Consent to authorise the administration of medication
Signed:	Signed:

CHILD CUSTODY INFORMATION

Are there any court orders relating to powers, duties, responsibilities or authorities related to the child or access to the child?

No Yes. Please complete the following:

1. Bring the court order/s for BALC staff to sight and provide a copy to attach to this enrolment form.
2. If these orders:
 - Change the powers of a parent/guardian to:
 - *Authorise the taking of the child outside the service by a staff member of the service;
 - *Consent to the medical treatment of the child;
 - *Request or permit the administration of medication to the child;
 - *Collect the child from the service; and/or
 - Give these powers to someone else,

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

As per court order the named MUST NOT COLLECT CHILDREN:

Name 1:

Name 2:



AUTHORISED TO COLLECT 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 someone to collect the child.	
PERSON 1	PERSON 2
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:

MEDICAL INFORMATION	
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.	
Does your child have any allergies or sensitivity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please provide details of any allergy or sensitivity and any management procedures to be followed with respect to the allergy or sensitivity:	
Has your child been diagnosed at risk of anaphylaxis?	<input type="checkbox"/> No (move to Q6) <input type="checkbox"/> Yes
Does your child have an auto injection device? Eg. EpiPen	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the anaphylaxis medical management plan been provided to BALC?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has a risk management plan been completed by BALC in consultation with you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
I authorise BALC Children's Centre staff (approved provider, nominated supervisor or educator) to seek medical treatment from a registered medical practitioner, hospital or ambulance service, or where appropriate, administering such emergency first aid as is reasonably necessary and that I will reimburse any necessary expenses incurred.	
I also consent to the transportation of my child by an Ambulance service and agree to pay any expense this may incur.	
Signed:	Date: / /

Does the child have any medical conditions, physical conditions or dietary needs which are important and/or relevant for BALC staff to be aware of?

No

Yes

If yes, please provide details (If your child suffers from a severe medical condition eg; anaphylaxis epilepsy or asthma an additional Action Plan must be completed and signed by a doctor. This action plan must be provided before your child attends care):

Child's health record sighted by BALC Children's Centre staff member?

No

Yes

Are there any languages used at home other than English?

No

Yes

If yes, which languages are used?

Is the child of Aboriginal or Torres Strait Islander origin?

No

Yes

CHILD'S IMMUNISATION RECORD

Has the child been immunised?

No

Yes. Please provide copy of immunisation status certificate.

FAMILY DOCTOR DETAILS

Doctor name:

Phone:

Clinic name:

Clinic address:

Medicare number: _ _ _ _ _

SIBLING INFORMATION

Please name any siblings of the child. This can aid staff in settling the child if needed and is also useful if siblings have different surnames.

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

IMPORTANT INFORMATION

If there is anything else that BALC Children's Centre should be aware of (e.g. excessive fears, favourite activities, developmental delay or disability etc.) please provide details:

TERMS AND CONDITIONS

Please tick each item to indicate your acceptance:

BALC has the right to refuse entry or continuation in our program for participants for personal behaviour, which is deemed unacceptable, unsafe or inappropriate.

I accept that my child will not attend the program when they have an infectious or contagious disease.

Parents/Guardians must provide BALC with information about medical conditions or any other relevant situation, pertaining to your child. Please advise BALC accordingly of any changes.

I understand that BALC will retain and store enrolment information on a confidential database (as per BALC Privacy Policy) and it shall be removed if requested.

BALC does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation in a Program, due to any cause whatsoever unless cause is proven negligent of BALC, its directors or employees.

I understand that my child may be taken out of the Centre to a designated evacuation assembly point in the event of an evacuation drill. It is a legal requirement that we perform evacuation drills periodically in the Centre.

For my child's photograph, name and age to be used for the room programming, Centre & room displays including allergy lists, lockers and/or publications (e.g. Newsletters & portfolios). Where this information may be utilized outside of the Centre, further permission will be sought. My child's name and date of birth to be written in full in the sign in sheets, accident and medication book and on birthday displays within my child's room.

My child to have written observations, photographs and records kept for developmental and program planning purposes.

My child to take part in experiences planned by students under the supervision of staff.

MEDIA

There may be occasions when local media are invited to feature the BALC Children's Centre for promotional reasons. Do you have any objection to your child/ren being filmed or photographed for this purpose? No Yes

Whilst attending the BALC Children's Centre video material and/or photographs may be taken of participating children. BALC and the City of Ballarat reserve the right to use these images for promotional of our programs/services and in staff training. Do you consent to images of your child being used for these purposes? No Yes

I authorise BALC staff to apply sunscreen on my child. No Yes

I give permission for my child to participate in centre based activities. No Yes

Print name:

Signed:

Date: / /