

City of Ballarat Children's Services

Enrolment Form – 2019

CHECKLIST FOR PARENTS AND SERVICE FOLLOW UP

CHECKLIST ITEM	Yes	NO	N/A	Office use only
AIR (immunisation statement) provided?				
MCH book provided for sighting?				
Medical action plans provided?				
Court orders provided (if applicable)?				
CRN provided				
Days of care				
Booked Hours				
Start Date				

Which service or services are you enrolling your child in? *(please tick as many boxes as applicable)*

Wendouree LDC Girrabanya Occasional Care BALC FDC _____

Name of Educator



Part 1: Child's details

First name:	Last name:
Date of birth:	Gender: <i>(please circle)</i> Male/Female
Centrelink CRN:	Medicare number:
Country of birth:	Language spoken at home:
Aboriginal and/or Torres Strait Islander?	Have a disability? <i>(please circle)</i> YES/NO
Are there any special cultural or religious requirements? <i>If yes please provide details of cultural or religious requirements:</i>	

Part 2: Parent/Guardian details

Parent / Guardian 1	Parent/ Guardian 2
First & middle name:	First & middle name:
Surname:	Surname:
Date of birth:	Date of birth:
Centrelink CRN:	Centrelink CRN:
Street:	Street:
Suburb: Postcode:	Suburb: Postcode:
Does the child live at this address? <i>(please circle)</i> Yes No	Does the child live at this address? <i>(please circle)</i> Yes No
Email:	Email:
Phone(H): Phone(M):	Phone(H): Phone(M):
Occupation:	Occupation:
Work place:	Work place:
Work phone:	Work phone:
Country of Birth:	Country of Birth:
Language spoken at home:	Language spoken at home:
Pensioner or health care card holder? <i>If yes please provide date of expiry ____/____/____</i>	Pensioner or health care card holder? <i>If yes please provide date of expiry ____/____/____</i>
Is this the primary contact person for correspondence with our service?	Is this the primary contact person for correspondence with our service?

What are your reasons for seeking care for your child? *(please tick as many boxes as applicable)*

Work Study/Training Socialisation Respite Other _____

What is your preferred method of correspondence with our service? *(please tick)* Mail Email

(Please make sure you have nominated one parent/guardian as the primary contact person as this person's contact details will be used for correspondence)

Part 5: Collecting your child from a Children's Service

Your consent is required for other people to collect your child from a children's service on your behalf. Please provide details of those people you have authorised to collect your child. Legislation requires all persons to collect your children to be 18 years or over. (This list may be added to or changed throughout the year.)

Person 1	
Name:	
Relationship to child:	
Street address:	
Suburb:	Postcode:
Phone(H):	Phone (W):
Phone (M):	

Person 2	
Name:	
Relationship to child:	
Street address:	
Suburb:	Postcode:
Phone(H):	Phone (W):
Phone (M):	

Person 3	
Name:	
Relationship to child:	
Street address:	
Suburb:	Postcode:
Phone(H):	Phone (W):
Phone (M):0438360106	

Person 4	
Name:	
Relationship to child:	
Street address:	
Suburb:	Postcode:
Phone(H):	Phone (W):
Phone (M):	

Part 6: Child's health information

Name of Doctor/Medical service:	Telephone:
Address:	
Maternal and child health centre:	
<p>A child health record is a record that documents a child's health and development assessments and immunisations. Does your child have a child health record? <i>(please circle)</i> Yes No</p> <p><i>If Yes, please provide to the service for sighting.</i></p> <p>Name and position of person at the children's service who has sighted the child's health record.</p> <p>Name: _____ Position: _____ Date: ___/___/___</p>	
<p>Has your child been immunised? <i>(please circle)</i> Yes No</p> <p><i>If Yes, please attach an immunisation status certificate showing the vaccines the child has received.</i></p>	
<p>Does your child have any dietary restrictions? <i>(please circle)</i> Yes No</p> <p><i>If Yes please provide details of any dietary restrictions:</i></p>	

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

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**? (please circle) Yes No

If Yes please provide details of any allergies and any management procedure to be followed with respect to the allergy:

Has your child been diagnosed at risk of **anaphylaxis**? (please circle) Yes No

If Yes please answer the following (please circle):

- | | | |
|--|-----|----|
| <input type="radio"/> Does your child have an auto-injection device? e.g. EpiPen | Yes | No |
| <input type="radio"/> Has the anaphylaxis medical management plan been provided to the service? | Yes | No |
| <input type="radio"/> Has a risk management plan been completed by the service in consultation with you? | Yes | No |

NOTE: If your child suffers from anaphylaxis an action plan must be completed and signed by a doctor. The Action Plan must be provided before your child attends care.

Does your child have any **other medical conditions** that are relevant to the care of your child (e.g. asthma, epilepsy, diabetes etc)? (please circle) Yes No

If yes please provide details of any medical condition and any management procedure to be followed with respect of the medical condition:

NOTE: If your child suffers from a severe medical condition, epilepsy or asthma, an additional action plan must be completed and signed by a doctor. The Action Plan must be provided before your child attends care.

Declaration and consent to emergency medical treatment

I _____ (print full name) a person with parental responsibility 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 s/he becomes unwell in this service
- Consent to the staff of the Children's Service or the family day care educator to seek medical treatment for the child from a medical practitioner, hospital or ambulance service, or where appropriate, administering such emergency first aid as is reasonably necessary, and pay for any medical and ambulance expenses incurred.

Signed _____ Date: ___/___/___

Part 7: Permissions

I give permission for my child: *(please circle)*

To be filmed, recorded or photographed for educational reasons, where my educator or coordinator is collecting evidence of my child's development and involvement in the daily program and that: <ul style="list-style-type: none"> ○ These photos may include my child's interactions with other children ○ These photos may be shared with parents of other children in the photos ○ I agree that copies of photos including children of other parents are not given to any third party without their permission and knowledge 	Yes	No
To have his/her photo included in children's service promotional and informational material, including newsletters distributed to families (via email and hard copy) or other information that updates parents about our programs (including the City of Ballarat website and City of Ballarat social media channels).	Yes	No
To be photographed or filmed on occasions where the media is invited to feature our service for promotional reasons <i>NOTE: permission from parents/guardians will be obtained on each occasion prior to a child's photograph being taken to appear in any newspaper/media or external publications.</i>	Yes	No
To have his/her photo displayed within the service	Yes	No
To have his/her name displayed on a locker, artwork and other communications	Yes	No
To participate in routine local outings <i>NOTE: A list of routine outings and any changes to these will be communicated to you. Risk assessments will be undertaken for all excursions.</i>	Yes	No
To have sunscreen applied in line with the service's SunSmart Policy <i>NOTE: If you do not give permission for the Children's Service to apply sunscreen you will need to provide a written response to the Children's Centre advising sunscreen is not to be applied.</i>	Yes	No
To take part in activities planned by students under the supervision of an educator	Yes	No
To have his/her hair checked for head lice	Yes	No
To share cakes and other foods provided by another child's parent or guardian <i>NOTE: This will only occur when meeting the service's health and allergy policies.</i>	Yes	No

Use of contact information

The contact details collected in this form may also be used across Family and Children's Services programs so that families can be provided with additional service information including, but not limited to, parent information sessions, important dates for the provision of child care services or kindergarten enrolments and playgroups.

I consent to the use and disclosure of the information provided to the City of Ballarat for the above-mentioned purposes. <i>(please circle)</i>	Yes	No
I acknowledge that as a result of the information I have provided, I may receive updates regarding other early years services including, but not limited to, maternal and child health, playgroups and parent information sessions, <i>(please circle)</i>	Yes	No

Part 8: Policies and procedures

The City of Ballarat Children's Services Families Handbook provides you with information about our Children's Services and answers many of the questions commonly asked by parents and carers.

In addition, each City of Ballarat Children's Service has a comprehensive Policy Manual covering topics around:

- service administration and operation;
- how we work in partnership with families;
- health and safety (providing a child safe environment) and;
- children's care and education.

Parents are encouraged to view these policies at any time. A copy is on permanent display in the foyer of all City of Ballarat Children's Centres and is available for viewing in all Family Day Care Educator homes. An electronic copy can also be emailed to you upon request.

- I have received, read and understood the City of Ballarat Children's Services Families Handbook.
- I have received, read and understood the Fees Policy, and understand that failure to pay due fees may result in the cancellation of care.
- I understand the City of Ballarat Children's Service Policy Manual is available for viewing and can be emailed to me upon request.
- I understand that any changes to the City of Ballarat Children's Services Families Handbook and / or Policy Manual will be communicated to me.
- I agree to adhere to the policies and procedures as outlined in the City of Ballarat Children's Services Families Handbook

Signed _____ Date ___/___/___

Part 9: Privacy statement

Your personal and health information is being collected by City of Ballarat for the purpose of delivery of Family and Children's Services in accordance with the Education and Care Service National Law Act 2010. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal and health information is handled, refer to Council's Privacy Policy at www.ballarat.vic.gov.au

I _____ consent to the collection / use / disclosure of my information on this form
(name)

Signed _____ Date ___/___/___