

City of Ballarat Children's Services

Enrolment Form – 2026

CHECKLIST FOR PARENTS AND SERVICE FOLLOW UP

Child's Name:				
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)?				

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

<input type="checkbox"/> Wendouree	<input type="checkbox"/> Girrabanya	<input type="checkbox"/> BALC	<input type="checkbox"/> Rowan View	<input type="checkbox"/> Djila-tjarriu	<input type="checkbox"/> Vickers Street
<input type="checkbox"/> Family Day Care. Name of Educator:					

First name:	Last name:
Date of birth:	Gender:
Centrelink CRN:	Medicare number:
Country of birth:	Language spoken at home:
Aboriginal and/or Torres Strait Islander?	Has any additional needs?
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 name:	First name:
Middle name:	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 card holder? <i>(please circle)</i> Yes No	Pensioner card holder? <i>(please circle)</i> Yes No
Health care card holder? <i>(please circle)</i> Yes No	Health care card holder? <i>(please circle)</i> Yes No
DVA white or gold card? <i>(please circle)</i> Yes No	DVA white or gold card? <i>(please circle)</i> Yes No
<i>If yes please provide a copy to the service</i>	<i>If yes please provide a copy to the service</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 3: Legal order

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? ☐ Yes ☐ No

If you answered Yes please complete the following:

1) Please provide the original court order/s for staff to sight and a copy to attach to the enrolment form.

2) If these orders:

a. Change the powers of parents/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 and/or

b. Give these powers to someone else

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

Please ensure any changes to legal orders are communicated and updated on the child's enrolment.

Part 4: Emergency contacts – Must provide at least one different from Parent/Guardian

There could be times when your child may have an accident, injury, trauma or illness and a parent or guardian cannot be contacted. To deal with these situations the Children's Service will contact an **authorised nominee**. An authorised nominee is a person who has been given permission by a parent or guardian to collect and care for your child in an emergency. If your child is not collected from the Children's Service and a parent/guardian cannot be contacted, City of Ballarat will use the information below to arrange someone to collect your child.

Emergency contact 1	Emergency contact 2																		
Name:	Name:																		
Relationship to child:	Relationship to child:																		
Street address:	Street address:																		
Suburb: Postcode:	Suburb: Postcode:																		
Phone (H): Phone (W):	Phone(H): Phone (W):																		
Phone (M):	Phone (M):																		
I also authorise the above-mentioned person to consent to the following (please circle): <table border="0"><tr><td><input type="radio"/> Consent to medical treatment</td><td>Yes</td><td>No</td></tr><tr><td><input type="radio"/> Authorise an educator to take the child outside the service</td><td>Yes</td><td>No</td></tr><tr><td><input type="radio"/> Consent to authorise the administration of medication</td><td>Yes</td><td>No</td></tr></table>	<input type="radio"/> Consent to medical treatment	Yes	No	<input type="radio"/> Authorise an educator to take the child outside the service	Yes	No	<input type="radio"/> Consent to authorise the administration of medication	Yes	No	I also authorise the above-mentioned person to consent to the following (please circle): <table border="0"><tr><td><input type="radio"/> Consent to medical treatment</td><td>Yes</td><td>No</td></tr><tr><td><input type="radio"/> Authorise an educator to take the child outside the service</td><td>Yes</td><td>No</td></tr><tr><td><input type="radio"/> Consent to authorise the administration of medication</td><td>Yes</td><td>No</td></tr></table>	<input type="radio"/> Consent to medical treatment	Yes	No	<input type="radio"/> Authorise an educator to take the child outside the service	Yes	No	<input type="radio"/> Consent to authorise the administration of medication	Yes	No
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<input type="radio"/> Consent to medical treatment	Yes	No																	
<input type="radio"/> Authorise an educator to take the child outside the service	Yes	No																	
<input type="radio"/> Consent to authorise the administration of medication	Yes	No																	
Parent/guardian initial:	Parent/guardian initial:																		

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

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. It is our policy that we do not allow anyone under the age of 16 to collect children, unless approved by the Nominated Supervisor in consultation with the family. (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):	

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:	

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 (green book)? ☐ Yes ☐ No

If Yes, please provide to the service for sighting.

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

Name: _____ Position: _____ Date: ____/____/____

Has your child been **immunised**? ☐ Yes ☐ No

If Yes, please attach an immunisation status certificate showing the vaccines the child has received.

Does your child have any **dietary restrictions**? ☐ Yes ☐ No

If Yes please provide details of any dietary restrictions:

****Please request a food intolerance/allergy form to complete.**

Does your child have any additional needs ? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes please provide details of any additional needs, support services involved, relevant documentation and any management procedure to be followed with respect to the additional need:

Does your child have any **allergies** or **sensitivity**? ☐ 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**?

☐ Yes ☐ No

If yes, please answer the following (please circle):

- ☐ Does your child have an auto-injection device? e.g., 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

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)?

☐ 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.
- ☐ Have received a copy of the services Medical Conditions Policy (only for children with Medical conditions)

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> These photos may include my child's interactions with other children		
<input type="checkbox"/> These photos may be shared with parents of other children in the photos		
<input type="checkbox"/> I agree that copies of photos including children of other parents are not given to any third party without their permission and knowledge		
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).	<input type="checkbox"/> Yes	<input type="checkbox"/> 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To have his/her photo displayed within the service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To have his/her name displayed on a locker, artwork and other communications	<input type="checkbox"/> Yes	<input type="checkbox"/> 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To take part in activities planned by students under the supervision of an educator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To have his/her hair checked for head lice	<input type="checkbox"/> Yes	<input type="checkbox"/> 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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,	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: Family provision of meals

At times within different programs, families will be required to provide their own meals, for example;

Please note families are responsible for ensuring food supplied in children's lunchboxes is prepared and stored safely in regard to use by/best before date and safe food keeping practices.

- ☐ I have read and understood the above information on provision of meals.

Signed _____ Date ____/____/____

Part 10: 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 ____/____/____