

Childcare Enrolment Form 2026

Children's I	Details			
SURNAME				
Child 1 Fi	irst Name			
Child 2 Fi	irst Name			
				
Child 3 Fi	irst Name			
Enrolment	t Checklist (Office Use Only)			
	CAN ONLY BE ACCEPTED INTO CHILDCARE WHEN ALL THE IN THE ENROLMENT FORM	SE DETAIL	S ARE	
☐ All	ll child/ren and parent/guardian details			
☐ At	t least 2 emergency contacts			
☐ De	etails of people authorised to collect your child/ren and signed			
☐ Co	ourt orders information filled in and attached, if applicable			
□ Ме	ledical service details completed			
☐ Me	ledical information completed, and management procedures attache	ed (must inc	lude a c	urrent
	plour photo of the child, and signed by a doctor, if it is an anaphylax nust be a colour copy)	is/allergy ac	tion plar	า it
☐ Ar	naphylaxis Management Policy and Risk Minimisation Plan issued	l, if applicab	le	
□ Co	opy of Immunisation History Statement from MyGov/Medicare or N	∕ledical Exe	mption	
att	ttached			
☐ De	eclaration signed and dated			
	ate of induction:			
□ Re	eturning Family			
☐ Da	ate Enrolled onto Active World:			
DO NOT SIG	GN/DATE, IF THE FORM IS INCOMPLETE			
Checked by	/ (Staff Name):	Date:	I	_/

1 Flintoff Street, Greensborough VIC 3088 www.watermarcbanyule.com.au (03) 9422 6111



APPLICATION FOR CHILDCARE ENROLMENT

Confidential and subject to approval by the Childcare Co-Ordinator

It is essential that prior to commencement of care the following information is complete and up to date. A new enrolment form must be completed for each calendar year. This form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of 'lawful authority' can be found at the end of this form. Please ensure that you notify the Centre of changes such as address, phone numbers or care arrangements.

Child/ren's Details

Family Name	Given Name(s)	Preferred Names	Date of Birth	M/F
1.				
2.				
3.				
Home Address:				,
Language(s) Spoken at Home:				
	hildren			
Does the child/ren live with:	both parents □ one pare	nt □ a guardian		
Parent/Guardian 1				
Full Name: R/ship to the Child				
Home Address:				
Email Address:				
Telephone: (h)				
Authorised to collect the child? YI				
Parent/Guardian 2				
Full Name: R/ship to the Child				
Home Address:				
Email Address:				
	(w)			
Authorised to collect the child? Yi				
Emergency Contacts (oth	er than parent/guard	lians listed above	e)	
Please provide names of 2 people to consent to the medical treatment parent/guardians are available. Ide	:/authorise the administration	of medication to your c		
1. Full Name:		R/ship to the Child		
Home Address:				
Telephone: (h)	(w)	(m)		
2. Full Name:		R/ship to the Child		
Home Address:				
Telephone: (h)	(w)	(m)		



Authorisation to Collect your Children & Consent to Medical Treatment/Medications

Please complete the following information to notify staff of additional persons authorised to collect your child/ren from the Childcare facility and to consent to the medical treatment/authorise the administration of medication to your child. Staff will not (under any circumstances) allow any person to collect your child/ren other than those listed below. Alternate arrangements will only apply where proper notification from you in writing is received on that particular day. **Identification must be produced upon request.**

Full Name:				
			R/ship to the Child	
Home Address:				
Telephone:	(h)	(w)	(m)	
Full Name:			R/ship to the Child	
Home Address:				
Telephone:	(h)	(w)	(m)	
Full Name:			R/ship to the Child	
Home Address:				
Telephone:	(h)	(w)	(m)	
Full Name:			R/ship to the Child	
Home Address:				
Telephone:	(h)	(w)	(m)	
Bring in the origina If these court orde authorities of a par consent to t treatment by request or p authorises th an emergen	the next section If court orders for sections give powers to the medical treatment of an appropriate mermit the administration of the taking of the checy when reasonab	n □ YES — plea staff to view and attorner persons AN the child to: nent of the child/rededical or ambuland ration of medication ild/ren outside the	se read and complete t ach a copy to this enrolmer ID/OR affect the powers, or and the authorisation of the service to the child/ren	the following Int form. Int form. Int form. Int form. Int form. In for
Doctor Name:	1edical Servic	e	Child 1 Medicare No. Child 2 Medicare No. Child 3 Medicare No.	
	Telephone: Full Name: Home Address: Telephone: Full Name: Home Address: Telephone: Full Name: Home Address: Telephone: urt Orders Relation of the child/ren? please of the court order authorities of a part of the court order authorities of a	Telephone: (h) Full Name: Home Address: Telephone: (h) Full Name: Home Address: Telephone: (h) Full Name: Home Address: Telephone: (h) urt Orders Relating to the Other any court orders relating to the de child/ren? please tick O — proceed to the next section Bring in the original court orders for some sufficient of a parent or guardian of consent to the medical treatment by an appropriate morequest or permit the administrous authorises the taking of the chan emergency when reasonabed collect the child asse provide details mily Doctor/Medical Service Doctor Name: Clinic:	Telephone: (h) (w) Full Name: Home Address: Telephone: (h) (w) urt Orders Relating to the Child there any court orders relating to the powers and response child/ren? please tick O — proceed to the next section YES — please Bring in the original court orders for staff to view and attlif these court orders give powers to other persons AN authorities of a parent or guardian of the child to: consent to the medical treatment of the child/re treatment by an appropriate medical or ambulance request or permit the administration of medication authorises the taking of the child/ren outside the an emergency when reasonably required collect the child ase provide details mily Doctor/Medical Service Doctor Name: Clinic: Telephone:	Telephone: (h) (w) (m) Full Name: R/ship to the Child Home Address: Telephone: (h) (w) (m) Full Name: R/ship to the Child Home Address: Telephone: (h) (w) (m) Full Name: R/ship to the Child Home Address: Telephone: (h) (w) (m) Full Name: R/ship to the Child Home Address: Telephone: (h) (w) (m) Interpret Orders Relating to the Child Telephone: (h) (w) (m) Telephone: (h) (m) (m) Interpret Orders Relating to the Child There any court orders relating to the powers and responsibilities of the parents in the child/ren? please tick Telephone: (h) (m) (m) (m) (m) Interpret Orders Relating to the Child There any court orders relating to the powers and responsibilities of the parents in the child/ren? please tick Telephone: (h) (m) (m) (m) (m) Telephone: (h) (m) (m) (m) (m) Telephone: (h) (m) (m)



Medical Information

Please provide details and attach a copy of relevant management procedures or plans for any "yes" responses to the following questions.

In the case of anaphylaxis, you will be provided with a copy of the services Anaphylaxis Policy and Risk Minimisation Plan. You are required to provide the service with an individual medical management plan (Action Plan) for your child signed by the medical practitioner who is treating your child.

More information is available at www.education.vic.gov.au/anaphylaxis

Please indicate YES with a ✓ If NO, leave blank	Child 1	Child 2	Child 3
Has your child been diagnosed at risk of anaphylaxis ? List allergens:			
Does your child have an auto injection device (e.g. EpiPen®)?			
Has the anaphylaxis medical management plan been attached to the form?			
Has your child been diagnosed at risk of asthma?			
Has the asthma management plan been attached to the form?			
Does your child have any special needs e.g. medical/physical conditions? Please specify:			
Does your child suffer from any allergies or sensitivities ? List allergens:			
Does your child have any dietary restrictions/requirements? List restrictions:			

We regret that our Childcare facility is unable to care for **sick children** or children with **contagious illnesses**.

Immunisations

Under the 'No Jab, No Play' legislation, your child/ren MUST be:

- fully immunised for their age **OR**
- on a vaccination catch-up program **OR**
- unable to be fully immunised for medical reasons (a Medical Exemption must be submitted and signed by a registered doctor)

'Conscientious objection' is not an exemption under the 'No Jab No Play' legislation.

Each child's immunisations must be up to date and a copy of their Immunisation History Statement must be provided along with the enrolment form. If not, enrolment will not be accepted.

Child 1 Copy Attached □	Child 2 Copy Attached □	Child 3 Copy Attached
CITIU I CODY ALIACHEU I	CITILU Z CODY ALIACHEU I	Ciliu 3 Coby Attached 1

Photo/Video Consent

I give my unreserved permission for all still and moving images taken or recorded by or on behalf of Belgravia Leisure of the children stated on this enrolment form; to be used in any or all of the promotional and advertising material of Belgravia Leisure; and/or provided to any third party, including but not limited to media organisations, government bodies, not-for-profit organisations and Belgravia Leisure partners, for their use as they see fit. The images may be used in various media formats including online media, social media, print, newspaper, video, public displays television and electronic means of communication and in any edited form. I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of the images. If I wish to withdraw permission for images to be used, I must so inform Belgravia Leisure in writing.

If you do not give your permission, please tick this box □ In-House Photos YES NO (In-House photos are used only for program planning and not social media purposes)
*Only centre approved devices will be used to take photos



Other information

Is there any other information you feel the staff need to be aware of in relation to your child and /or family interests/dislikes, cultural/religious considerations, additional needs etc.	? E.g

Conditions of Enrolment

By enrolling my child/ren in the Childcare facility, I agree to the following conditions:

- 1. Children are accepted into the Childcare facility from 6 weeks of age through to 10 years of age.
- 2. Although every care will be accepted, Childcare staff are free from all responsibility for accidents or loss of property in connection with any child's participation in the program.
- 3. I am willing for my child/ren to participate in all activities offered in the Childcare facility. I agree it is my responsibility to familiarise myself with the program and to advise the Childcare in writing if I do not wish my child/ren to participate in a particular activity.
- 4. In the event of accident, injury, trauma or illness suffered by my child/ren, Childcare staff are authorised, on behalf of myself, to seek or where appropriate administer such medical treatment as is reasonably required. In regards to cases where an ambulance is called, I shall then reimburse the centre for any expense incurred.
- 5. In the case of an emergency and for training purposes I authorise the taking of my child/ren outside the premises of the service by staff members.
- 6. I have read, understood and agree to follow the payment structure and policies as outlined on the Parent Handbook.
- 7. The Centre reserves the right to exclude children from the Childcare facility for misbehaviour that is deemed inappropriate. In the event of suspension or expulsion from the Childcare facility, it is the parents' responsibility to have the child collected immediately. No monies will be refunded for that session of care.
- 8. The Centre reserves the right to refuse any person entry to the Childcare facility as decided by Centre Management.
- I agree that my child/ren may be photographed while participating in the program for internal use in the Childcare
 facility for the purpose of planning developmental programs and meeting the requirements of the Department of
 Education & Early Childhood Development.

Privacy Disclaimer

I agree that you may use my personal information for marketing purposes and offer me goods and services by mail, telephone, email or SMS.

If you do not agree to this Privacy Disclaimer, please tick this box

Childcare Enrolment Form December 2026 © Belgravia Leisure Pty Ltd

Please note this means you will not receive the childcare e-newsletter and may miss important information regarding the service.

Declaration

I declare that all information is complete and accurate, and I have read, understood and agree to the conditions outlined.

I understand and agree that all times my child/ren shall be at my own risk and I will not hold the Company (Belgravia Leisure Pty Ltd), the Centre or its staff liable for any personal injury which may result to my child/ren or loss of property, except for any liability by the Company if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied.

Print Full Name:	Date://
PARENT / GUARDIAN SIGNATURE:	5



LAWFUL AUTHORITY

Parents

All parents have powers and responsibilities in relation to their children, which can only be challenged by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". Lawful authority is not affected by the relationship between 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.