



ENROLMENT FORM
(Confidential)

Child's Family Name: _____

Child's Given Names: _____

Sex: Male Female

Child's DOB: _____

Home Address: _____

_____ Postcode: _____

Home Phone: _____

Birth Country: _____

Ethnicity: _____

Languages Spoken: _____

School Attending: _____ Class: _____

Family CRN: _____ - _____ - _____ - _____

Name of CCB Recipient: _____

Birth date of CCB Recipient: ____/____/____

Child's CRN: _____ - _____ - _____ - _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian One

Name: _____

Surname: _____

Birth date: ____/____/____

Relation to Child: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Language Spoken: _____

Workplace: _____

Occupation: _____

Work Address: _____

Work Phone: _____

Parent/Guardian Two

Name: _____

Surname: _____

Birth date: ____/____/____

Relation to Child: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Language Spoken: _____

Workplace: _____

Occupation: _____

Work Address: _____

Work Phone: _____

***PLEASE CONTACT ST. BISHOY VACATION CARE
IF THESE CONTACT DETAILS CHANGE***

FAMILY STATUS: Please tick information Two Parent Family Both Parents Working Both Parents Studying/Training One Parent Family One Parent Working One Parent Studying/Training**Do both parents have contact/access with/to the child** **Yes** **No**

If "No" a Court Order must be sighted and a copy made and attached to this form.

Court order sighted by: _____ Signed: _____

Date: _____

***If there is no Court Order, St. Bishoy Vacation Care staff have no rights to deny a parent
access to their Child!***

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS

In the event that you are unavailable, who may act on your behalf to collect your Child from St. Bishoy Vacation Care? Please provide two alternatives.

It is important that you inform these people that they have been chosen as an emergency contact!.

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Work Phone: _____	Work Phone: _____

Please inform Staff immediately if these details change

St. Bishoy Vacation Care Staff will not allow your Child to go with an adult unless names are written on this form. If Staff is not familiar with these contacts, identification must be provided, e.g. a drivers license.

If another alternative is needed or you require somebody other than the names listed above to collect your Child, a release form must be filled out and returned to Staff prior to the session the Child will be collected from.

Parent/Guardian Signature: _____ Date: _____

If the Parent/Guardians or Emergency contacts listed on this form cannot be contacted, in the event of an emergency, I authorize staff to seek Medical, Dental or Hospital treatment and/or an ambulance for my child.

Parent/Guardian Signature: _____ Date: _____

HEALTH RECORD

Family Doctors Name: _____

Practice Address: _____

Phone No: _____ Medicare No: _____

Childs position on care: _____

Family Dentists Name: _____

Practice Address: _____

Phone No: _____

Does your Child have any known allergies? e.g.: food, medicines, bees, grasses, face paint etc

Does your Child have any behavioural difficulties? _____

Does your Child visit a specialist e.g., speech? _____

Does your Child have any Physical or Sensory impairments that Staff needs to be aware of?

If your Child has a disability, is there any special management/handling of the Child required?

Are there any other agencies involved in the management of the Child's disability? _____

Is your child Asthmatic? ___ YES ___ NO

If YES – Instructions for treatment: _____

Parent/Guardian Signature: _____ Date: _____

GENERAL INFORMATION

Does your Child have any cultural requirements that should be observed whilst at St Bishoy Vacation Care? _____

Does your Child have any religious requirements that should be observed whilst at St Bishoy Vacation Care? _____

Does your Child participate in festivals/celebrations? YES NO

If NO, Please give details: _____

Parent/Guardian Signature: _____ Date: _____

SPECIAL PERMISSION

Photos & Film

I give permission for the Staff of St Bishoy Vacation Care to take photos of my Child on the premises or on excursions. I also allow such photos to be used for promotions and display.

Parent/Guardian Signature: _____ Date: _____

Sun Safety

I give permission for the Staff of St Bishoy Vacation Care to provide and apply 30+ Sun cream to my child. I also understand that my child must wear a hat during outside play.

Parent/Guardian Signature: _____ Date: _____

Paracetamol

Paracetamol is not supplied by St Bishoy Vacation Care Centre; it must be supplied by the caregiver. If necessary, I give permission for the Staff of St Bishoy Vacation Care to administer paracetamol to my Child after I am contacted by Staff to inform me of my Child's condition and follow the then discussed procedure that staff will adopt while caring for my Child. I also give permissions for the persons listed on this form to give staff permission to administer paracetamol to my child.

Parent/Guardian Signature: _____ Date: _____

CONDITIONS OF ENROLMENT – CENTRE COPY

1. The Centre will be open from 8.00am till 6.00pm for Vacation Care. A late fee of \$10 for every 15 minutes will be charged for children picked up after the 6pm closing time.
2. All legal guardians must complete a Child's Enrolment Form containing relevant information and have read and signed all attached documentation **prior** to the Child attending the Centre. Please provide copies of court orders regarding custody if applicable.
3. That as Parent/Guardian I must sign my child in and out daily in the register provided. I agree to collect my Child by the agreed time. Children will only be released from the Centre to an authorized person, listed in this document. Staff reserves the right to deny release of children to an unauthorized person. If the Child is to be collected by anyone different than the named listed on this form, parents/guardians must have first personally informed the Staff prior to the Child being picked up by filling out the relevant form. The person picking up the Child will be asked for identification.
4. The Centre has the right and responsibility to notify Police and/or DOCS if any person picking up a child/ren is intoxicated by alcohol or illegal drugs. The Centre also reserves the right not to release a Child to a person intoxicated by alcohol or illegal drugs.
5. Staff has the right to refuse care to a Child that is affected by illness or has a contagious disease for a period recommended by the Department of Health.
6. **I have read and understand the Behaviour Policy. I have also read and understand the Excursion Policy and will have my Child signed in between 8am and 9am when going on an Excursion. If I arrive after 9am I understand that my child will not be able to attend the excursion.**
7. The Management Committee reserves the right to cancel a Child's placement at the Centre if their behaviour is deemed unacceptable, after the procedure for Child Management has been followed through.
8. I accept responsibility and will make well any loss, damage or cost to the Centre, directly and wilfully caused by my child.
9. The Management Committee, on an annual basis and according to the Centre's policies, sets payments of fees. **Fees must be paid with the Registration Form.**
10. That this Enrolment Form shall upon completion become the exclusive property of the Centre.
11. That should any details contained on the Enrolment Form change, I am obliged at the time of the next attendance by my child to advise the same in writing, or alternatively complete a new Enrolment Form.
12. It is the family's responsibility to provide the Centre with their Family and Child's CRN (Customer Reference Number). All parents, including those choosing not to have CCB deducted from their fees can obtain a CRN from the Family Assistance Office division of Centrelink. St Bishoy Vacation Care Centre follows the government guidelines for priority of access.

I have read, understood and agree to the above conditions of enrolment for St Bishoy Vacation Care.

Parent/Guardian Name in full (Please print) : _____

Parent/Guardian Signature: _____ Date: _____

CONDITIONS OF ENROLMENT – PARENT/GUARDIAN COPY

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