



# 2011 – ENROLMENT FORM

## BEFORE AND AFTER SCHOOL CARE

Childs Name \_\_\_\_\_ Child's Surname \_\_\_\_\_

Childs CRN from Centrelink \_\_\_\_\_ **(Compulsory)**

Male/Female \_\_\_\_\_ Child DOB \_\_\_\_\_ School Attending \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Bill account to \_\_\_\_\_

Commencement Date \_\_\_\_\_

Parent/Carer Name \_\_\_\_\_ Parent/CarerName \_\_\_\_\_

Parent/Carer CRN from Centrelink \_\_\_\_\_ **(Compulsory)**

Date of birth-: \_\_\_\_\_ Date of Birth-: \_\_\_\_\_

Home Ph-: \_\_\_\_\_ Home Ph-: \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

Address-: \_\_\_\_\_ Address-: \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Ph-: \_\_\_\_\_ Work Ph-: \_\_\_\_\_

Email-: \_\_\_\_\_

If separated, does the other parent have legal access to your child? ( ) If no a court order must be attached.

Are there any family issues that we need to be aware of -: Yes ( ) No ( ) If yes, please state below or please come and talk confidentially to the Site Supervisor-:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** If there are any changes in circumstances or days that you are requiring care, please notify us in writing to avoid any misunderstandings. It is also important if your child will not be attending on his/her permanent booked days to please ensure we are notified AS SOON AS POSSIBLE.

Please TICK below the type of care you are requiring:

<b>BSC/ ASC</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>Permanent BSC</b>					
<b>Permanent ASC</b>					

Please tick if you only require casual care? ( )

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**Medical/Behavioural Details:-**

Is your child on regular medication? \_\_\_\_\_

Does your child have any difficulties or medical difficulties the centre should be aware of?

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Date of latest tetanus shot? \_\_\_\_\_

Does your child any allergies? \_\_\_\_\_

Is there any other information you would like us to know about your child?

Please let us know if there are any religious or cultural requirements that need to be observed whilst your child is in our care? \_\_\_\_\_

Is your child fully immunised? YES ( ) NO ( ) Medicare Number \_\_\_\_\_

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**EMERGENCY DETAILS:-**

Doctors Name \_\_\_\_\_ Ph \_\_\_\_\_

Address \_\_\_\_\_

**FIRST EMERGENCY CONTACTS ( OTHER THAN PARENT/CARER)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Ph- Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

**OTHER PEOPLE AUTHORISED TO COLLECT YOUR CHILD OTHER THAN PARENTS/CARERS**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

**Children will only be released to guardians or nominated persons over the age of 18 with photo ID as a child protection measure.**

**Please carefully read and sign the following :**

I hereby give permission for authorised staff to seek medical attention including calling of Ambulance if necessary at my expense for the above child in the event of accident/emergency. I undertake to inform the staff of any ailments or disability, which may affect my child's participation in the program. I will not hold the organization or it's staff responsible for any injury or damage to person or property

Signed \_\_\_\_\_ Parent/Legal Guardian

I give permission for my child to attend walking excursions during the hours of Before and After School Care if required?

Signed \_\_\_\_\_ Parent/Legal Guardian

I give permission for the use of sunscreen and insect repellent on my child.

Signed \_\_\_\_\_ Parent/Legal Guardian

I give permission for my child to be administered Panadol &/or Phenergan for high fever, pain or allergy YES( ) NO ( ) If yes, quantity of dose? \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Legal Guardian

I give permission for my child to be photographed/filmed by local press for publicity purposes only.

Signed \_\_\_\_\_ Parent/Legal Guardian

Children enrolled in Peninsula Before & After School Care may be shown G and PG rated videos.

Signed \_\_\_\_\_ Parent/Legal Guardian

I give my child permission to participate in Active After School Care Sports

\_\_\_\_\_ Parent/ Legal Guardian

I understand that all fees must remain at least one week in advance at all times to ensure my child's position at the service \_\_\_\_\_ Parent/Legal Guardian

Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Use	Yes	No	Date
Entered into KM4 and KM5			
Formalised			
2 weeks fee's in advance			
Term Fee Pd			
Jet Client			

Please place a small photo of your child in this box if your child is new to Before and After School Centre.