

2011 Sept/Oct VACATION CARE ENROLMENT FORM

CCB %

CARER 1 /Parent

CRN Number:- _____

D.O.B:- _____

Surname:- _____

First name _____

Address: _____

Home Ph: _____

Mobile: _____

Employment: _____

Work Ph: _____

Email: _____

Medicare No: _____ (compulsory)

CARER 2 /Parent

D.O.B:- _____

Surname:- _____

First name _____

Address: _____

Home Ph: _____

Mobile: _____

Employment: _____

Work Ph: _____

Ist Emergency Contact:

Name: _____

Phone No _____

Address: _____

Relationship to child _____

Family Doctor: _____

Phone No _____

Address: _____

Phone No _____

Other People authorised to collect my child:

Name _____

Relationship to child _____

Phone _____

Name _____

Relationship to child _____

Phone _____

Name _____

Relationship to child _____

Phone _____

Child 1.

Parents Name _____

Surname _____

First Name _____

DOB _____ Age _____

Child's CRN _____

School Attending _____

Nationality _____

Aboriginal/ Torres Strait Islander Yes () No ()

Is your child fully immunised Yes () No ()

When was your child's last tetanus injection? _____

Please list any diagnosed/undiagnosed conditions we should be aware of?

Are there any behaviour's significant to your child that staff should be aware of during Vacation Care?

Allergies / Regular Medication?

Can your child swim? Yes () No ()

Strong () Average () Poor () Please tick which best applies to your child.

Do they require a bubble/swimming aids etc? _____

Swimming permission notes must be signed each day on the arrival of a swimming excursion

Please tick the days you require:-

Monday 26 th	Tuesday 27 th	Wednesday 28 th	Thursday 29 th	Friday 30 th
Monday 3 rd	Tuesday 4 th	Wednesday 5 th	Thursday 6 th	Friday 7 th
Public Holiday				

Child 2.

Parents Name _____

Surname _____

First Name _____

DOB _____ Age _____

Child's CRN _____

School Attending _____

Nationality _____

Aboriginal/ Torres Strait Islander Yes () No ()

Is your child fully immunised Yes () No ()

When was your child's last tetanus injection? _____

Please list any diagnosed/undiagnosed conditions we should be aware of?

Are there any behaviour's significant to your child that staff should be aware of during Vacation Care?

Allergies / Regular Medication?

Can your child swim? Yes () No ()

Strong () Average () Poor () Please tick which best applies to your child.

Do they require a bubble/swimming aids etc? _____

Swimming permission notes must be signed each day on the arrival of a swimming excursion

Please tick the days you require:-

Monday 26 th	Tuesday 27 th	Wednesday 28 th	Thursday 29 th	Friday 30 th
Monday 3 rd Public Holiday	Tuesday 4 th	Wednesday 5 th	Thursday 6 th	Friday 7 th

Please sign the Parent/Carer Authorisation's for the following-:

I hereby give my permission to travel by bus, ferry or walking as required by the program. Whilst all possible care will be taken, the PCC and its staff will not be held responsible for any illness or accident which may occur as a result of vacation care activities.

Signed _____ Parent/ Guardian

I hereby give permission for my child to be administered prescribed medication if necessary over this vacation period (medication form to be completed)

Signed _____ Parent/ Guardian

I hereby give permission for staff to administer Phenergan if an allergic reaction should occur.

_____ Parent/ Guardian

I hereby give permission for authorised staff to seek medical attention including calling of ambulance if necessary at my expense for my child in the event of accident/emergency. I undertake to inform the staff of any ailments disability, which may affect my child's participation in the program.

Signed _____ Parent/ Guardian

I will not hold the organization or its staff responsible for children who choose to bring expensive toys, electronic toys, games and swapping cards etc

Signed _____ Parent/Guardian

I hereby give permission for child to attend walking excursions during vacation care

Signed _____ Parent/Guardian

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

Signed _____ Parent/Guardian

Please ensure the attached behaviour policy has been briefed to your child and you both are aware of the behaviour expected during vacation care.

Signed _____ Parent/Guardian

I hereby give permission for my child to have Panadol if needed.

Parent/ Guardian Signature _____ Staff Signature _____

Date _____ Date _____

**If Parent's are separated does the other parent have legal access to the child? YES () NO ().
If not a copy of the court orders must be attached please.**

Please contact Centrelink on 136150 to obtain your CCB information.

Staff Use Only	Yes	No
Paid in Full		
Entered KM4		
Formalised KM5		
Jet Client Eligible Hours-Attached Jet letter		

Please attach a small photo of your child/ren in this box for identification purposes.