

2009/2010 VACATION CARE ENROLMENT FORM

GOSFORD CHILDRENS SERVICES

%

CCB PERCENTAGE

CARER 1 /Parent

CRN Number-: _____ Name-: _____

D.O.B-: _____ Address: _____

Home Ph: _____ Mobile: _____

Employment: _____ Work Ph: _____

CARER 2 /Parent

Name-: _____

D.O.B-: _____ Address: _____

Home Ph: _____ Mobile: _____

Employment: _____ Work Ph: _____

If Parents separated does the other parent have legal access to the child? YES/NO.If no a copy of the court orders must be attached please.

Emergency Contact:

First Contact Person: _____ Phone No _____

Address: _____ Relationship to child _____

Family Doctor: _____ Phone No _____

Address: _____ Phone No _____

Medicare No: _____ (compulsory)

Other People authorised to collect my child:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child1. Parents Name_____

Surname_____ First Name_____

DOB_____ Age_____

CRN_____

School Attending_____

Nationality_____

Aboriginal/ Torres Strait Islander Yes () No ()

Is your child fully immunised Yes () No ()

When was the 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 circle each day that you require care for below.

Week 1. JULY 2010

Mon 5th TUES 6TH WED 7TH THURS 8TH FRIDAY 9TH

Week 2.

MON 12TH TUE 13TH WED 14TH THUR 15TH FRIDAY 16TH

Child _____ Parents Name _____

Surname _____ First Name _____

DOB _____ Age _____

CRN _____

School Attending _____

Nationality _____

Aboriginal/ Torres Strait Islander Yes () No ()

Is your child fully immunised Yes () No ()

When was the 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?

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Week 2.

MON 12th TUE 13th WED 14th THUR 15th FRIDAY 16th

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/Legal Guardian

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

Signed _____ Parent/ Legal 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.

Signed _____ Parent/Guardian

Date _____

Please attach a small photo of your child in the box provided.

Please give us your feedback on our program as we use this information to assist us in evaluations and future programming.

Please contact the Family Assistance Office on 136150 to get your Child Care Benefit Percentage details.

