

ELC Before/After School Care and Holiday Program Enrolment Form 2022



CHILD

Surname		First Name	
D.O.B	Age	Grade	
Child lives with: <input type="checkbox"/> Both Parents/Guardians <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Alternating			
Family CRN		Child's CRN	

PARENT/GUARDIAN 1

Surname		First Name	
Home Address			
Suburb		Postcode	
Occupation		D.O.B	
Mobile Phone	Home Phone	Work Phone	
Email			

PARENT/GUARDIAN 2

Surname		First Name	
Home Address			
Suburb		Postcode	
Occupation		D.O.B	
Mobile Phone	Home Phone	Work Phone	
Email			

ALLERGIES

Does your child have an allergies? <i>Please list:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DAY/S CARE IS REQUIRED

• Before School Care (from 7.15am until school starts)

I wish to book my child permanently on the following day/s commencing on: ____ / ____ / ____

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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• After School Care (from school finish until 6.30pm)

I wish to book my child permanently on the following day/s commencing on: ____ / ____ / ____

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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• Casual/Emergency Care

<input type="checkbox"/> Please tick if you require casual care only
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• Holiday Program (from 7.30am until 6.30pm)

A booking form will be available on the school website a few weeks prior to Holiday Program commencing.

<input type="checkbox"/> Please tick if you require care
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* Please note full fee will be charged for all permanent bookings unless cancelled prior to 7.15am on the day for BSC or 12.00pm on the day of booking for ASC. No cancellations - refunds will be issued for any Holidays Program days after booking days close.

PERSONS AUTHORISED TO COLLECT CHILDREN

Name		Relationship
Home Address		
Mobile Phone	Home Phone	Work Phone

Name		Relationship
Home Address		
Mobile Phone	Home Phone	Work Phone

Name		Relationship
Home Address		
Mobile Phone	Home Phone	Work Phone

EMERGENCY CONTACTS (maximum 30 minutes from the service)

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them for the day. In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name		Relationship
Home Address		
Mobile Phone	Home Phone	Work Phone

Name		Relationship
Home Address		
Mobile Phone	Home Phone	Work Phone

CUSTODY DETAILS

Are there special access/custody arrangements? <i>If yes, please give details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HEALTHCARE NEEDS

Does your child have any specific healthcare needs or medical conditions that are relevant to the care and education of the child? <i>(eg. asthma, epilepsy, diabetes, ASD etc.) Please list:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If your child has a specific healthcare need, allergy or other relevant medical condition as identified above, have you provided a copy of your child's medical information to the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL INFORMATION

Is there any other information we should know about your child? <i>Likes, dislikes eg. favourite activities, cultural or religion, food etc.</i>
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The information contained on this form is confidential.

YEARLY PERMISSION FOR CHILD TO ATTEND OUTSIDE SCHOOL HOURS CARE PROGRAM

I give permission for my child <input type="text"/>
to attend the program in the Discovery House contained within the school grounds. I understand that children from the Junior School will also be present.

Signature of Parent/Guardian	Print Name	Date
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