

ELC Before/After School Care and Holiday Program Enrolment Form 2023

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.

AUTHORISATION AND DECLARATION

I,

a person with parental responsibility of the child referred to in this enrolment form:

- authorise the Approved Provider, Nominated Supervisor, or an educator to seek:
 - medical treatment for the child from a registered practitioner, hospital or ambulance service
 - transportation of the child by an ambulance service
 - if relevant, an authorisation given for the service to take the child on regular outings
- agree that I am responsible to pay for all child care costs for my child attending the service
- agree that I am responsible for any expenses incurred during any medical emergency in relation to the child
- agree to collect or make arrangements for the collection of the child if he or she becomes unwell
- understand that in an emergency situation or where evacuation is necessary that the child may need to leave the service under the direction and supervision of the approved provider, nominated supervisor or educator
- have read and understood the service policies including the 'Payment of Fees'
- declare that the information in this enrolment form is true and undertake to immediately inform the service in the event of any change to this information.
- give permission for my child to view G rated movies at After School Care and Holiday Program

Signature of person with parental responsibility of the child

Date