

2019 VACATION CARE ENROLMENT FORM

THE FOLLOWING INFORMATION IS CONFIDENTIAL.
All parents, including existing families are required to complete the form in full.
Parents have to sign where parent or guardian signature is indicated on the pages.

Name Parent/Guardian (1): _____ CRN: _____
Relationship (Mother/ Father / Grandmother / Step Mother etc.) _____
DOB: _____ Cultural Background: _____
Language spoken at home: _____
Address _____
Phone home: _____ mobile: _____
Email: _____
Place of Work: _____ Work Hours: _____ to _____
Address _____ Phone: _____

Name Parent/Guardian (2): _____ CRN: _____
Relationship (Mother/ Father / Grandmother / Step Mother etc.) _____
DOB: _____ Cultural Background: _____
Language spoken at home: _____
Address: _____
Phone home: _____ mobile: _____
Place of Work: _____ Work Hours: _____ to _____
Address _____ Phone: _____

Children details:

1. Surname of child: _____	Child 1 CRN: _____
First Names: _____	Cultural Background: _____
Date of Birth: _____	Language spoken at home: _____
Gender: M / F _____	_____
Country of Birth: _____	Indigenous Status YES <input type="checkbox"/> NO <input type="checkbox"/>
Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Neither <input type="checkbox"/>	Child has disabilities YES <input type="checkbox"/> NO <input type="checkbox"/>
Swimming Ability Grade: _____	Child has special needs YES <input type="checkbox"/> NO <input type="checkbox"/>

2. Surname of child: _____
First Names: _____
Date of Birth: _____
Gender: M / F _____
Country of Birth: _____
Citizen Resident Neither
Swimming Ability Grade: _____

Child 2 CRN: _____
Cultural Background: _____
Language spoken at home: _____
Indigenous Status YES NO
Child has disabilities YES NO
Child has special needs YES NO

3. Surname of child: _____
First Names: _____
Date of Birth: _____
Gender: M / F _____
Country of Birth: _____
Citizen Resident Neither
Swimming Ability Grade: _____

Child 3 CRN: _____
Cultural Background: _____
Language spoken at home: _____
Indigenous Status YES NO
Child has disabilities YES NO
Child has special needs YES NO

Who is authorised to collect child from the centre?

(1) Name: _____
Address: _____
Phone: _____ mobile: _____
Relationship to child: _____

(2) Name: _____
Address: _____
Phone: _____ mobile: _____
Relationship to child: _____

Are there any Family Court orders affecting custody of or access to the child? Please tick

YES NO

Please give details and provide a copy of any court orders

Persons to contact in emergency, if above contacts are unavailable (please specify):

1 Name: _____
Phone home: _____ mobile: _____
Address: _____
Relationship to child: _____

2 Name: _____
Phone home: _____ mobile: _____
Address: _____
Relationship to child: _____

I/we are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, release and have the Centre release the children to.

Parent/Guardian signature: X _____ Date: _____

MEDICAL OR ANY OTHER INFORMATION THAT MAY HELP THE CENTRE

Is there any medical or physical condition from which your child/children suffer that needs to be brought to the attention of the Co-ordinator / Supervisor.

Please give details below:

1. Special dietary needs

2. Religious

3. Allergies

4. Medical conditions such as ADD, Epilepsy, ADHD, Anaphylaxis and Asthma etc.

5. Others

My family doctor is: _____

Address: _____ Phone: _____

Medicare No: _____

Private Health Care No: _____

Health Care Fund Name: _____

Ambulance Cover: YES NO

IT IS VERY IMPORTANT THAT YOU READ AND SIGN THE FOLLOWING STATEMENTS

CANCELLATION AND LATE FEES

Cancellations must be made in writing by email or SMS. Your normal session fee will be charged to your account if we haven't received a written notification.

You can notify us by email to: kosc@wapcyc.com.au or SMS: **0409 116 237**.

The centre is approved by Education & Care Regulatory Unit, WA to operate until 6.00pm. If a child has not been collected by this time the following procedures and fees will apply.

1. *If a child has not been collected by 6.00pm and no contact has been made to the centre by a parent or guardian the centre will attempt to contact the parent/guardian.*
2. *If the centre is unable to contact the Parent or Guardians the emergency contacts will then be contacted.*
3. *If no contact has been made with parent/guardian or emergency contacts CPFS Crisis Care will be contacted and informed of the situation.*
4. *A late fee will be charged at the following rate:
\$15.00 for every 15 minutes after 6.00pm or part there of e.g. 6.10pm charged \$15.00, 6.20pm charged \$30.00.*

Signature of Parent or Guardian: X _____ Date: _____

PAYMENT OF FEES

I agree to ensure my account is paid in advance **weekly** and my account is in credit by two weeks prior to the booking week.

Signature of Parent or Guardian: X _____ Date: _____

ACCIDENTS AND ILLNESS

We regret that we are unable to care for sick children or children with contagious illnesses. Medicine will only be administered to children by Educators if it is prescribed by a doctor and parent authorisation is received on the day it is to be administered.

In the event of any accident or illness, I authorise the obtaining on my behalf of medical or hospital treatment as my child/children may require, and agree to meet any expenses attached thereto. In the case of emergency I agree for my child to be transported by private vehicle/ambulance. I/we agree to pay expenses incurred for medical treatment and transport.

I/We hereby consent to the Coordinator/Educator of his/her designated representative, engaging the services of a Doctor, Dentist or Ambulance in any emergency for my/our child.

Signature of Parent or Guardian: X _____ Date: _____

SIGN IN/OUT FOR YOUR CHILD

Parents are required to sign their child in and sign their child out for KOSC every day. This is the Education & Care Services National Regulations 2012 requirement.

PROGRAM OF ACTIVITIES

I am willing for my child/children to participate in all activities offered in the Out of School Program. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/children to participate in a particular activity.

Signature of Parent or Guardian: X _____ Date: _____

WHAT ARE YOUR CHILD/CHILDREN'S HOBBIES AND INTERESTS

1. _____
2. _____
3. _____
4. _____

PHOTOS TAKEN

I give permission for my child/children _____
to be photographed whilst in care at Kensington PCYC Out of School Hour Care and to be displayed within PCYC

Publications/Media Learning Documentation only

Signature of Parent or Guardian: X _____ Date: _____

SUN PROTECTION

I give permission for sunscreen lotion to be applied to my child/children _____
and for educators to assist if necessary.

Signature of Parent or Guardian: X _____ Date: _____

OINTMENTS, CREAMS AND APPLICATIONS

I give permission for medicinal ointments, creams and applications to be applied to
my child/children _____ and for educators to assist if necessary.

Signature of Parent or Guardian: X _____ Date: _____

HEALTH PLAN

I give permission for the centre to display my child's health plan (asthma, anaphylaxis and allergies) within the
centre for the safety of my child _____

Signature of Parent or Guardian: X _____ Date: _____

TRANSPORTING CHILDREN TO THE CENTRE

I give my permission for my child/children _____ to be transported from/to
their school on the PCYC vehicles.

Signature of Parent or Guardian: X _____ Date: _____

PARENT'S STATEMENT

The information given in this enrolment form is true and correct.

Signature of Parent or Guardian: X _____ Date: _____

**Failure to provide the above information will result in the non-acceptance of the child.
Please return form together with fees due.**