

YEAR ROUND CARE ENROLMENT FORM

This form is to be completed and given to centre staff before your children can attend YRC.

The information requested is required to provide proper care for your child or children.

The information provided by you will be treated as strictly confidential and will not be used for any other purpose.

Parents are required to notify the Family Assistance Office prior to commencing Care. Please add Customer Reference Numbers (CRN) for yourself and your child/ren

PART 1 CHILDS/RENS DETAILS

	FAMILY NAME	CHILDS NAME	CRN	D.O.B
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Home Address _____ Ph _____

School they attend _____

How will your child be travelling to and from school _____?

PART 2 PARENTS DETAILS

Guardian name _____ Guardian name _____

Work place _____

Contact phone numbers

Home Ph _____

Work Ph _____

Mobile Ph _____

D.O.B _____

Family CRN _____

PART 3 COLLECTION/ EMERGENCY (Someone other than the parents)

Persons collecting your children from the centre MUST be 16yrs of age or over. Any persons not on this form will be refused collection unless prior arrangements are made with staff. If custody orders apply, a copy must be kept on your child's file.

Name _____ Relation to child _____

Ph _____ Mobile _____

Name _____ Relation to child _____

Ph _____ Mobile _____

* These people may be asked to show identification

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FAMILY DOCTOR

Name _____

Ph _____

MEDICARE NUMBER _____

PART 5 MEDICAL HISTORY Relevant medical history

- Allergies
- Disabilities/ special needs
- Behavioural needs
- Diabetes
- Asthma
- Other medical conditions, please specify below

__N.B Staff will provide additional forms to assist with any additional needs

PART 6 SERVICE ACCESS

Please tick the box to specify the reason for child care.

- Work related care
- Children with special needs
- Non work related care

PART 7 IMMUNISATION

Staff to initial that immunisation records have been sited_____.

PART 8 SERVICE DETAILS Commencement date_____.

How will you be using the centre? (circle)

After School Care	Before School Care	Vacation Care
(Confirmation required each term)		* Bookings taken Wk 5 of each term

Which days do you expect to be using the service? (circle)

Monday	Tuesday	Wednesday	Thursday	Friday
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PART 9 CCB

Do you intend to claim your CCB as

- Reduced fees
- Lump Sum payment

Have you already contacted FAO? Yes / No

Do you have any other children in approved child care? Yes / No

If yes, How many children in approved care? _____

PART 10 GENERAL COMMENTS

Is there anything you would like us to know about your child/ren?

E.g. religious beliefs, Aboriginality, must do homework before play, etc.

Do you have any special skills that you could bring to our service? E.g
 coaching,
 sewing, handyman etc._____

PART 11 CONSENT

I hereby give my permission for the staff at Year Round Care to seek medical attention for the above child/ren in the event of an accident/ emergency.

Signed.....date.....

I hereby give my permission for the staff at Year Round Care to administer paracetamol for the above child/ren. A courtesy call will be made prior to administering.

Signed.....date.....

I hereby give permission to the staff at Year round Care to take my child/ren on small walks to the nearby parks outside the centres.

NOTE. A separate permission form will be given for larger excursions.

Notification will be given to parents/guardians in these instances.

Signed.....date.....

I give permission for my child/ren to be involved in any photography or video taken for publicity purposes at Year round Care.

Signed.....date.....

I give permission for my child/ren to walk to and from the centre from school/ bus stops.

Signed.....date.....

I have read and agree to adhere to the Year Round Care Fee schedule and agree to pay my fees on a regular basis. I also agree to pay the fundraising Fee per semester.

Signed.....date.....

I have read and understand the exclusion policy and agree to keep my child excluded from the centre if presenting any of the illnesses stated in the exclusion policy.

Signed.....date.....

I understand that there is a policy manual kept in the sign area of each centre for parents and staff to refer to and I agree to adhere to these policies or risk losing my child's place in the centre.

Signed.....date.....

I give permission for the service to observe my child for programming purposes,
to ensure the program reflects their individual needs. All information gathered is
confidential.

Signed.....date.....