

YEAR ROUND CARE ENROLMENT FORM

This form is to be completed and given to centre educators **BEFORE** your children can attend YRC.

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

Parents are required to add Customer Reference Numbers (CRN) for yourself and your child/ren.

PART 1 CHILD/RENS DETAILS

FAMILY NAME	Given NAME	Child's CRN	D.O.B	Gender
1 _____	_____	_____	_____	M F
2 _____	_____	_____	_____	M F
3 _____	_____	_____	_____	M F
4 _____	_____	_____	_____	M F

School they attend _____

How will they arrive to After School Care _____

PART 2 PARENTS/GUARDIAN DETAILS

NAME _____	NAME _____
Work place _____	_____
Address _____	_____
Contact phone numbers	
Home Ph _____	_____
Work Ph _____	_____
Mobile Ph _____	_____
D.O.B _____	
Family CRN _____	

PART 3 COLLECTION/ EMERGENCY CONTACT (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 educators. If custody orders apply, a copy must be kept on your child's file.

Name _____	Relation to child _____
Ph _____	Signature _____
Name _____	Relation to child _____
Ph _____	Signature _____

* These people may be asked to show identification

PART 4 MEDICAL

AUTHORISED NOMINEE This person is authorised to consent to medical treatment of, or to authorise administration of medication to, the child/ren

Name _____	Relation to child _____
Ph _____	Signature _____

FAMILY DOCTOR

Name _____ Ph _____

Address _____

MEDICARE N# _____ Health Care N# _____

PART 5 MEDICAL HISTORY Relevant medical history

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

N.B Educators will provide additional forms such as the Risk minimisation and Communication plan with any additional needs if required

PART 6 IMMUNISATION

Please provide a copy of your child's immunisation record FOR EDUCATOR TO SIGHT. _____

PART 7 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 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 8 of each term

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

Monday Tuesday Wednesday Thursday Friday

PART 9 CCB

Are you eligible for JET payment? (copy of letter must be provided) Yes / No

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

If yes, How many children in approved care? _____

PART 10 GENERAL COMMENTS

Please tell us anything you would like us to know about your family and/or children?

- Aboriginality/Torres Strait
- Religious Beliefs _____
- Other Language spoken at home _____
- Homework before play

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 educators at Year Round Care to seek **medical attention** for the above child/ren in the event of an accident/ emergency. I understand if an Ambulance is required it will be at my cost not the centres. I give permission for my child to be transported by Ambulance if necessary.

Signed _____ Date _____

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

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 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 **\$10** fundraising Fee per semester. I agree to keep my fees below **\$200** per child

Signed _____ Date _____

I understand my child must attend the last day of care to be eligible for Child Care Benefit. This is a Family Assistance Office policy.

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 educators 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 and interests. All information gathered is Confidential.

Signed _____ Date _____