



Year Round Care Enrolment Form



This form is to be completed and given to centre educators **BEFORE** your child/ren 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 provide Customer Reference Numbers (CRN) for yourself and your child/ren.

PART 1 – CHILD/REN'S DETAILS

CHILD 1

Family Name _____ Given Name(s) _____
Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F
Child's School _____
Nationality _____ Language/s Spoken _____
 Aboriginal or Torres Strait Islander Religion _____

CHILD 2

Family Name _____ Given Name(s) _____
Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F
Child's School _____
Nationality _____ Language/s Spoken _____
 Aboriginal or Torres Strait Islander Religion _____

CHILD 3

Family Name _____ Given Name(s) _____
Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F
Child's School _____
Nationality _____ Language/s Spoken _____
 Aboriginal or Torres Strait Islander Religion _____

CHILD 4

Family Name _____ Given Name(s) _____
Child's CRN _____ D.O.B _____ / _____ / _____ Gender M F
Child's School _____
Nationality _____ Language/s Spoken _____
 Aboriginal or Torres Strait Islander Religion _____

PART 2 – PARENT / GUARDIAN DETAILS

PARENT / GUARDIAN 1

PARENT / GUARDIAN 2

Full Name _____ Full Name _____
Address _____ Address _____
Home Phone _____ Home Phone _____
Employer _____ Employer _____
Work Phone _____ Work Phone _____
Mobile _____ Mobile _____
Email _____
D.O.B _____ / _____ / _____ Family CRN _____

Are there are any family situations that we should be aware of? Yes No

Please provide details: _____

PART 3 – COLLECTION / EMERGENCY CONTACT (Other than the parents/guardians)

Persons collecting children from the centre MUST be 16 years of age or over. Any person 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/ren's file.

CONTACT 1

Name _____ Relationship to Child _____
Phone _____

CONTACT 2

Name _____ Relationship to Child _____
Phone _____

* 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 _____ Relationship to Child _____
Phone _____

FAMILY DOCTOR

Name _____ Phone _____
Address _____ Medicare Number _____

PART 5 – RELEVANT MEDICAL HISTORY

Please tick all that apply and provide further information in the space provided below. A Risk Minimisation Form may also need to be completed. Please see an educator for further information.

- | | |
|--|---|
| <input type="checkbox"/> Allergies eg. Bees, food, grass etc | <input type="checkbox"/> Disability / Special Needs |
| <input type="checkbox"/> Behavioural Needs | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma – Action Plan required | <input type="checkbox"/> Other medical condition |

PART 6 – IMMUNISATION

Please provide an up-to-date copy of your child/ren's immunisation record.

PART 7 – SERVICE ACCESS

Please specify the reason for child care

- Work related care Child/ren with special needs Non-work related care

PART 8 – SERVICE REQUIREMENTS

Commencement date / /

Requirements After School Care Before School Care Vacation Care
(Confirmation required each term) * Bookings taken
Week 8 each term

Please circle the days you require:

Monday

Tuesday

Wednesday

Thursday

Friday

PART 9 – GENERAL INFORMATION

Please provide any further information you would like us to know about your family and/or child/ren. eg. Child needs to do homework before play

Any other information _____

Do you have any special skills that you could bring to our service? eg. Coaching, sewing, handyman etc.

PART 10 – 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, apply Stingose and Band-aids** for the above child/ren. A courtesy call will be made prior to administering Panadol.

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 agree to keep my fees below \$200 per child.

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-in area of each centre for parents and educators to refer to, and I agree to adhere to these policies or risk losing my child/ren'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 ____ / ____ / ____

I give permission for Educators to collect my child from the school bus when arriving to After School Care and if using Before School Care to be put on the School bus, or walked to and from St Joseph's School.

Signed _____ Date ____ / ____ / ____

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