

WOOSH/ CHOOSH Care Incorporated

Enrolment Form For 2014

If you wish to receive the CCB (*child care benefit*) you **must** be assessed by Centrelink and provide the information below. Please note, if you cannot provide this information, the *FULL* fee will be charged.

Child's DOB: Child's CRN: CCB %.....

Primary Carer's DOB: Primary Carer's CRN:

Children attending another approved childcare service? *Yes / No* Total no. of children in care (for CCB rate)?

CHILD'S DETAILS

Child's surname: Male / Female (*please circle*)

Child's given names: Date commencing WOOSH:

School attending:..... Class/Year (2014):

Child's cultural background/religion:

Is the child of Aboriginal or Torres Strait Islander decent? (Please specify)

Languages other than English spoken by child:

SERVICE & DAYS REQUIRED (*please circle*) Permanent Casual

Before school: Mon Tue Wed Thu Fri

After school: Mon Tue Wed Thu Fri

A separate booking form will be provided prior to each Vacation Care period

1. PARENT / GUARDIAN DETAILS (CCB registered / statement billed to)

Surname: Given names:

Address:

Home phone No.: Mobile No.:

Employer/ Occupation: Work phone No.:

Email address:

2. PARENT / GUARDIAN DETAILS

Name:

Address: DOB:

Home phone No.: Mobile No.:

Employer/ Occupation: Work phone No.:

Are there any Court Orders or Parenting Orders in relation to your child, or access to your child?

Yes / No **Please note:** A copy of the Court Order must be provided at enrolment for the service to enforce custody issues

EMERGENCY CONTACTS: I hereby authorise the staff to contact the following people, if I cannot be contacted.

Name: **Name:**

Home phone No.: Home phone No.:

Other phone No.: Other phone No.:

Relationship to child: Relationship to child:

I hereby authorise the following people to collect my child from the service: (*in addition to the above*):

1..... 2..... 3.....

MEDICAL DETAILS

Family Doctor: Medicare No.:

Address: Phone No.:

IMMUNISATION

Has your child received the necessary immunisation for their age?

Yes / No If **YES** please supply a copy of the child's Immunisation History Statement with this enrolment form. If **NO**, please complete an Immunisation Exemption Conscientious Objection Form available from Medicare.**ADDITIONAL NEEDS and/or MEDICAL CONDITIONS**Does your child have any Additional Needs? *E.g. Autism, ADHD, ODD, Diabetes etc*Yes / No If **YES** you **must** complete an "Enrolment Form B" and additional support forms e.g. KU Inclusion Support prior to acceptance of enrolment. If your child requires regular medication, please request an *Administration of Medication* form.Does your child have any Allergies / Intolerance? *e.g. Asthma, Anaphylaxis, Food Allergies, etc.*Yes / No If **YES**, please provide details below, and include a copy of a medical management plan (required for asthma and anaphylaxis) or risk minimisation plan prepared by the child's doctor (if applicable)**AUTHORISATIONS AND APPROVALS (PERMISSION)****NOTE:** Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial.

- I hereby give permission for staff to seek medical assistance including calling an ambulance, in the case of an accident or other emergency.
- I hereby give permission for staff to carry out appropriate first aid treatments in the case of accident or other emergency.
- I hereby give permission for the staff to administer an age appropriate dosage of Panadol to my child should he/she require.
- I hereby give permission for staff to apply sunscreen and/or insect repellent to my child as required.
- I hereby consent to my child being photographed/videoed while they are at the service or on excursions. *Note: Photographs may appear in the centre's newsletter or for promotional purposes.*
- I hereby give permission for my child to appear on the centre's website and/or Facebook page.

DISCLAIMER/ INFORMED CONSENT

I hereby acknowledge that;

- I have read and understand the services policies and procedures contained within this **Enrolment Form, Information Booklet, and Policy Manual** and accept the conditions of enrolment.
- The services Policies and Procedures have been put into place to protect my child, and I must strictly comply with the Policies and Procedures at all times
- The information provided in this enrolment form is to the best of my knowledge correct, and I will inform the service immediately in writing should there be any changes to this information.
- I am totally responsible for the suitability and actions of any person whom I authorise to visit, deliver or collect my child to/from the service (Other Persons)
- Subject to any applicable law which cannot be excluded, I will indemnify the service, its employees or any of its authorised persons from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child, by me, or any third party, in connection with any act, omission or inaccuracy of information by me and/ or Other Persons failing to comply with any Policies and Procedures.

Parent/ Guardians full name:**Signature:** **Date:**