Before & After School Care Program (School Age Care)

BOOKING FORM

Please note that while all efforts will be made for your child to attend the service on your preferred days, the completion of this booking form does not guarantee this.

Child’s Given Name________________________________________
Child’s Family Name_______________________________________

Casual

Permanent

IF PERMANENT, PLEASE INDICATE DAYS REQUIRED BY TICKING BOXES BELOW.

Before Care Permanent Bookings (please tick in boxes below)

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
</table>

After Care Permanent Bookings (please tick in boxes below)

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
</table>

Parent/Guardian Signature___________________________Date_______
Who must complete this enrolment form – A parent or guardian who has parental responsibility in relation to the child.

CHILD DETAILS

Given Name__________________________________________Family Name__________________________________________

Middle Name(s)_____________________________________________________________________________________

Name child prefers to be called by______________________________________________________________________

Child’s Home Address________________________________________________________________________________

Date of Birth_________________ Age_________ Grade_______ Male / Female (please circle)

Child’s Centrelink Reference Number(CRN)____________________________(This is different to your Centrelink Reference Number (also called a CRN)).

Language(s) spoken at home____________________________________________________________________________

Child’s country of birth________________________________________________________________________________

Is your child of Aboriginal and/or Torres Strait Islander origin? (please circle)

No, not Aboriginal or Torres Strait Islander   Yes, Aboriginal

Yes, Torres Strait Islander                      Yes, Aboriginal and Torres Strait Islander

Are there any custody orders or issues concerning your child?

NO / YES (please circle) if yes, please attach a copy of a current custody order.

Does your child have any fears? (eg. Thunder, Dogs)

____________________________________________________________________________________

____________________________________________________________________________________

Please list any events or festivals your child celebrates

____________________________________________________________________________________

____________________________________________________________________________________

Please list any cultural / religious issues that educators need to be aware of

____________________________________________________________________________________

____________________________________________________________________________________
Does your child have any dietary restrictions? NO / YES (please circle) if yes, please give details

______________________________________________________________________________

______________________________________________________________________________

Is there any other information that you feel educators should know about your child?

______________________________________________________________________________

______________________________________________________________________________

This section is for families that have children who attend other approved child care services. This information is needed for you to claim the 2 or 3 child Percentage for your child care benefit. Please DO NOT include children attending the PWPS Before & After School Care Program.

<table>
<thead>
<tr>
<th>Child Full Name</th>
<th>CRN Number</th>
<th>Date of Birth</th>
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PERMISSIONS

Photographs and videos within the service are taken by both educators and children.

1) Do you give permission for your child to be photographed?
   NO / YES (please circle) if yes please sign here___________________________

2) Do you give permission these photographs be displayed in your child's portfolio, books, on usb, on disc, on computer? These will only be viewed at the service and may be viewed by children, families and educators within the service.
   NO / YES (please circle) if yes please sign here___________________________

3) Do you give permission for your child to be photographed and these photographs be displayed on noticeboards or around the service? Please note that the service is located in a shared space so photographs may be viewed by other persons, not associated with the service, utilising the space.
   NO / YES (please circle) if yes, please sign here___________________________

4) Do you give permission for your child to be videoed while participating in experiences in the service (videos may be put onto disc or computer to be viewed only within the service).
   NO / YES (please circle) if yes, please sign here___________________________

5) Do you give permission for your child to watch PG rated movies?
   NO / YES (please circle) if yes, please sign here___________________________

6) Do you give permission for your child to have face paint applied?
   NO / YES (please circle) if yes, please sign here___________________________
MEDICAL DETAILS

Name of Child's Doctor_______________________________________________________________

Name of Clinic or Medical Centre________________________________________________________

Address__________________________________________________________________________

Phone Number_______________________________________________________________

Medicare Number __________________________

If you have Ambulance Cover please provide membership number ________________________________

If you have Private Health Care please provide Health fund name and membership number

_________________________________________________________________________________

Does your child have any medical conditions? Please include any allergies or sensitivities. Please attach the child's Action Plan/s to this enrolment form

<table>
<thead>
<tr>
<th>CONDITION / ALLERGY</th>
<th>DETAILS</th>
<th>ACTION PLAN PROVIDED</th>
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<tbody>
<tr>
<td></td>
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<td>YES / NO</td>
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<td>YES / NO</td>
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<td>YES / NO</td>
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<td>YES / NO</td>
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</tbody>
</table>

Action plans are available from www.allergy.org.au and must be signed by your child's doctor.

ANAPHYLAXIS

Has your child been diagnosed with Anaphylaxis? YES / NO (please circle)

Does your child have an auto injecting pen (eg. Epipen)? YES / NO (please circle)

Has the anaphylaxis ACSIA plan been provided to the service? YES / NO (please circle)

A risk management plan will be completed by the program, in consultation with the parent/guardian upon enrolment. A copy of the services anaphylaxis policy will be provided to the parent/guardian upon enrolment.

No child, who has been diagnosed with anaphylaxis, is permitted to attend the service without an auto injecting device (eg. Epipen) and a current action plan, signed by your child's doctor. The parent or guardian will provide an auto injecting device to the service.
Immunisation

Has your child been immunised? YES / NO (please circle)

If yes, please supply a copy of the immunisation record

Is a copy of the immunisation record attached? YES / NO (please circle)

Do you give permission for the BASCP Service to obtain a copy of your child's immunisation record from the school office? YES / NO (please circle)

If no, are you a conscientious objector? YES / NO (please circle)

Family Description – For Priority of Access

Sole Parent/Guardian:

Working Studying Not Working (please circle)

OR

Two Parents/Guardians:

Both Parents Working Studying Not Working (please circle)

OR

Parent One Parent Working Studying Not Working (please circle)

Parent Two Parent Working Studying Not Working (please circle)
Information about the child’s Parents / Guardians.

1) Given Name_________________________Family Name____________________
   (This person should be the person who has registered for Child Care Benefit (CCB) and is responsible for fee payment).
   Relationship to child________________Date of Birth (as given to Centrelink)________
   Centrelink Reference Number __ __ __ __ __ __ __ __ __ __ (This is a different number from your child’s CRN).
   Home Address___________________________________________________________
   Suburb________________________________________________Post Code________
   Telephone Numbers: Home: __ __ __ __ __ __ __
   Mobile: __ __ __ __ __ __ __ __
   Work: __ __ __ __ __ __ __ __
   Email Address ________________________________@_______________________
   Occupation (if applicable) ________________________________________________
   Business / Company / Institute Name_______________________________________
   Work / Study Address___________________________________________________
   Suburb________________________________________________Post Code________
   Country of Birth_______________Languages spoken__________________________

2) Given Name_________________________Family Name____________________
   Relationship to child________________Date of Birth
   Home Address___________________________________________________________
   Suburb________________________________________________Post Code________
   Telephone Numbers: Home: __ __ __ __ __ __ __
   Mobile: __ __ __ __ __ __ __ __
   Work: __ __ __ __ __ __ __ __
   Email Address ________________________________@_______________________
   Occupation (if applicable) ________________________________________________
   Business / Company / Institute Name_______________________________________
   Work / Study Address___________________________________________________
   Suburb________________________________________________Post Code________
   Country of Birth_______________Languages spoken__________________________
Emergency contacts should:

- not be more than 30 minutes away from the service.
- have your authorisation to seek medical treatment in the case of accident, injury, trauma or illness to your child.
- have your authorisation to complete a medication form.
- be over 18 years of age
- be persons other than the legal guardians

In the event of accident, injury, trauma or illness and parents / guardians cannot be contacted, emergency contacts will be notified.

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT 1</th>
<th>EMERGENCY CONTACT 2</th>
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<tbody>
<tr>
<td>Given Name</td>
<td>Given Name</td>
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<tr>
<td>Surname</td>
<td>Surname</td>
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<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Mobile</td>
<td>Mobile</td>
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<tr>
<td>Home Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Work Phone</td>
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<tr>
<td>Relationship to child</td>
<td>Relationship to child</td>
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</tbody>
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Other persons that you authorise to collect your child. **Must be over 18 years of age.**

<table>
<thead>
<tr>
<th>Given Name</th>
<th>Surname</th>
<th>Mobile</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Relationship to child</th>
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MEDICAL/GENERAL DECLARATION

I, ___________________________________________________________(print full name)

Being the person with lawful authority of ______________________________________(print child’s name)

- Authorise the Before & After School Care educators in the event of accident, injury, trauma or illness, to obtain on my behalf any such medical attention my child may require. I agree to pay all expenses that may be incurred including ambulance and any medical costs.
- Understand that in an emergency situation or fire drill, where evacuation is necessary that my child may need to leave the Before & After School Care Program premises under the direction and supervision of the Before & After School Care educators.
- Understand that I need to complete an 'Out of Service Activity' form if my child is to leave the service. I accept that once my child leaves the service, the Before & After School Care educators are no longer responsible for my child.
- Understand it is my responsibility to inform the service if my child contracts an infectious or contagious disease.
- Understand that all persons collecting my children from the service must be over 18 years of age.
- Understand my child will be signed out of the service at 8:45am when attending Before Care.
- Agree to my child leaving the service grounds in case of emergency.
- Agree to inform the service if my child is going to be absent.
- Am aware that absent days will contribute towards my 42 'Allowable Absences' per year for Child Care Benefit Purposes.
- Authorise the service to display relevant Action Plans which will include a photo of my child.
- I declare that the information on this enrolment form is true and correct and undertake to immediately inform the Before & After School Care Program coordinator or assistant coordinator in the event of any changes to this information.
- I understand that all persons collecting my children from the service must be over 18 years of age.
- I authorise an Educator, Nominated Supervisor or the Approved Provider to take my child outside the service premise in case of emergency.
- I authorise an Educator, Nominated Supervisor or the Approved Provider to seek transportation of my child by an ambulance service.

Signature______________________________________________  Date_______________________

Privacy Statement

Information collected from this enrolment form will be used to provide care for your child. The information may be shared with government and or funding agencies. The information will not be disclosed to any other party except as required by law.

This is a page for your child to fill out (with your help, if needed). We understand your child may not want to fill out all the questions but any questions answered will be helpful to us. These answers will help us get to know your child and will assist educators in planning experiences for your child.
How old are you? ____________________________________________________________

What are your favourite things to do?

Inside______________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Outside______________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Who lives in your home?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Do you have any pets? If yes, tell us about your pets

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Name 3 things you are good at
1______________________________________________________________

2______________________________________________________________

3______________________________________________________________

What foods do you like?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

What foods don’t you like?

_____________________________________________________________________

_____________________________________________________________________

______________________________________________________________