

Vacation Care Enrolment Form

December 2018 / January 2019
(The following Information is Confidential)

CHILD'S DETAILS

First Name: _____ Surname: _____
 Address: _____ Gender: M / F
 DOB: ____ / ____ / ____ Age: _____ Religion: _____ School: _____
 Start date of School: _____ Swimming Level: _____ Nationality: _____
 Child's CRN: ____ - ____ - ____ (The number given to each child by Centrelink- 9 numbers and one letter)
 Are there any Family Court orders affecting access to the child? YES / NO
 Please give details: _____

PARENT/GUARDIAN DETAILS (1) – The person who is claiming Child Care Subsidy

Full Name: _____
 DOB: ____ / ____ / ____ Parent's CRN ____ - ____ - ____ Relationship to child: _____
 Residential Address: _____
 Telephone: (Home) _____ (Mobile) _____
 Address/Place of Work/Study: _____ Work Phone: _____
 Email address: _____

PARENT/GUARDIAN DETAILS (2)

Full Name: _____
 DOB: ____ / ____ / ____ Relationship to child: _____
 Residential Address: _____
 Telephone: (Home) _____ (Mobile) _____
 Address/Place of Work/Study: _____ Work Phone: _____
 Email address: _____

CHILD CARE SUBSIDY

If you wish to claim Child Care Subsidy, you will need to complete an online Child Care Subsidy assessment using your Centrelink online account through myGov. You should do this as soon as possible. You need to provide us with your CRN's even if you are not claiming CCS

Have you completed the online assessment YES ☐ NO ☐

To enable us to reduce your child care fees and apply CCS, we must have the following:

- Parents and Childs correct date of birth.
- Parents and Child's Customer Reference Numbers, there are different numbers for each person and can be found on correspondence from FAO, if you do not know your CRN's, you need to phone FAO. Please be careful when filling out these numbers in the sections above, otherwise your claim cannot be processed and you will be charged full fees.

EMERGENCY CONTACTS / AUTHORISATION TO COLLECT YOUR CHILD

(Other than parent or guardian) Must be over 18 years of age

(1) Relationship to Child:(Grandparents, Auntie, Friend etc)_____

First Name: _____ Last Name: _____

Residential Address: _____

Postcode: _____

Home Phone: _____ Work Phone: _____

Mobile: _____

(2) Relationship to Child:(Grandparents, Auntie, Friend etc)_____

First Name: _____ Last Name: _____

Residential Address: _____

Postcode: _____

Home Phone: _____ Work Phone: _____

Mobile: _____

MEDICAL INFORMATION ABOUT YOUR CHILD

Has your child been immunised? Is your child up to date with immunisation? (New Enrolments Only - Please provide a copy of immunisation record with enrolment)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from any allergies? This includes sunscreen, food, band aids etc. (Parent must supply their own sunscreen in child's bag every day if child is sensitive to certain types of sunscreen)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.....
Does your child have any medical conditions or special care requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.....
MEDICAL ATTENTION: In the event that your child requires medical attention do you allow centre personnel to obtain / provide medical assistance if needed and agree to pay any medical / transport costs incurred. In the case of an emergency or accident, every effort will be made to contact parents/guardian immediately. It is important to ensure you inform the centre of any changes to your phone numbers or emergency contacts.	Yes <input type="checkbox"/> Signed: _____ Name: _____ Date: _____

Family Doctor: _____ Phone: _____

Medicare Number: _____

Do you have private Medical Insurance? Yes ☐ No ☐

Name of Fund: _____ Fund Member Number: _____

PERMISSION

I give the staff of South West Sports Centre Outside School Hours Care program the following authority:

EXCURSIONS: For my child to take part in short walking excursions from the centre. (To the local playground, library, PCYC, oval etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SWSC PERMISSION: For my child to use other areas within the centre (under adequate supervision only), other than the Vac Care licenced area.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SWIMMING PERMISSION: For my child to take part in swimming activities carried out within the Centre over the duration of each program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PUBLICITY: To use the first name and / or photo of my child for centre displays and / or promotional use, including media.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CELEBRATIONS: For my child to participate in festivals/celebrations which may include some cultural activities. (such as Easter, Christmas etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MOVIE RATINGS: For my child to watch a PG rated movie deemed suitable by the qualified staff of the program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PRIVATE CAR: For my child to be transported in the centre vehicle if the need arises.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER INFORMATION ABOUT YOUR CHILD

Does your child speak a different language other than English? If yes, what language/s: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need a bi-lingual worker to assist them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any fears? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any needs / challenging behaviours? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any other information you would like to tell us about your child? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any special dietary requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Where did you hear about our Vacation Care Program (please tick)?

- ☐ I'm re-enrolling ☐ In-centre advertising ☐ Cinema Ads ☐ SWSC Website
- ☐ Radio ☐ TV ☐ Word of mouth ☐ Newspaper
- ☐ Facebook ☐ Other (please specify) _____

ENROLMENT TERMS & CONDITIONS

I acknowledge the following: **(Please tick the boxes as you read through the each point)**

- ☐ I understand that the service is unable to care for sick children or children with contagious illnesses and therefore will not book my child in if this is the case. I am also aware that my child will need to be picked up from the Centre if they become ill whilst attending.
- ☐ I am aware that Medication will only be administered to my child by a qualified staff member if it is prescribed by a doctor or written parent authorisation is received on the day it is to be administered.
- ☐ I acknowledge that my child will not leave the premises or be transported from the centre before the end of the session unless the child is in the care of-
- The child's parent or a person authorised by the child's parent.
 - An employee of South West Sports Centre who is responsible for the child and has written authorisation from a parent to take the child from the premises for a specific purpose.
 - In the case of an emergency, a person authorised and having due regard to the safety and welfare of the child.
- ☐ **BOOKINGS AND CANCELLATION POLICY**
- All days must be booked prior to your child attending the service. Additional bookings will be subject to availability.
 - Enrolment for this Vacation Care program will not be accepted if you have an outstanding account.
 - All enrolment forms must be accompanied by a minimum \$20 non-refundable deposit. This amount will be credited to your account.
 - The balance of fees must be paid PRIOR to your child's first enrolled day of Vacation Care.
 - **Cancellations, absences or illness with less than 7 days notice will still incur normal daily fee. Please select your days carefully when booking your child into care.**
 - If you wish to claim CCB and/or the 50% rebate then you must supply your child's CRN number and parent/guardian's CRN number (copy of the official Centre link assessment provided) before the rebate can be applied to your account.
 - Please note - excursion days may incur an additional fee to cover excursion costs. These are also subsidised by the centre.
- ☐ **COMMUNICATION** - As part of your enrolment in our Vacation Care Program, we will contact you from time to time in regards to news, events, special promotions and information pertaining to the South West Sport Centre. You can be assured that your contact details **will not** be provided or sold to any third party under any circumstances. ☐ **OPT OUT**

Fri 14 Dec Schools Out! <input type="checkbox"/>	BOOKING SELECTION Please tick the day/s you wish to enrol your child The cost is \$58 per day (before child care Subsidy)				Do you have other children in care whilst enrolled children are attending the South West Sports Centre Vacation Care? Yes <input type="checkbox"/> No <input type="checkbox"/> How many other siblings will be in care at other centres? _____
Mon 17 Dec Xmas Art <input type="checkbox"/>	Tues 18 Dec \$15.00 extra Excursion Movies <input type="checkbox"/>	Wed 19 Dec Christmas STEM Challenges <input type="checkbox"/>	Thurs 20 Dec Swim Day <input type="checkbox"/>	Fri 21 Dec Festive Cooking <input type="checkbox"/>	
Mon 31 Dec Closed	Tues 1 Jan Closed	Wed 2 Jan Gymnastics & Scooter Boards <input type="checkbox"/>	Thurs 3 Jan Wet and Wild Swim <input type="checkbox"/>	Fri 4 Jan Build It With Lego Challenge <input type="checkbox"/>	
Mon 7 Jan \$15.00 extra West Oz Wildlife Incursion <input type="checkbox"/>	Tues 8 Jan Lights, camera, action/swim <input type="checkbox"/>	Wed 9 Jan SWSC Ninja Warrior <input type="checkbox"/>	Thurs 10 Jan Old Fashioned Games/swim <input type="checkbox"/>	Fri 11 Jan Messy Play Day <input type="checkbox"/>	
Mon 14 Jan Sports On Courts And swim <input type="checkbox"/>	Tues 15 Jan Nerf Wars <input type="checkbox"/>	Wed 16 Jan Swim Day <input type="checkbox"/>	Thurs 17 Jan \$20.00 extra Excursion Gravity <input type="checkbox"/>	Fri 18 Jan Coding Café <input type="checkbox"/>	
Mon 21 Jan Craft Making Puppets <input type="checkbox"/>	Tues 22 Jan Science Rocks <input type="checkbox"/>	Wed 23 Jan \$15.00 extra Billy Cart Incursion <input type="checkbox"/>	Thurs 24 Jan Bouncy Castle <input type="checkbox"/>	Fri 25 Jan Water Fun Day <input type="checkbox"/>	
Mon 28 Jan Closed	Tues 29 Jan Cricket, Aussie Games and Swim <input type="checkbox"/>	Wed 30 Jan \$15.00 extra Excursion The Rink <input type="checkbox"/>	Thurs 31 Jan Splash and Swim <input type="checkbox"/>	Fri 1 Feb Mad Hatters Tea Party <input type="checkbox"/>	

By signing below I acknowledge that I have read and understood the enrolment terms and conditions listed on this enrolment form and have provided accurate answers to each question

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY			
Total Fee Due: \$58 x (no. of days) \$ _____ + Excursion/Incursion Fees \$ _____ = \$ _____			
Staff member processing payment: _____			
Deposit received: \$ _____	Date received: _____	Receipt No. _____	
Payment Details: <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Eftpos <input type="checkbox"/> Mastercard	All Payments can be made in person at the South West Sports Centre using cash, EFTPOS or Credit Card. Credit Card payments are also accepted over the phone		
Vacation Care Admin <input type="checkbox"/> Booking entered <input type="checkbox"/> CCSS Enrolled	<input type="checkbox"/> Deposit receipted <input type="checkbox"/> Child info list		

THIS ENROLMENT FORM MUST BE RENEWED BY PARENTS PRIOR TO THE COMMENCEMENT OF EACH VACATION CARE PROGRAM TO ENSURE ALL INFORMATION IS UP TO DATE.