

PCYC QUEENSLAND: SCHOOL AGE CARE ENROLMENT FORM



Please complete this form if you wish to enroll you child[ren] into our School Age Care program. Please ensure all information is correct and, where appropriate, corresponds exactly with information held by Centrelink. Missing information and/or unrecognized information will result in you receiving no fee assistance through the Government's Child Care Benefit scheme. Please question any point you are unclear about with the service's Co-ordinator.

Key Enrolment Information [Child]

Surname:

Middle Name:

First Name:

Child CRN:

[CRN = Customer Reference Number].
[You will be charged Full Fee (No Government CCB Assistance) if NO or an UNRECOGNISED child CRN is provided].

Child's D.O.B.: Priority of Access:

[You will be charged Full Fee (No Government CCB Assistance) if NO or an UNRECOGNISED child D.O.B. is provided].
[Please refer to your paperwork supplied by Centrelink for your Priority of Access Number. Alternatively contact Centrelink].

Gender: Female Male

Photos -yes I authorize my child's photograph to be taken and used at the service, understanding I will be informed if it will be used for media purposes.
no

Home Address:

Suburb:

Postcode:

Home Telephone:

PCYC Membership:

To be enrolled in our School Age Care service your child must become a Member of the PCYC.

Programs

Please tick which School Age Care programs you would like to enroll your child onto, remembering not all programs maybe available at this service.

Before School Care Vacation Care
 After School Care Xceller8

Supplementary Enrolment Information

The following information is required to enable us to complete legislated government returns outlining who uses our service.

Start School Date: [DD/MM/YY]
[An approximate date is sufficient.]

City/Town of Birth:

Nationality:

[Optional Choice] Please tick if the child is of Aboriginal or Torres Strait Islander decent.

School Attends:

Parenting Orders

Please tick if there are any current **Parenting Orders** that pertain to this child.

Please forward a copy of necessary paperwork to the service

Parenting Orders, previously known as Court Order [prior to Family Law Act 1996] can include: Parenting Plans, Parental Responsibility Plans, Residence Orders, and Contact Orders.

Health Details

Immunisation Status

Please mark this box if your child's immunisation status is up to date.
If your child's immunisation status is not up to date your eligibility to receive Government fee assistance through CCB may be affected.

Allergies

Does your child suffer from any allergies?

No Yes [Specify Below]

To assist us look after your child should they have an allergic reaction whilst in our care please list the allergies your child has, the symptoms of the reaction and how you would like us to treat the reaction.

Allergy [1]:

Allergy Description:

Allergy Treatment:

If necessary continue of separate paper & provide a written treatment plan if one is available.

Allergy [2]:

Allergy Description:

Allergy Treatment:

If necessary continue of separate paper & provide a written treatment plan if one is available.

Asthma

Does your child suffer from Asthma?

No Yes [Specify Below]

To assist us look after your child should they have an Asthma attack whilst in our care please list the symptoms and how you would like us to treat the reaction. Please also provide details of any Asthma medication taken.

Symptoms:

Treatment:

Medication Taken:

If necessary continue of separate paper & provide a written treatment plan if one is available.

Other Medical Conditions

Does your child suffer from any of the following medical conditions?

- | | |
|--|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behaviour Disorder |
| <input type="checkbox"/> Aspergers syndrome | <input type="checkbox"/> Intellectual disability |
| <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Sensory Impairment | <input type="checkbox"/> Other (Specify Below) |
| <input type="checkbox"/> Autism | <input type="text"/> |

If you have indicated your child has a medical condition, please describe the condition and how you would like us to treat the condition.

Condition [1]:

Description:

Treatment:

If necessary continue of separate paper & provide a **written treatment plan** if one is available.

Condition [2]:

Description:

Treatment:

If necessary continue of separate paper & provide a **written treatment plan** if one is available.

Additional Requirements

Swimming Ability

As water based activities can form part of our programs please indicate your child's swimming ability.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Can't Swim | <input type="checkbox"/> Good Swimmer |
| <input type="checkbox"/> Poor Swimmer | <input type="checkbox"/> Excellent Swimmer |

Dietary Requirements

Does your child have any dietary requirements?

- No Yes (Specify Below)

Details (if applicable):

Religious/Cultural Requirements

Does your child have any religious/cultural requirements?

- No Yes (Specify Below)

Details (if applicable):

Home Language:

Additional Information

Is there any other information we ought to know to enable us to offer quality care to your child?

Information Feedback

Your feedback is extremely important to ensure our service meets your needs.

How did you find out about the service?

Were you given sufficient information in the enrolment package?
 What further information would you like?

Was the enrolment pack easy to understand and fill out?

Did the staff that assisted you answer any questions that you had?

What are your expectations from you child care provider?

Parent/Guardian Details

[1] Parent/Guardian Details [Account Holder]

Surname:

Middle Name:

First Name:

Relationship to Child:

Family CRN:
[CRN = Customer Reference Number].
 [You will be charged Full Fee (No Government CCB Assistance) if NO or an UNRECOGNISED parent CRN is provided].

Parent's D.O.B: [DD/MM/YY]
[You will be charged Full Fee (No Government CCB Assistance) if NO or an UNRECOGNISED parent CRN is provided].

Gender: Female Male

Billing Address:

Suburb:

Postcode:

Home Tel. [if Different]:

Mobile Telephone:

Work Telephone:

E-Mail:
Tick the box above if you would like to receive statements via e-mail.

[Optional Choice] Please tick if you would like to receive written correspondence in a language other than English.
 [Specify Language Below].

[2] Parent/Guardian Details

Surname:

Middle Name:

First Name:

Relationship to Child:

Gender: Female Male

Address [if Different]:

Suburb:

Postcode:

Home Tel. [if Different]:

Mobile Telephone:

Work Telephone:

E-Mail:
[Optional Choice] Please tick if you would like to receive written correspondence in a language other than English.
 [Specify Language Below].

Child summary

School Age Children

Child [a]:

Child [b]:

Child [c]:

Additional Children
 Children who attend Long Day Care/ Family Day Care or In Home Care

Child [a]

Child [b]

Emergency Contact Detail

Please nominate two people over the age of 18, other than the parent[s], authorised to collect your child[ren] and two people who we can call in an emergency. These may be the same people for both instances. Please list in the order you would like them to be contacted.

[1] Contact

Authorization: Collect child[ren] Emergency Call

Surname:

First Name:

Home Address:

Suburb:

Postcode:

Home Telephone:

Mobile Telephone:

Relationship to Child:

[2] Contact

Authorization: Collect child[ren] Emergency Call

Surname:

First Name:

Home Address:

Suburb:

Postcode:

Home Telephone:

Mobile Telephone:

Relationship to Child:

[3] Contact

Authorization: Collect child[ren] Emergency Call

Surname:

First Name:

Home Address:

Suburb:

Postcode:

Home Telephone:

Mobile Telephone:

Relationship to Child:

[4] Contact

Authorization: Collect child[ren] Emergency Call

Surname:

First Name:

Home Address:

Suburb:

Postcode:

Home Telephone:

Mobile Telephone:

Relationship to Child:

Medical Contact Details

When seeking medical treatment, increasingly health professionals are requesting child care services provide the following information before treating a child. Please assist us provide timely treatment by providing the necessary information.

Medicare Number:

Name of Health Fund:

Doctor's Surname:

First Name:

Surgery Address:

Suburb:

Postcode:

Surgery Telephone:

Parent/Guardian Involvement

We encourage parents/guardians to be involved in our programs. If you have any skills or hobbies you would like to share with the children in our care please list them below.

General Permission [Please PRINT full names, tick the appropriate boxes and initial each term and condition to signal your agreement.]

Parent Name:

Child 1 Name:

Child 2 Name:

The parent/guardian of the following children:

Child 3: Name

Child 4: Name

- I have read, understand and agree to abide by the conditions as stated in the latest edition of the Parent Handbook.
- Agree to familiarize myself with the programs and inform staff if I do not wish for my child[ren] to participate in a particular activity.
- [If applicable] understand my child[ren] will be transported by bus or walk to and from school and excursions and I understand that when fitted, my child will be required to use a seat belt.
- Give permission for staff to apply sunscreen [30+]
- Consent to PCYC staff providing a) first aid, or where appropriate, b) administering such emergency medical treatment as is reasonably necessary c) seeking medical attention, and that I will reimburse any necessary expenses incurred by the Service.
- Agree to collect or make arrangement for collection of my child[ren] if he/she becomes unwell at the service.
- Agree to inform the School Age Care Service of other children attending Long Day Care/ Family Day Care/ In home care or any other service where CCB is provided. I must notify the School age care service of any child care changes that may occur.
- I understand that CCB is payable for only 42 allowable absence each year and authorise the PCYC to record an allowable absence on any day my child[ren] is/are enrolled but does not attend, unless I provide a valid reason [according to Government requirements].
- Agree to pay for all fees [including excursion fees] of the days my child is successfully enrolled, regardless of whether my child is enrolled but does not attend.
- Understand that I will be required to enter into a payment plan which may require me to use Ezi Debit if my fees are not paid by the due date advised or prior to my child's attendance.
- Understand that my child[ren]'s care will be cancelled if my fees remain outstanding and agree to pay all costs, including legal expenses, incurred by the service to collect payment of outstanding fees.
- Agree to pay fees by the due date advised on my invoice and prior to my child's attendance.
- Understand that in the event my child[ren] is sent home with a suspect infectious illness a medical clearance/certificate must be provided on return of my child[ren] to the service.
- [If applicable] give permission for my child[ren] to play, under supervision, on the school-oval and/or local park.
- Should staff arrive at school to collect my child[ren] and the child[ren] is/are not in the designated area and I have not informed the service of my child[ren]'s absence agree that a \$2.00 will be charged to my account for each telephone call made to discover the whereabouts of my child[ren].
- Understand that my child[ren] maybe required to leave the service because of priority of access considerations as detailed in section 6.3, pgs 67-68, of the *Child Care Service Handbook 2007-2008* (Australian Government, Dept. of Families and Community Services).

Parent/Guardian Signature

Parent Signature:

PRINT Name:

Date: