

HOLIDAY PROGRAM ENROLMENT FORM

(ONE FORM TO BE COMPLETED PER CHILD)

CHILD'S SURNAME FIRST NAME

ADDRESS POSTCODE

DATE OF BIRTH MALE / FEMALE GRADE SCHOOL

PARENTS/GUARDIAN INFORMATION

ADULT A

Name Relationship to Child Ph (H) (W) (M)

ADULT B

Name Relationship to Child Ph (H) (W) (M)

DAYS YOUR CHILD WILL BE ATTENDING (please tick dates you are attending)

Monday 2nd April	Tuesday 3rd April	Wednesday 4th April	Thursday 5th April	Friday 6th April Closed Good Friday
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Monday
9th April
Closed Easter Monday

Tuesday
10th April

Wednesday
11th April

Thursday
12th April

Friday
13th April

EMERGENCY CONTACTS AND PEOPLE AUTHORISED TO COLLECT YOUR CHILD

(Must be within 30 minutes from service and over 16 years of age)

Name Phone (H) (W) (M)

Name Phone (H) (W) (M)

Name Phone (H) (W) (M)

ACCOUNT INFORMATION

Do any of your children attend another form of approved child care other than this program ie. Family Day Care, Child Care Centre. If so how many children?

Have you applied for Child Care Benefit? YES / NO Child CRN Number **CRN** = Child Reference Number for Child Care Benefit)

Would you like your account sent to you through your email address? YES / NO Your email address

CULTURAL INFORMATION

Principal language spoken at home Relevant cultural considerations eg. Religion, family celebrations, foods, activities, etc.

MEDICAL INFORMATION

Does your child suffer from any medical condition that our program staff need to be aware of? eg. Asthma, ADHD, food allergies etc. YES / NO

If YES please give details

Is any ongoing medication/treatment required? YES / NO If YES please give details

Child's Doctor's Name Phone

Address Medicare Number

I give permissions for my child to have 30+ sunscreen applied to my child as per the School Sunsmart Policy YES / NO

FAMILY INFORMATION

Who does the child reside with? Both parents Mother Father Guardian

Are there special access/custody arrangements? YES / NO If YES please give details

Please Note: If a court order exists please provide this information to the Co-ordinator

YOUR CHILD (To help us with ensuring the program caters for the needs of your child)

What does your child like doing during the holidays?

What does your child like to do outside/inside?

What type of equipment does your child like to play with?

PLEASE READ CAREFULLY AND SIGN

I, the undersigned, approve of the above enrolment and agree to abide by the rules and conditions of the Out of School Hours Care program and meet any costs incurred. I authorise the Co-ordinator/Acting Co-ordinator, in the event of any unforeseen accident or illness, to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the program staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or myself shall collect the child as soon as practical.

Parents/Guardian Signature Date

