

St Catherine Labourer's Before and After School Care
A Division of Kirrawee Child Care Centre
ACN: 097 080 352 ABN: 16 097 080 352
123 Gymea Bay Road Gymea NSW 2227
PO Box 301 Gymea NSW 2227
PH: 0447 294 295 or 9545 4556
www.stcathschoolcare.com.au



Email: admin@oysterbayschoolcare.com.au or kccc@kirraweechildcare.com.au

Enrolment Form

PLEASE NOTE OUR ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL

<p style="text-align: center;"><u>Child One</u></p> <p>Child's Name:</p> <div style="border: 1px solid black; padding: 20px; text-align: center; width: 80%; margin: 20px auto;"><p>Please Attached Photo of Child One</p></div>	<p style="text-align: center;"><u>Child Two</u></p> <p>Child's Name:</p> <div style="border: 1px solid black; padding: 20px; text-align: center; width: 80%; margin: 20px auto;"><p>Please attached a Photo of Child Two</p></div>
<p style="text-align: center;"><u>Child Three</u></p> <p>Child's Name:</p> <div style="border: 1px solid black; padding: 20px; text-align: center; width: 80%; margin: 20px auto;"><p>Please attach a Photo of Child Three</p></div>	<p style="text-align: center;"><u>Child Four</u></p> <p>Child's Name:</p> <div style="border: 1px solid black; padding: 20px; text-align: center; width: 80%; margin: 20px auto;"><p>Please attach a Photo of Child Four</p></div>

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<p>CHILD ONE NAME: _____</p> <p>Child's CRN: _____</p> <p>DOB:/...../..... Child's Sex: M F</p> <p>Address:</p> <p>Suburb: PC:</p> <p>Home Telephone:</p> <p>Primary Language:</p> <p>School Attending:</p> <p>Are you of Aboriginal and Torres Strait Islander decent Yes No</p>	<p>CHILD TWO NAME: _____</p> <p>Child's CRN: _____</p> <p>DOB:/...../..... Child's Sex: M F</p> <p>Address:</p> <p>Suburb: PC:</p> <p>Home Telephone:</p> <p>Primary Language:</p> <p>School Attending:</p> <p>Are you of Aboriginal and Torres Strait Islander decent Yes No</p>
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<p>CHILD THREE NAME: _____</p> <p>Child's CRN: _____</p> <p>DOB:/...../..... Child's Sex: M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Address:</p> <p>Suburb: PC:</p> <p>Home Telephone:</p> <p>Primary Language:</p> <p>School Attending:</p> <p>Are you of Aboriginal and Torres Strait Islander decent Yes No</p>	<p>CHILD FOUR NAME: _____</p> <p>Child's CRN: _____</p> <p>DOB:/...../..... Child's Sex: M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Address:</p> <p>Suburb: PC:</p> <p>Home Telephone:</p> <p>Primary Language:</p> <p>School Attending:</p> <p>Are you of Aboriginal and Torres Strait Islander decent Yes No</p>
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Is there anyone who is legally prohibited from having contact with or collecting the child? Yes No.

If yes legal documentation must be submitted to the Centre.

Booking

Monday	Tuesday	Wednesday	Thursday	Friday
Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>	Before <input type="checkbox"/> After <input type="checkbox"/>

Required Stating Date:/...../..... Casual Booking: Permanent Booking:

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CCB

Are you eligible for CCB? Yes No Child Care benefit: % Commencement Date:/...../

Parent Name Registered with Centrelink:

Parent CRN: Parent DOB:/...../.....

Parent 1

First Name:

Surname Name:

DOB:/...../.....

Address:

Suburb: PC:.....

Home Telephone:

Mobile Number:

E-mail:

Employment Details:

Employer:

Occupation:

Work Telephone:

Full time Employment: Part time Employment:

Are you of Aboriginal and Torres Strait Islander
 decent Yes No

Parent 2

First Name:

Surname Name:

DOB:/...../.....

Address:

Suburb: PC:.....

Home Telephone:

Mobile Number:

E-mail:

Employment Details:

Employer:

Occupation:

Work Telephone:

Full time Employment: Part time Employment:

Are you of Aboriginal and Torres Strait Islander
 decent Yes No

Immunisation: Please supply evidence of Immunisation:

Evidence Supplied: Yes No Sighted By: Date:/...../20

Comments:

Birth Certificate:

Please supply evidence of the child's Birth Certificate:

Evidence Supplied: Yes No Sighted By: Date:/...../20

Comments:

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Medical Details:

Is your child on regular medication: Yes No If yes please give details.

Child 1:..... Child 2:.....
 Child 3:..... Child 4:.....

Does your child have any disabilities: Yes No If yes please give details.

Child 1:..... Child 2:.....
 Child 3:..... Child 4:.....

Does your child have food difficulties or allergies Yes No If yes please give details.

Child 1:..... Child 2:.....
 Child 3:..... Child 4:.....

Relevant Medical History:

Any particular cultural background or tradition to observe:

Doctor Details:

Family Doctor's Name:

Telephone:

Address:

Suburb: PC:

Release child to Doctor: Yes No

Dentist Details:

Family Dentist Name:

Telephone:

Address:

Suburb: PC:

Medicare No:.....

Private Health Fund:.....

First Aid Materials:

When the centre staff administers first aid do you want them to use these products on your child?

Persona SPF 30+ sunscreen lotion: Yes No

Savlon Antiseptic Powder: Yes No

Savlon Antiseptic Cream: Yes No

Stingose for Stings and Bites: Yes No

Band -Aid Plastic: Yes No

Elastoplast Band - Aid: Yes No

Elastic Adhesive Plaster: Yes No

If your child uses different brand it must be provided by parent and kept at the Centre with your child name. (Please name brand if any.)

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Person Authorised to collect the child instead of Parents:

Person 1:

Full Name:
 Relationship:
 Home Telephone:
 Work Telephone:
 Mobile:
 Address:
 Suburb: PC:

Pickup: Yes No

Person 2:

Full Name:
 Relationship:
 Home Phone:
 Work Telephone:
 Mobile:
 Address:
 Suburb: PC:

Pickup: Yes No

Emergency Details:

I authorise the following people to have access, collect my child or to be contacted in case of emergency:

Person 1:

Full Name:
 Relationship:
 Home Telephone:
 Work Telephone:
 Mobile:
 Address:
 Suburb: PC:

Pickup: Yes No

Person 2:

Full Name:
 Relationship:
 Home Phone:
 Work Telephone:
 Mobile:
 Address:
 Suburb: PC:

Pickup: Yes No

The Centre will not allow children to go with adults unless names are written on this list or a letter authorising the detail of the person authorised to collect the child who are not listed. You may add or delete names at anytime.

In the event of an **Emergency** including rising temperature above 38 centigrade, illness or accident concerning my child the centre will try to contact me or other person(s) authorised by me. If parent and all Authorised persons on the emergency list are not contactable, the Centre will keep the child comfortable and the Centre will immediately contact the ambulance.

Parent Signature: Date:/...../.....

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Media:

I have read the Centre's Media policy and have no objection to my child's activities group photos to be published on the Centre's web site: Yes No

Parent Signature: Date:/...../.....

DVD/Video:

DVD/Video and TV are another means of story telling or watching events, and can be method of calming children especially during difficult weather condition when outdoor activities not possible. Only G rated shows permitted for viewing, with the option of some PG shows at staff discretion.

I give my permission for my child (Name)..... to watch selected PG rated movies.

Parent Signature: Date:/...../.....

Active After School Program:

The Centre is part of the Active After School Program run by the Australian Sports Commission. All activities conducted at this centre comply with all DOCS regulations regarding sport activities.

I give my permission for my child (Name).....to participate in the Sports Program under the supervision of the Centre staff, as part of the educational programme.

Parent Signature: Date:/...../.....

Behaviour:

The centre has in place policies and procedures on Behaviour. The staff will document any inappropriate behaviour and deal with the children in an appropriate manner. If any child continues to show inappropriate behaviour, a senior staff member will contact you to request you collect your child. Please refer to our Behaviour Management, Discipline and Dismissal Policies.

Parent Signature:..... Date:/...../.....

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Parents Please Note

Filling this form does not guarantee a place for the child until:

Parents read our handbook and policies.

Parents sign and return with the enrolment form the page titled Mutual Obligation (page 8) of the Parent handbook.

Enrolment fee of \$55.00 is to be paid at time of enrolment.

Failing to pay the fees on time gives the Centre the authority to give the place to the next child on the list without notice.

Declaration

I/We the undersigned (name) _____
of (address) _____

Declare that the **information** given on this form at the time of enrolment is accurate to the best of my/our knowledge.

I/we are aware also that:

I/We required to pay my/our child weekly fees by using the centres Ezidebit System.

Fees are payable for holidays, public holidays, pupil free days, sick absence or any kind of absence.

Full fees are payable once the child's Commonwealth allowable absence is consumed.

Not paying fees for two successive weeks results in withdrawal of the service without notice.

I/We received the Centre handbook, and understand enrolment is not complete without completing an enrolment form, signing the mutual obligation form included in the handbook and returning them with payment to the Centre.

Parent Name _____

Signature: _____

Date:/...../20

Enrolment Checklist (Do not Complete Office only)

Enrolment Form Completed: Yes / No

CRN Supplied: Yes / No

Ezidebit Form Returned: Yes / No

DOB Supplied: Yes / No

Mutual Obligation Returned: Yes / No