



ENROLMENT & CONTRACT OF CARE

ONE FORM PER CHILD

(all details need to be completed)

ENROLMENT CHANGE OF DETAILS

CHILD'S FULL NAME _____ Gender Male Female

Address of Child _____

Date of Birth _____ Child's CRN _____

School Attending _____ Language Spoken _____

Is this child of Aboriginal or Torres Strait Islander origin? (please tick) NO Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Is this child of Ethnic background? (please tick) NO YES If yes, please list _____

Child's Doctor _____ Address _____ Phone _____

Does your child take any medication? (please circle) NO YES If yes, please list _____

A Medication Consent form, Risk Assessment form and Allergy Action Plan will need to be completed before care can be confirmed.

Does your child have any allergic reactions or sensitivities? (please circle) NO YES If yes, please list _____

An action plan will need to be completed and a photo of your child must be provided.

Are there any activities your child cannot participate in? (please circle) NO YES If yes, please comment below.

Are there any other medical conditions we need to be aware of regarding your child? (please circle) NO YES

If yes, please complete a medical conditions form and Risk Assessment form before care can be confirmed.

Has your child been fully immunised? (please circle) NO YES (please provide a copy of immunisation record before care can be confirmed)

Does your child have any special requirements? e.g. regarding culture, religion or special needs (please circle) NO YES If yes, please list.

If extra space required, please use separate sheet _____

PARENT NAME _____

Date of Birth _____ (mandatory)

Home Address _____

Postcode _____

Home Phone _____ Mobile _____

Email _____

Place of Employment _____

Occupation _____

Full Part Time Phone (work) _____

Parent CRN _____

Parent Cultural Background _____

Drivers Licence _____

This parent is registered with Family Assistance Office (please tick) NO YES

PARENT NAME _____

Date of Birth _____ (mandatory)

Home Address _____

Postcode _____

Home Phone _____ Mobile _____

Email _____

Place of Employment _____

Occupation _____

Full Part Time Phone (work) _____

Parent CRN _____

Parent Cultural Background _____

Drivers Licence _____

EMERGENCY CONTACT Person to collect child or be notified if parent cannot be contacted (please provide Photo ID at time of collection):

Contact 1 (after parents) _____ Phone (mobile/home/work) _____

Relationship to Child _____ Drivers Licence (please circle) NO YES

Contact 2 (after parents) _____ Phone (mobile/home/work) _____

Relationship to Child _____ Drivers Licence (please circle) NO YES

ACCESS I/We authorise the above persons and/or _____ to collect my child from the centre.

Address _____ Phone (mobile/home/work) _____

Are there any court orders or parenting plans in place for your child? (please tick) NO YES (If yes, please attach a copy to this application)

(ANY CHANGES ARE TO BE NOTIFIED IMMEDIATELY)

CONTINUE OVER THE PAGE

PLEASE INDICATE BELOW THE DAYS YOU REQUIRE BEFORE SCHOOL CARE OR AFTER SCHOOL CARE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CLASS / TEACHER NAME					
BEFORE SCHOOL CARE					
AFTER SCHOOL CARE					

REASON FOR CARE

WORK RELATED STUDY / TRAINING OTHER

SERVICES REQUIRED

PERMANENT CARE Start Date _____ CASUAL CARE

BEFORE SCHOOL CARE HOWRAH MONTAGU BAY HOLIDAY CARE LINDISFARNE

AFTER SCHOOL CARE CAMBRIDGE HOWRAH LINDISFARNE LINDISFARNE NORTH

MONTAGU BAY EMMANUEL RISDON VALE OTHER

HOW DID YOU HEAR ABOUT OUR SERVICE?

I agree to the Terms and Conditions set out below:

PARENT/GUARDIAN SIGNATURE _____ Date _____

OFFICE USE ONLY

ALLERGY ACTION PLAN COURT ORDER/PARENTING PLAN MEDICAL CONDITIONS IMMUNISATION RECORDS

PROCESSED / CONFIRMED BY _____ Date _____

TERMS & CONDITIONS

GENERAL CONDITIONS In the event of emergency contact being unavailable, I agree to let an After School Care/Holiday Care (ASC/HC) staff member take my child to the nearest medical centre and I will be responsible for any expense incurred. I also give my consent for the ASC/HC program administrator to contact and discuss with my family doctor any medical matters concerning my child's health.

I undertake to pay fees for my child on a fortnightly basis. The Program Administrator has the right to refuse care for any child whose fees remain unpaid.

I agree to indemnify, and keep indemnified, and to hold harmless the Clarence City Council, its servants and agents, and each of them from and against all actions, costs, claims, charges, expenses and damages whatsoever which may be brought or made or claimed against them arising out of or in relation to any negligent act or omission which I may have caused or contributed to arising out of, or in relation to this agreement.

I have read the Clarence After School Care and Holiday Care policies and procedures.

I give permission for my child to be photographed by staff for inclusion in CCC News, CCC Facebook page, for NQF (National Quality Framework) and promotional purposes. (please circle) **NO YES**

I give permission for my child to participate in the creation of 'child profiles' with the knowledge that these are recorded for National Quality Framework and associated standards.

I give permission for my child to be taken by ASC/HC Staff on excursions, and I agree to pay for any extra costs incurred.

I give permission for my child to attend non-routine excursions.

I agree to notify ASC/HC of any changes in circumstances immediately or changes to my child's medical information.

All ASC/HC Staff are Child Protection Mandated Reporters.

The Program Administrator is authorised to authorise an educator to take the child outside the education and care service.

I acknowledge that Council's Behaviour Management Policy provides that my child may be required to seek alternative care arrangements if three (3) incidents of serious behavioural issues are reported in relation to my child.

BOOKINGS/CANCELLATIONS/CASUAL BOOKINGS ALL BOOKINGS ARE COMPULSORY. Any variation of bookings e.g. Child away sick, parents are requested to phone the number which is appropriate to their Centre, before the commencement of the program. Telephone the number, which is appropriate to your Centre, alternatively let the Centre know in advance if you need to cancel your booking. Cancellation fees will be charged. Casual Bookings can only be made by phoning the ASC/HC office on 6217 9610, and will only be taken one week in advance.

CHILDREN'S ARRIVAL AND DEPARTURE On arrival to ASC/HC, children will be marked off the register. This determines that all children WHO ARE BOOKED IN are accounted for. On departure from ASC/HC, the Attendance Sheet must be completed and signed by the parent or authorised person collecting the child/ren. No child is to leave the Centre with anyone other than the parent or authorised person stated and signed on the Admission Form, or other written authorisation from the child's parent PRIOR TO COLLECTION. If for any reason a child is to leave the Centre alone, consent must be given in writing PRIOR TO THE OCCASION by the parent.

FEES Accounts are sent out on a fortnightly basis. All accounts must be paid by the due date or a late payment fee applies. Payment can be made by cheque, BPAY, credit card or cash at the Clarence City Council office. If for any reason fees have not been paid, and the matter is not resolved, the Program Administrator will notify the parent in writing to inform them that no further care will be available, until the debt is settled. Parents who leave ASC/HC services with a debt will not receive care in any Clarence ASC/HC service until the debt is cleared. Care may be suspended, declined or cancelled if there is an outstanding account with the service.

MEDICATION/ALLERGIES Please make staff aware of any allergies your child may have and/or any medication they should be taking while in care. Parents will complete a medical conditions form, allergy action plan and adhere to our administration of medication policy and procedures.

WEATHER PROTECTION Clarence Outside School Hours Care Program is a registered sun smart program. Children are required to wear a hat which protects their face, neck and ears when outside from Mid Sept to April. Children are not to wear clothing in care that exposes large amounts of shoulder and upper torso ie singlets, tank tops and strappy dresses are not considered suitable. Sunscreen that is 30+ SPF will be applied prior to children going outside. Please ask for a copy of our Weather protection policy by calling 6217 9610.

PRIORITY OF ACCESS GUIDELINES

Commonwealth Priority of Access Guidelines apply to the management of the waiting lists.

The Commonwealth Government Priority of Access Guidelines state that there are 3 levels of priority which Child Care services must follow when filling vacant places.

- Priority 1 A child at risk of serious abuse or neglect
- Priority 2 A child of a single parent who satisfies or of parents who both satisfy the work, training, study test under section 14 of the new tax system (Family Assistance Act 1999)
- Priority 3 Any other child

Within these main categories, priority should also be given to the following children.

- Children from Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold or who or whose partner are on income support
- Children in families with a non-English speaking background
- Children in socially isolated families
- Children of single parents

PRIVACY STATEMENT The personal information provided on this form, is required by Clarence City Council for Clarence After School Care and Holiday Care under the *Child Care Act 2001*. We will only use your personal information for this and directly related purposes, or as required by law. This information is necessary to resolve any matters that may arise in the course of your use of the service. You may access and/or amend your personal information at any time. How this information is used is explained in the privacy policy, which is available at Council offices.