

Enrolment Form – Vacation Care

CC SF 03

BAROSSA RECREATION AND FITNESS CENTRE "THE REX" – VACATION CARE APPLICATION FOR ENROLMENT OF CHILD/REN *Your enrolment is subject to approval by the Childcare Manager. All information on this form must be given in full*

The following information is confidential. Please ensure that you notify us of any changes of address or phone numbers.

Date: ___/___/___ Name of school child/ren attends: _____

CHILD/RENS DETAILS:

Surname	Given Name	Childs CRN NO.	Date of birth	Age	Male Female
1.					
2.					
3.					

Children's Postal Address:

Child 1 _____
Child 2 _____
Child 3 _____

PARENT/GUARDIAN 1

Full Name: _____
Parents CRN: _____
Parents DOB: _____
Postal Address: _____ Post code _____
Residential Address: _____
Phone: (Home) _____ (Work) _____ (Mobile) _____
Email Address: _____
Drivers Licence Number _____

PARENT/GUARDIAN 2

Full Name: _____
Parents CRN: _____
Parents DOB: _____
Postal Address: _____
Residential Address: _____
Phone: (Home) _____ (Work) _____ (Mobile) _____
Email Address: _____
Drivers Licence Number _____

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COURT ORDERS

Are there any Family Court orders relating to the powers, duties or responsibilities affecting custody of, or access to the child/ren? YES / NO

If yes, please give details and a copy must be provided:

EMERGENCY CONTACT (Name of 2 people who are authorised to collect and care for the child if the parent/guardian is unavailable to be contacted in the event of any accident, injury, trauma or illness of the child)

1. Full Name: _____ (r/ship) _____
Address: _____
Phone: (Home) _____ (Work) _____ (Mobile) _____

2. Full Name: _____ (r/ship) _____
Address: _____
Phone: (Home) _____ (Work) _____ (Mobile) _____

AUTHORISATION TO COLLECT YOUR CHILD/REN

In order that staff know exactly who is authorised to collect your child/ren from the **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** please complete the following. *Please note that we will not (under any circumstances) allow any person to collect your child/ren other than those listed below. Alternate arrangements will only apply where proper notification from you in writing is received on that particular day.

- *Is parent/guardian 1 an authorised collector yes/no
- *Is parent/guardian 2 an authorised collector yes/no
- *Is emergency contact 1 an authorised collector yes/no
- *Is emergency contact 2 an authorised collector yes/no

1. Name of person: _____
Relationship: _____

2. Name of person: _____
Relationship: _____

3. Name of person: _____
Relationship: _____

I give permission for the above persons to collect my child/ren from **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"**

* Parent/ Guardian Signature: _____

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CULTURE/LANGUAGE SPOKEN AT HOME:

Is the language spoken at home: English: YES/NO Other: YES/NO

Other:

- Aboriginal and Torres Strait Islander: YES/NO
- Other: YES/NO

- Details: _____

FAMILY DOCTOR

Name: _____ Medicare No: _____

Phone: _____ Clinic Address: _____

Is your child up to date on immunisations? YES NO

Evidence must be attached (staff can sight child health book) (Child health record means a record that documents a child's health and development assessments and immunisations).

Name and position of person at the children's service who has sighted the child's health record.

Name: _____ Position: _____

- Previously Supplied: (tick)

MEDICAL INFORMATION

Are there any **medical** or **physical** conditions from which your child suffers that need to be brought to the attention of the Supervisor? Does your child have any **additional needs**? Do we need to pay attention to any particular need or behaviour? Any management procedure to be attached, please give details:

CHILD 1

CHILD 2

CHILD 3

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We regret that we are unable to care for **sick children** or children with **contagious illnesses**.

PLEASE NOTE: If your children are on any medication you will need to complete an '**Authority to Give Medication Form**'.

OTHER RELEVANT INFORMATION

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ALLERGIES

Does your child/ren suffer from any allergies? **Yes / No**

Has your child/ren been diagnosed at risk of **Anaphylaxis Yes/No**

If yes to either or both,

Does your child/ren have an auto injection device (EpiPen)? **Yes/No**

What is the child/ren allergic to? _____

What are the triggers? _____

If the child suffers from Anaphylaxis you must fill in '**CC SF 30 Anaphylaxis Emergency Action Plan**' or an **action plan provided by your doctor** to ensure that the centre has the best chance of responding to your child in an emergency

Does your child/ren suffer from Asthma? **Yes/No**

Have you attached an Asthma Action Plan? **Yes/No**

DIETRY RESTRICTIONS/SENSITIVITIES

Please provide details of any dietary restrictions/sensitivities for any child (complete form CC SF 31 Special Diet Record)

CHILD 1

CHILD 2

CHILD 3

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SWIMMING ABILITY

Please write swimming level of each child as accurately as possible:

	CHILD 1	CHILD 2	CHILD 3
Swimming level			
Can swim in deep water: Yes / No			

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Conditions

By enrolling my child/ren in the **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** Vacation Care Program, I agree to the following conditions:

1. Leaders of the **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** Vacation Care Program are authorised to take children on outings away from the centre as outlined in the brochure.
2. I hereby agree that for excursions that are within walking distance from the centre the Vacation Care Leaders have permission to escort/walk my child/ren to and from the venue.
3. Although every care will be taken, **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** Staff and Program Leaders are free from all responsibility for accidents or loss of property in connection with any child's participation.
4. **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** the right to suspend or expel children from the Vacation Care Program for misbehaviour that is deemed inappropriate. NOTE: in the event of suspension or expulsion from the Program, it is the parents' responsibility to have the child collected immediately. No monies will be refunded for days paid for the remainder of that week following suspension or expulsion from the Program.
5. **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** reserves the right to refuse any person entry to the Vacation Care program as decided by **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** Management.
6. I hereby agree to my child being recorded in centre for security purposes only.
7. I hereby **agree/disagree** to photo's of my child/ren being taken during the program for advertising and centre purposes.(**please circle your preference**)

Authorisation

In the event of an accident or illness suffered by my child/ren, I understand that the organisers of the **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** Vacation Care Program will try their best to contact me (the parents/guardian). When it is impractical or impossible to communicate with me (the parent/guardian), I authorise the organisers of the **BAROSSA RECREATION AND FITNESS CENTRE "THE REX"** Vacation Care Program to obtain on my behalf, such medical or surgical treatment as may be deemed necessary and in the best interest of the child/ren. I also agree to pay all expense associated with the treatment given to my child/ward.

Parent sign: _____

Declaration

I declare that the information above is complete and accurate, and I have read, understood and agree to the conditions outlined above.

I understand and agree that all times my child/ren shall be at my own risk and I will not hold Belgravia Leisure or its staff liable for any personal injury which may result to my child or loss of property except for any liability by Belgravia Leisure if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied.

Parent sign: _____ Date: ____/____/____

Print Name: _____