

Enrolment Form – Vacation Care

CC SF 03

BAROSSA RECREATION AND FITNESS CENTRE "THE REX" – VACATION CARE APPLICATION FOR ENROLMENT OF CHILD/REN & COMPLYING WRITTEN ARRANGEMENT

*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.

Do you wish to claim the Childcare Subsidy (CCS) for the child/ren listed on this enrolment? The answer to this will likely be yes, unless you are not entitled to any payments from Centrelink under the childcare package Yes/No

Start Date of arrangement: ____/____/____

School attending _____

CHILD/RENS DETAILS:

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

Children's Postal Address:

_____ Postcode _____

PARENT/GUARDIAN 1 (ACCOUNT HOLDER) *The account holder is the person who will be liable to pay the fees as per the fee policy

Full Name: _____

Parents CRN: _____

Parents DOB: _____

Postal Address: _____ Post code _____

Residential Address: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____

PARENT/GUARDIAN 2

Full Name: _____

Parents CRN: _____

Parents DOB: _____

Postal Address: _____

Residential Address: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____

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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 attach a copy of relevant documentation: Documentation Attached Yes/No

EMERGENCY CONTACT

(if parents/guardians are unable to be contacted; therefore authorised to collect child/ren)

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

(Please complete in full with details of people authorised to collect child/children)

1. Name of person:

_____ Relationship: _____

2. Name of person:

_____ Relationship: _____

3. Name of person:

_____ Relationship: _____

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: _____

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Booking Arrangement

All sessions for the Vacation Care Program at BAROSSA RECREATION AND FITNESS "THE REX" are 8:00am – 6pm only.

The Daily session fee - \$50 excludes excursions; incursions and other fees that may arise.

See booking form for all fees.

All bookings are subject to the cancellation policy as explained in the parent information section in the current Vacation Care program information

All bookings for the BAROSSA RECREATION AND FITNESS "THE REX" Vacation Care Program are casual sessions and cease at the end of each Vacation Care. As per the Child Care Subsidy enrolment process a new start date and updated Complying Written Arrangement is required as part of the booking of care at BAROSSA RECREATION AND FITNESS "THE REX" Vacation Care Program.

An enrolment will end for Child Care Subsidy purposes if a child does not attend a session of care for eight continuous weeks

Permissions

	Initial
I give permission for my child/ren to have their photo taken in the vacation care program and to be displayed within the vacation care area accordingly; posters, displays, daily book ect	
I give permission for my child/ren to apply the centre supplied sunscreen as per centre policy	
I give permission for my child/ren to participate in supervised regular local excursions; eg Tanunda Primary School Oval as part of the Vacation Care Program	

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. 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.
2. **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.
3. **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.
4. I hereby agree to my child being recorded in centre for security purposes only.
5. 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**)

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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			

Declaration

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

I agree to pay all the required fees for my child/ren's care as outlined above or in the booking details and in the Child Care Fees Policy. I understand that the schedule is subject to vary from time to time.

I acknowledge that if there are any sessions my child/ren will not be attending, I am required to notify Barossa Recreation and Fitness Centre "THE REX" – Vacation Care Program

I understand of the arrival and collection procedure and acknowledge that it is my responsibility to contact the Barossa Recreation and Fitness "THE REX" – Vacation Care Program of persons I authorise to collect from care. Photo ID is required to be presented to the Responsible Person on Duty

I agree to notify Barossa Recreation and Fitness "The Rex" – Vacation Care Program of any changes to information provided on this enrolment form within 7 days including any change in living arrangements of the child and/or parent/guardian

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.

I understand that it is my responsibility to register with Centrelink and to confirm the arrangement with Centrelink to receive any Child Care Subsidies that I may be eligible for.

I understand and agree by signing below to the agreement with **BAROSSA RECREATION AND FITNESS "THE REX" – VACATION CARE PROGRAM (SE 00010162)**

Magnolia Road
 Tanunda SA 5352
 Ph: 08 85632766
 Email: Barossarec@belgravialeisure.com.au

Parent sign: _____

Date: ____/____/____

Print Name: _____

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Individual Child Needs (Please complete one form Per Child)

Child's Name

Date of Birth / /

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:

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

ALLERGIES

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

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

If yes to either or both,

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

What is the child 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 suffer from Asthma? **Yes/No**

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

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DIETRY RESTRICTIONS/SENSITIVITIES

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

Authorisation

All children attending BAROSSA AQUATIC AND FITNESS "THE REX" – VACATION CARE must provide a copy of their Immunisation History Statement. Evidence must be attached

Is your child up to date on immunisations? YES/NO Previously Supplied: (tick)

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.

I declare that the medical information provided is true and correct and that no relevant information has been withheld

Parent/Guardian Name _____ **Signed:** _____

Date _____