



JANNALI PUBLIC SCHOOL BEFORE AND AFTER SCHOOL CARE

ABN: 99 980 638 402

2019 ENROLMENT FORM

Children's Details

Note: Your children will have their own individual CRN

| | 1 st child | 2 nd child | 3 rd child |
|---|--|--|--|
| CRN for each child | | | |
| Child's full name | | | |
| Date of birth | | | |
| Child's class year | | | |
| Date your child started school | | | |
| What school does your child attend? | | | |
| What date is your child's first day at BASC? | | | |
| Country of birth | | | |
| Home language | | | |
| Ethnic Identity | | | |
| Aboriginal or Torres Strait Island decent? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gender | Female <input type="checkbox"/> Male <input type="checkbox"/> | Female <input type="checkbox"/> Male <input type="checkbox"/> | Female <input type="checkbox"/> Male <input type="checkbox"/> |
| Has your child been Immunised? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I have supplied a copy of my child's immunisation record. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any medical conditions, special needs. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is your child on regular medication? Including medication not given at school or BASC | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your child have any disabilities or special needs | Yes <input type="checkbox"/> No <input type="checkbox"/> | Please Provide Details: | |
| Do you have another child who attends another child care centre? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, how many? |

If you have answered yes to a question relating to medical conditions, special needs, asthma or allergy you will need to fill out a medical plan of action. Please note if your child needs an epi pen it must be at the centre when your child is in attendance. We cannot accept a child who has an anaphylaxis condition without their epi pen.

If your child has a diagnose you must put this information, including any medication that they are on, even if they don't have it at the centre.

Please see staff for a medical form and provide any asthma plans and action plans for anaphylaxis form the doctor. If your child has a diagnose we can get extra support for them and will need a copy of your child's diagnose along with health care card. We will take time to discuss this with you.

Parent/Guardian's Details

Note: If you are unsure of your CRN please call the Family Assistance Office on 136150

| | MOTHER/GUARDIAN | FATHER/GUARDIAN |
|--|---|---|
| Family CRN | | |
| Which Parent is the CRN linked to. This parent will be claiming CCB | | |
| Date of Birth | | |
| Full Name | | |
| Address & Post code | | |
| Home number | | |
| Work number | | |
| Mobile number | | |
| Occupation | | |
| Work address | | |
| Days/hours worked | | |
| Email so accounts can be emailed. | | |
| Country of birth | | |
| Ethnic group | | |
| Aboriginal or Torres Strait Island decent? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Home language | | |
| Medicare number | | |
| Private Health Fund | | |
| Religion | | |

| | | | |
|--|------------------------------|-----------------------------|-------|
| Are there any custody or court orders relating to your child? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date: |
| If there are any disputes concerning the custody of the child and no court orders are in place please provide details. | | | |
| Do you have any religious or cultural upbringing that you wish us to respect? | | | |

it is a requirement of the regulations that if a child is subject to an access order or agreement, the service must be furnished with a copy plus and subsequent alterations registered by the court. Evidence of court orders or agreements should be considered part of the enrolment in order to minimise the likelihood of distressing situations occurring in the future.

Do you have any goals, activities or aims for your child, whilst they attend BASC?

Medical Contacts

| | |
|---------|--|
| Doctor | |
| Address | |
| Phone | |

| | |
|---------|--|
| Dentist | |
| Address | |
| Phone | |

Emergency Contacts

in all emergencies the centre will contact the children's parents first. However, if the centre is unable to reach the parent the emergency contacts will be notified.

| EMERGENCY CONTACT 1 | | EMERGENCY CONTACT 2 | |
|---------------------------|--|---------------------------|--|
| First Name | | First Name | |
| Surname | | Surname | |
| Relationship to the child | | Relationship to the child | |
| Address | | Address | |
| Home Number | | Home Number | |
| Mobile Number | | Mobile Number | |
| Work Number | | Work Number | |

Authorised Persons

Authorised Persons are friends or relatives, who can collect your child, who are not you, should the need occur.

| AUTHORISED PERSON 1 | | AUTHORISED PERSON 2 | |
|-----------------------|--|-----------------------|--|
| Name | | Name | |
| Relationship to child | | Relationship to child | |
| Phone | | Phone | |
| Mobile | | Mobile | |

| <u>Permissions</u> | Yes | No |
|--|------------|-----------|
| I give permission for the staff at Jannali Point BASC to apply first aid to my child/ren | | |
| I give permission for the staff at Jannali BASC to seek medical advice/ambulance for my child/ren if it is required. | | |
| I give permission for the staff at Jannali BASC to apply sun screen to my child/ren | | |
| I give permission for the staff at Jannali BASC to apply Rid Cream Repellent to my child/ren if required. | | |
| I give permission for the staff at Jannali BASC to administer Panadol Colour free to my child/ren if required. This will only be given after phone conversation with yourself or partner or in an emergency. | | |
| I give permission for my child/ren to participate in photography& video for development, educational, publication or communication purpose at the centre. This may be put on our web site or face book. | | |
| I give permission for my child/ren to participate in student documentation for TAFE and/or university student to observe, photograph and document information about my child for the purpose of School age care studies. I am aware that all documentation will remain confidential and only first names will be used. | | |
| I give permission for my child/ren to view PG rated movies | | |
| I have read the parent information booklet and agreed to abide by the centre's polices. | | |
| I give permission for my child to be transported by ambulance from the centre to hospital if required. | | |
| I give permission for my child to be transported by a staff member to and from Como public school/St Josephs Catholic School by the centre bus. | | |
| I give permission for my child to walk to and from the Jannali netball courts and Jannali Baseball oval to participate in After school Care activities (a separate note will be sent out when this occurs) | | |
| | | |

PAYMENT OF FEES:

1. REGISTRATION FEE

Upon being offered a place at the service, parent(s) or guardians are required to pay a registration fee of \$50 for permanent bookings and \$25 for casual bookings along with a 2 week bond for permanent bookings and a \$60 bond for casuals.

2. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the service you are required to provide 2 weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of two weeks child care fees to the service.

3. ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the service.

Please ensure you contact the centre to notify us when your child is going to be absent. If your child does not come to after school care when they are booked in, we contact the school, if they have attended the school and they have been at school, we try to contact you, if we can't contact you we try your emergency contacts and if we can't contact anyone, it will be presumed that your child is missing and the police will be called. Please make sure you let us know, as although we are very happy to look for your child, it is time consuming, worrying and puts the other children at the centre at risk.

4. SERVICE CLOSURE

No fee is charged while the service is closed over the Christmas period.

5. LATE FEE

Should children be present after the 6.00pm closing time, a late fee of \$10.00 per 5 minutes will apply.

6. PAYMENT OF FEES

As per the services Parent Handbook, fees are to be paid in advance on the first day of the child's weekly attendance. Weekly fees are payable to the service by direct deposit, cheque or money order and cash. I understand that fees must be paid once invoiced within the stated due date, that my child's place at the service may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

7. COST OF DEBT RECOVERY

I _____ (the Parent) expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Jannali Before And After School Care as a result of my failure to pay the fees and charges for the service provided with in the strict terms of payment (alternatively the number of days) specified this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

I have agreed to enrol my child/ren in the Jannali Public School Before and after school care program and give permission of the above where indicated.

In applying for enrolment, I hereby **acknowledge** that I am **wholly responsible for all fees payable** to Jannali Public school Before and After School care, in respect to my child/ren being in care.

I understand that whilst every care and precaution will be taken, Jannali Public School before and after school care and its staff are not responsible for any injury or loss to my child or their possessions whilst at the centre or on an excursion.

I understand that **any fees are not transferable or refundable.**

I am aware that bookings are subject to availability and a registration fee of \$50.00 per family (GST inclusive) will be payable on enrolment.

I am aware that my child will be enrolled at the centre until the end of the year or until I give two weeks notice in writing stating that I no longer require care.

Signed: _____ Date arrangement entered into: _____

Print Name _____ Relationship to child: _____

All information is CONFIDENTIAL and will not be used for any purpose other than that of Jannali Before and After School care.

Thank you

Tara Cahill and Bronwyn Hearnden
Coordinator