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**Jannali BASC**

**107 -121 Sutherland Road**

**Jannali 2226**

**Phone: 02 9589 0659**

**Email:** **jannalibasc@bigpond.com**

[**www.jannalibasc.com.au**](http://www.jannalibasc.com.au)

**Mobile: 0429 134 263**

**Jannali BASC Enrolment Form**

**Before & After School Care & Vacation Care**

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| **Children’s Personal Information** |
|  | **1st Child** | **2nd Child** | **3rd Child** |
| **Name of Child:** |  |  |  |
| **Address:** |  |  |  |
| **Contact Phone:** |  |  |  |
| **Date of Birth:** |  |  |  |
| **Gender:****Male:****Female:** |  |  |  |
| **Child****CRN:** |  |  |  |
| **What School Does Your Child Attend?** |  |  |  |
| **Class & Year:** |  |  |  |
| **Country of Birth:** |  |  |  |
| **Main Language** **Spoken:** |  |  |  |
| **Nationality:** |  |  |  |
| **Religion:** |  |  |  |

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| **Parent / Guardian 1****Parent Registered for Child Care Subsidy** | **Parent / Guardian 2** |
| **Family Name:** | **Family Name:** |
| **Given Name:** | **Given Name:** |
| **Address & Post Code:** | **Address & Post Code:** |
| **Date of Birth:** | **Date of Birth:** |
| **Relationship to Child:** | **Relationship to Child:** |
| **Employer:** | **Employer:** |
| **Employment Status:** | **Employment Status:** |
| **Phone: (Mobile)** **(Home)** **(Work)****Email:** | **Phone: (Mobile)** **(Home)** **(Work)****Email:** |
| **Parent / Guardian CRN:** | **Parent / Guardian CRN:** |

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| **Will you be claiming the child care subsidy? Yes No** |
| **Parent claiming subsidy:** |
| **Please note, there will be a different CRN for the parent and for the child, do NOT use the same numbers. You must contact Centrelink to confirm that they have the correct name & date of birth for both parents & child who are registered.** |
| **Medical and Health Details:** |
| **Medical Practitioner:** |
| **Medical Service Name:** |
| **Phone Number:** |
| **Address:** |
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| **Does your child have any disabilities or special needs?** **YES NO If yes, please provide details****Does your child require regular medication: YES NO****If yes, please complete a medication form****Name of Medication: Dosage Information:** |
| **Does your child have any allergies? YES NO****Please provide details****If Yes, please attach Action Plan for Allergic Reactions** |
| **Has your child ever been diagnosed with Asthma or suffered Asthma related condition?** **YES NO If Yes, please attach an Asthma Action Plan** |
| **Has your child ever been diagnosed as at risk of Anaphylaxis?** **YES NO If Yes, please attach an Anaphylaxis Action Plan** |
| **Does your child have a medical condition or require additional assistance?** **YES NO If Yes, please provide details** |
| **Does your child have any specific dietary requirements?** **YES NO If Yes, please provide details**  **Does your child have any disabilities or special needs?** **YES NO If yes, please provide details** |

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**Are your Child’s immunisations up to date?**

**Please provide a copy of immunisation records or Yes No**

**an immunisation exemption conscientious objection form from Medicare**

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| **Emergency Contacts / Authorised Nominees****(A Person other than the Parents / Guardians)** |
| **The following individuals have permission to collect my child from the centre, to be notified of an emergency involving my child if I cannot be contacted, and to authorise consent for medical treatment or administration of medication for my child. These contacts may also authorise and educator to take the child outside the service premises if necessary.** |
| **Please tick to confirm this emergency contact has authority to:*** **Collect the child from the service**
* **Consent to medical treatment**
* **Authorise the administration of medication**
* **Authorise an educator to take the child outside the service**
 | **Please tick to confirm this emergency contact has authority to:** * **Collect the child from the service**
* **Consent to medical treatment**
* **Authorise the administration of medication**
* **Authorised an educator to take the child outside the service**
 |
| **Name:** | **Name:** |
| **Phone: Email:** | **Phone: Email:** |
| **Relationship:** | **Relationship:** |
| **Please tick to confirm this emergency contact has authority to:*** **Collect the child from the service**
* **Consent to medical treatment**
* **Authorise the administration of medication**
* **Authorise and educator to take the child outside the service**
 | **Please tick to confirm this emergency contact has authority to:*** **Collect the child from the service**
* **Consent to medical treatment**
* **Authorise the administration of medication**
* **Authorise and educator to take the child outside the service**
 |
| **Name:** | **Name:** |
| **Phone: Email:** | **Phone: Email:** |
| **Relationship:** | **Relationship:** |
| **In Case of Emergency** |
| **Doctor Name:** | **Address:** |
| **Phone:** |
| **Note: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, or asked to collect your child when you cannot be contacted.** |

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| **Cultural Background:** |
| **We aim to create an environment in which each child’s cultural background is respected and each child’s individual identity can be nurtured.****To assist us to achieve this, we ask you to complete the following questions.****This includes children from Aboriginal and Torres Strait Islander background and children from other culturally and linguistically diverse backgrounds.** |
| **Cultural identity of child:** |
| **Languages Spoken:** |
| **Is your child Aboriginal or Torres Strait Islander origin?** **Yes No** |
| **Are there any special cultural, religious or dietary considerations for the child?** |
| **Are there any family customs or religious or cultural practices to be respected by the service?****Yes No** |

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| **Legal Requirements:** |
| **Are there any court orders pertaining to your child?** **Yes No** |
| **If Yes, copies must be attached to this enrolment form.** |
| **Are there any non-court appointed custodial arrangements pertaining to your child?** **Yes No** |
| **If Yes, please provide detailed information regarding the arrangements** |

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| **Authorisations:** |
| **Notification of Arrival & Departure of Children at the Service:**I/we agree to sign in and out on arrival and departure each day that my child/ren attends the service using the Qikkids kiosk. | **Signed Parent:** | **Signed Carer:** |
| **Before School Care 8:40am Sign Out:**I/we give permission for my child to be signed out at BASC after the 8:40am bell.The Responsible Person on duty will ensure that there is a teacher supervising the playground and the environment has been deemed safe prior to signing out. | **Signed Parent:** | **Signed Carer:** |
| **Medical and First Aid Care: (Compulsory)**I/we hereby give my permission for the Jannali BASC staff to administer first aid on my / our child if they should deem it necessary, without obtaining my/ our permission. Should at anytime the staff consider that my/our child requires medical, dental or hospital treatment, I/we hereby consent to you obtaining such treatment from a registered medical practitioner, hospital or ambulance service with all possible speed, at my/our expense. I/we understand that all attempts will be made to contact me/us, however treatment will not be delayed in the event I/we cannot be contacted. I/we consent to transportation of our child by an ambulance service. I/we understand that relevant information on this form will be passed on to hospital/medical staff if required. | **Signed Parent:** | **Signed Carer:** |
| **Application of Sunscreen and Insect Repellent: (Rid Cream)**I/we give permission for staff or my child to apply sunscreen and insect repellent as required.If not please supply your own sunscreen | **Signed Parent:** | **Signed Carer:** |
| **Use of Children’s Photographs, Videos and Programming Documentation:**I/we agree that photographs and videos of my child taken by staff at BASC may be displayed or viewed at the service or incorporated into other children’s programming related documentation.Yes / No (please circle)I/we agree that photographs, videos, artwork and programming documentation (learning stories, profiles, photo stories, program evaluations, provocations) of my child taken or recorded by the staff at Jannali BASC may be used in its publications, on its website, for educational displays and in presentations for professional development and conferences: Yes / No (please circle) | **Signed Parent:** | **Signed Carer:** |
| **Medical Conditions for Display:**If my child is recognised to have an action plan for a life threating medical condition, I/we give permission for my child’s plan to be displayed for educators and visitors to view. | **Signed Parent:** | **Signed Carer:** |
| **Administration of Allergies and Anaphylaxis Emergency Kit (Compulsory)**I/we agree that if my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, or otherwise in the Centre’s care, staff will call an ambulance and will follow the recommended treatment plan (as per Centre’s policy). This may involve the administration of an EpiPen from the services’ Anaphylaxis Emergency Kit. | **Signed Parent:** | **Signed Carer:** |
| **Administration of Asthma Authorisation:**I/we give permission for Jannali BASC staff to follow the recommended Asthma First Aid Plan if:My/our child/ren has a diagnosis of asthma and experiences asthma symptoms but does not have a completed asthma record or asthma action plan OR my/our child/ren does not have a previous diagnosis of asthma but experiences difficulty breathing while attending the service. | **Signed Parent:** | **Signed Carer:** |
| **Administration of Panadol:**I/we hereby give my permission for Jannali BASC staff to administer Panadol to my/our child if they should deem it necessary. This will be administered after we have made contact with parent/carer or emergency contacts in an emergency. | **Signed Parent:** | **Signed Carer:** |
| **Viewing PG Movies:**I/we hereby give my permission for my/our child/ren to view PG rated movies. | **Signed Parent:** | **Signed Carer:** |
| **Travel on School Bus:**I/we hereby give my permission for Jannali BASC Staff to transport my/our child/ren to travel between Jannali/Como before and after school.**\*Please complete Authorisation For Regular Transport** | **Signed Parent:** | **Signed Carer:** |
| **Walking to and from BASC Centre:**I/we hereby give my permission for my/our child/ren to walk to and from the Jannali netball courts and Jannali Baseball oval to participate in after school care activities. (You will be advised when this occurs) | **Signed Parent:** | **Signed Carer:** |
| **Child Care Assistance:**I/we understand that it is the parent/guardian’s responsibility to apply to Centrelink for Childcare Subsidy. If application for reassessment of Child Care Subsidy is not made before the expiry date each year and the entitlement lapses, I/we understand that full fees will be payable during the lapsed period. | **Signed Parent:** | **Signed Carer:** |

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| **BEFORE & AFTER SCHOOL CARE BOOKINGS** |
| **Please indicate which care you require** |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |
| **Vacation Care during school holidays** |
| **Permanent Care:** Permanent bookings are for the same days each week during term time only and 2 weeks’ notice in writing is required to cancel a day or make changes to the booking. |
| **BSC -Before School Care 6:45am – 8:45am - $21:00****ASC – After School Care 3:00pm – 6:00pm - $26:00****Vac Care- Vacation Care 7:00pm-6:00pm - $62:00** |
| **Casual Care:** Casual bookings are entirely casual under an agreement that does not specify which days a child will attend care from week to week. All casual care must be in an email or by phone/phone message.Verbal arrangements will not be accepted. |
| **Changes to Care Arrangements:**Any changes to the care arrangements requested above must be in an email in order to meet the reporting requirements of the Child Care Subsidy Legislation. A complete Fee schedule can be located on our website.[www.jannalibasc@bigpond.com](http://www.jannalibasc@bigpond.com) |
| **Please Note:****Enrolments will be allocated as follows:**Priority 1 – a child at risk of harmPriority 2 – a child or a parent (or both parents) who satisfies the Government’s work, training, study test.Priority 3 – other childA childcare service may require a Priority 3 to vacate a place to make room for a child with a higher priority.Booked days incur a charge and need to be paid for when children are absent.Children requiring CASUAL days must request this prior to the day to ensure that a position is available however you can book your child in for care up to a month in advance. Please speak to the Coordinator to find out more about casual vacancies. |
| **Vacation Care Bookings:** |
| Vacation Care will be a separate agreement entered into between the service and family for each set of holiday periods.Vacation Care booking forms must be completed and returned to Jannali BASC Centre to secure a place in Vacation Care.Vacation Care programs and booking forms are released in week 7 of each term and are available from Jannali BASC or online at [www.jannalibasc@bigpond.com](http://www.jannalibasc@bigpond.com) and sign into My Family Lounge. |

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| **Payment of Fees:** |
| **Registration Fee:**Upon being offered a place at the service, parents/guardians are required to pay a one only registration fee of $50 for permanent bookings and $25 for casual bookings. |
| **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. |
| **Absences:** Absences for afternoon sessions must be advised by 2.30pm on the day a child has been booked in for. Failure to do so will incur a fine of $10.00. |
| **Service Closure:**No fee is charged while the service is closed over the Christmas Period. |
| **Late Fee:**Should children be present after the 6:00pm closing time, a late fee of $10:00 per 5 minutes will apply per child. |
| **Payment of Fees:**As per the services Family 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.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.Account details for fee payment:BSB: 032112Account Number: 301218Account Name: Jannali BASC |
| **Cost of Dept Recovery:**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Parent / Guardian) expressly agree/s that I am liable for any Recovery costs including Administrative Fees, Dept 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. |
| **Not Refundable / Transferable:**I understand that any fees are not Transferable or Refundable |
| **All Fees Payable:**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. |

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| **Declaration:** |
| I certify that the information supplied on this form is correct at the time of completion. I have read and understood the Family Handbook (available online) and agree to abide by the policies contained therein. I agree that it is my responsibility to advise the centre in writing of any changes to these details as they occur.Parent and / or Guardians Full Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The information requested in this form is in accordance with the Education and Care Services National Regulations and the Education and Care Services National Law.Personal Information is collected so that this service can provide care for your child. It will be held securely in personal file. The information is required under the Children & Young Person’s (Care & Protection) Act 1998 and will be available to staff who work with your child.**Updated May 2021** |

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| **OFFICE USE ONLY**All staff members are to read through the enrolment form and ensure that it is completed in full |
| **Documents Provided: Please Tick*** Immunisation Statement:
* Asthma Action Plan:
* Anaphylaxis / Allergy Action Plan:
* Medical Conditions Management Plan:
 | **Signature of Staff Confirming Enrolment Form:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** |

**Thank You**

**Bronwyn Hearnden – Acting Coordinator**

