**TUART HILL OUT OF SCHOOL CARE**

**St Kierans Parish Centre**

**122 Waterloo Street TUART HILL WA 6060**

**0414838928**

**ENROLMENT FORM**

# Child’s Full name:

Age: years months Date of Birth: / /

Date of this application: / /

Attendance

|  |  |  |
| --- | --- | --- |
| DAY OF THE WEEK | BEFORE SCHOOL CARE | AFTER SCHOOL CARE |
| MONDAY |  |  |
| TUESDAY |  |  |
| WEDNESDAY |  |  |
| THURSDAY |  |  |
| FRIDAY |  |  |

Please mark the days you require and type of service:

Date of commencement of Service: / /

**School Attending: Year:**

**PARENT/GUARDIAN DETAILS**

## PARENT 1

Full name: Relationship to the Child Address Postcode:

Telephone (home): Mobile

Occupation: Place of employment/ Address: Work phone: EMAIL:

Are you claiming Child Care Subsidy YES NO

Child’s CRN No. Parents CRN No

Date of Birth of Parent claiming the Childcare Subsidy / /

## PARENT 2

Full name: Relationship to the Child Address Postcode:

Telephone (home): Mobile

Occupation: Place of employment/ Address: Work phone: EMAIL:

## Details of Guardianship and Custody:

Please provide a copy of appropriate court order if applicable.

## AUTHORISED PERSON (S) OTHER THAN PARENT GUARDIANS AND EMERGENCY CONTACTS

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** | **CONTACT NUMBER** | **RELATIONSHIP TO THE CHILD** | **AUTHORISED TO COLLECT CHILD**  **YES/NO** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CHILD’S INFORMATION**

Given Name: \_ Family Name: Gender: Female / Male

Date of Birth: / / Place of Birth:

Ethnicity: Language spoken at home: Religion:

Address (if different to parents): Suburb:

## DOCTORS DETAILS

Child’s Doctor name:

Address: Phone: Medicare No. Private Health Provider:

## HEALTH

Has your child been immunised according to the National Health and Medical Research Council? YES NO

*Please provide copy of your child’s immunisation records.*

* If your child has any allergies, please specify:

Allergic to: Severity of the allergy:

Action Plan (*please provide copy of Action Plan signed by doct*or):

* Does your child any special needs or medical conditions we should know about?
* Does your child take any medication: YES NO

If yes, please specify

* Has your child had any operations or illnesses (including infectious diseases) YES NO If yes, please specify

## EATING

Does your child have any specific cultural/religious or dietary requirements? YES NO If yes, please specify:

ACKNOWLEDGEMENTS

## EVACUATION AND EMERGENCY SITUATIONS

I, parent/guardian of understand that staff will not allow my child/ren to go with adults unless permission is given on this enrolment form. In the case of an emergency, where no parent or emergency contact is available a person authorised by the Nominated Supervisor/ Responsible Person will take charge of the situation for the child’s wellbeing.

Signature

## PHOTOGRAPHS AND VIDEOS

I, parent/guardian of , **DO / DO NOT** give permission to Tuart Hill OUT OF SCHOOL CARE to take photographs and videos of my child participating in the daily routine as part of the program. I understand that these photographs and videos will be used for educational matters on the centre website, Story Park (educational program) communications and might be displayed in the centre.

Signature

## MEDICAL AUTHORITY

I, parent/guardian of , agree that in the event that parents cannot be reached, I authorise the staff at Tuart Hill Out of School Care to seek medical, dental or hospital treatment and/or call an ambulance if necessary. I agree that all medical expenses are my responsibility.

I understand that if my child has an infectious communicable disease, my child will be excluded from the centre for a period recommended by the doctor. A medical clearance will be required upon return to the centre.

Signature

## HOLIDAYS, SICK DAYS AND WEEKS NOTICE

I, parent/guardian of , understand that I pay the service fees when my child does not attend the service due to holidays and/or sickness. Tuart Hill Out of School Care offers 50% fees during holiday periods, absences due to sickness or public holidays during school terms fees are charged as normal.

I understand that when cancelling the service, I need to give the service two weeks notice before my child’s last day of attendance.

Signature

### BIRTH CERTIFICATE

The education and Care Service National Regulation 2012 requires that your child’s birth certificate or extract of Birth Certificate be sighted by the Licensee or Supervising officer before attending the centre.

Please provide a photocopy of the Birth Certificate when possible.

Birth Certificate Sighted by

### Nominated Supervisor /Responsible Person Signature

**PARENT/GUARDIAN 1 PARENT/GUARDIAN 2**

Signature Signature