



St Therese's, Bentley Park
Outside School Hours Care

Enrolment Application 2018

Thank you for choosing Cairns Catholic Early Learning and Care for your child care needs.

We ask that you fully complete all forms in this application and forward them to us with any additional information that is required as per the checklist below.

CHECKLIST

Before returning these forms, please complete the following checklist to ensure you have included all the required information:

- Completed entire 10-page Enrolment Application
- Signed and dated or initialed all 10 pages
- Provided signed consent from your authorised nominee(s) – see page 2
- Signed Ezidebit New Customer Form (required for new and existing account holders)
- Extra-Curricular Activities Form (if applicable)

I have included copies of the following documents:

- Health records showing immunisation status

I have included copies of the following documents: (if required):

- Medical action plans (if your child has an allergy or intolerance)
- Documents regarding custody / court orders / parenting orders / parenting plans for each child
- Documents regarding additional needs or diagnosed disability

An application for Enrolment 2018 needs to be completed for each new child commencing care at this service. Please return this document to your Centre's Nominated Supervisor as soon as possible to secure your place.

We require the information contained in this booklet to be updated at least every year to ensure our records are compliant. You will be asked to complete a re-enrolment form at the end of each calendar year if you wish to continue your enrolment.

We look forward to supporting your family by providing education and care in a safe and fun environment.

PARENT/CARER 1 – DETAILS

Full Name:	
Customer Reference Number(CRN):	Date of Birth:
Relationship to Child:	
Home Phone:	Mobile Phone:
Email Address:	
Home Address:	Post Code:
Postal Address:	Post Code:
Occupation:	Work Phone:
Organisation/Employer:	
Work Address:	Post Code:
Primary Language Spoken:	Nationality:
Cultural Background:	Religion:

PARENT/CARER 2 – DETAILS

Full Name:	
Customer Reference Number(CRN):	Date of Birth:
Relationship to Child:	
Home Phone:	Mobile Phone:
Email Address:	
Home Address:	Post Code:
Postal Address:	Post Code:
Occupation:	Work Phone:
Organisation/Employer:	
Work Address:	Post Code:
Primary Language Spoken:	Nationality:
Cultural Background:	Religion:

OTHER FAMILY DETAILS

Which Parent/Carer is responsible for fees? <input type="checkbox"/> Parent/carer 1 <input type="checkbox"/> Parent/carer 2		
Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> De facto <input type="checkbox"/> Single		
Have any children of parent/carer 1 or parent/carer 2 including the child applying for care in this application previously attended any Cairns Catholic school or child care service? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details below		
Name of child:	Attended:	Last Date Attended:
Name of child:	Attended:	Last Date Attended:
Name of child:	Attended:	Last Date Attended:

Initial(s) _____ Date _____

AUTHORISED NOMINEE/EMERGENCY CONTACTS

(other than those already listed on page 1 of the Family Enrolment Form 2018)
See section 170(5) of the Law and sections 160, 161, 102 & 99 of the Regs.

Authorised Nominee/Emergency Contact 1

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Signature of authorised person: _____

This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities):

- Consent to medical treatment / authorise administration of medication / authorise ambulance transportation
- Authorise an educator to take the child outside the education and care services premises
- Collect the child from the education and care service

Authorised Nominee/Emergency Contact 2

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Signature of authorised person: _____

This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities):

- Consent to medical treatment / authorise administration of medication / authorise ambulance transportation
- Authorise an educator to take the child outside the education and care services premises
- Collect the child from the education and care service

Authorised Nominee/Emergency Contact 3

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Signature of authorised person: _____

This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities):

- Consent to medical treatment / authorise administration of medication / authorise ambulance transportation
- Authorise an educator to take the child outside the education and care services premises
- Collect the child from the education and care service

Authorised Nominee/Emergency Contact 4

Full Name: _____

Relationship to child: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Signature of authorised person: _____

This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities):

- Consent to medical treatment / authorise administration of medication / authorise ambulance transportation
- Authorise an educator to take the child outside the education and care services premises
- Collect the child from the education and care service

Please ensure you have ticked the appropriate authorities for each of your nominated emergency contacts.

Parent/Carer 1 Signature: _____ Date: _____

(as per Family Enrolment Form)

Parent/Carer 2 Signature: _____ Date: _____

(as per Family Enrolment Form)

CHILD'S DETAILS

Child's Full Name:

Child's Address:

Name child is known by:

Commencement Date:

Child's Age at Enrolment:

**Customer Reference
Number:**

Child's Date of Birth:

Gender:

Date started/starting school:

Child's Year Level/Grade in 2018:

School attending in 2018:

Child's Country of Birth:

Child's Religion:

Cultural Background:

Identify as Aboriginal

Identify as Torres
Strait Islander

Identify as Aboriginal and
Torres Strait Islander

Other: _____

First (Primary) Language:

Second Language:

Child's Medicare Number:

Expiry Date (MMYY):

CARE ARRANGEMENTS

Name of the Primary Carer(s):

Are there any current written arrangements? Yes No If yes, a copy must be provided.

Relevant documentation may include parenting plans, parental responsibility plans, residence orders and contact order.

TO ENABLE SERVICES TO COMPLY WITH COURT ORDERS A COPY MUST BE PROVIDED.

Is there anyone legally denied access to the child? Yes No If yes, a copy must be provided.

Name:

Relationship to child:

Name:

Relationship to child:

Name:

Relationship to child:

Name:

Relationship to child:

CULTURAL CONNECTIONS AND FAMILY TRADITIONS

Does your family observe any particular religious or cultural practices that are significant to your child?

Do you celebrate any cultural/religious traditions? How do you celebrate these traditions?

What 'family' traditions do you celebrate together? (e.g. Dinner at grandmas every Sunday, camping on long weekends.)

Are there any specific songs/stories that you share with your child/ren?

As a family do you have any favourite foods? Please provide details.

Initial(s) _____ Date _____

MEDICAL INFORMATION

Child's Full Name: _____

Does your child regularly experience any of the following? Please circle your answer and provide details in space provided below. If yes, an individual action/medical care plan by an authorised medical practitioner may be required.

KNOWN ALLERGIES NO / YES	What causes the allergy?					
	Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> (An EpiPen must be provided to the service at all times child is in care)					
	Symptoms:					
	Please provide details of any allergy management plans					
	If your child has allergies a current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment. Attached: <input type="checkbox"/>					
DIETARY RESTRICTIONS NO / YES	Special dietary restrictions (provide details):					
	Are these restrictions medical YES / NO		Personal Choice YES / NO			
DIABETES NO / YES	If your child has been diagnosed with diabetes a current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment. Attached: <input type="checkbox"/>					
INTOLERANCES NO / YES	What causes the intolerance?					
	Are the symptoms: Mild <input type="checkbox"/> Severe <input type="checkbox"/>					
	Symptoms:					
	Current Action plan: (provide details)					
ASTHMA NO / YES	Mild <input type="checkbox"/> Severe <input type="checkbox"/> (In order to proceed with this enrolment a current action plan is required)					
	What symptoms does your child present with when experiencing asthma?					
	If your child has been diagnosed with asthma a current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment. Attached: <input type="checkbox"/>					
IMMUNISATION STATUS UP TO DATE NO / YES A copy of the Vaccination Certificate is required	Hepatitis B	NO	YES	HIB	NO	YES
	Measles, mumps & rubella	NO	YES	Pneumococcal	NO	YES
	Whooping Cough	NO	YES	Rotavirus	NO	YES
	Diphtheria, tetanus & pertussis	NO	YES	Meningococcal C	NO	YES
	Polio	NO	YES	Varicella	NO	YES
	If NO to any above, I have completed the "Agreement to Withdraw my Child" form NO YES					
	If a child's vaccination record is incomplete the parent/carer will need to contact ACIR (Australian Childhood Immunisation Register) on 1800 653 809 to obtain current information. Please ensure the service is provided with updated records as your child is immunised (Reg 162). If your child's immunisation status is not up to date your eligibility to receive Child Care Benefit may be affected (if applicable for service type).					
HIGH TEMPERATURES NO / YES	Current Action plan: (provide details)					
SEIZURES NO / YES	Known triggers:					
	Date of last seizure:		Trigger (if known):			
	Current Action Plan: (provide details)					
OFFICE USE ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES	Is an individual medical care plan by an authorised medical practitioner required?					
	Yes No		Date plan supplied to service ____ / ____ / ____ expiry date ____ / ____ / ____			
	Yes No		Risk Minimisation Action Plan required (Reg 162)			
	Yes No		Medical conditions policy provided to parents			
	Yes No		Health records for child sighted			

Initial(s) _____ Date _____

Does your child take medication on a regular basis? NO / YES	For what conditions? Do you require medication to be administered at the service? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, have you completed a Medication Administration Form? <input type="checkbox"/> NA <input type="checkbox"/> Yes
Do you have any queries/ concerns regarding your child's development? NO / YES	Provide details:
Is your child accessing any specialist support services? NO / YES	Speech therapy:
	Occupational therapy:
	Hearing:
	Vision:
	Mobility:
Other:	
Does your child present with any additional needs or have a diagnosed disability? NO / YES	Provide details: (attach doctor's certificate, written diagnosis or other relevant medical information)
Any other relevant health management information (e.g. premature birth) NO / YES	Provide details:

MEDICAL CONTACT DETAILS

Child's Doctor: Address:	Phone Number:
Child's Dentist: Address:	Phone Number:
Other Medical: Address:	Phone Number:

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the Permissions provide parents with options to consider, however, Consent Statements are a compulsory requirement of enrolment. Please complete an Enrolment Agreement 2018 for each child enrolled at this Catholic Early Learning and Care Child Care Service.

MEDICAL CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

- I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency.
- I/We give permission for staff to obtain any medical, hospital and ambulance service, including transportation services, in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment.
- I/We understand that every effort will be made to contact me/us in the event of any illness or accident (Reg. 161).
- I/We give permission for my/our child to receive life-saving medication, including adrenaline (epipen) for treatment of anaphylaxis and salbutamol inhaler (Ventolin) for the treatment of acute asthma
- On enrolling my/our child/ren I/we understand that the service is unable to care for children who are sick or who have a contagious illness. I/We further acknowledge that a medical clearance may be necessary before my/our child is able to return.
- I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. paracetamol).
- Prescribed medication, including asthma and anaphylaxis medication, will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the service medication form is completed.
- I/We agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- I/We give permission for first aid qualified staff to administer first aid and/or medication to my/our child as required.
- I/We give permission for my child's photo to be displayed and identified as having a severe or life threatening condition.

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

CHILD'S FULL NAME: _____

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the Permissions provide parents with options to consider, however, Consent Statements are a compulsory requirement of enrolment. Please complete an Enrolment Agreement 2018 for each child enrolled at this Catholic Early Learning and Care Child Care Service.

PERMISSIONS (Please Circle Yes or No)

I/We understand and acknowledge the following:

Support

- | | | |
|---|-----|----|
| • To support my/our child further whilst at the service, I/we give permission for the Nominated Supervisor or service representative to liaise with school and/or specialist staff in regard to my child. | YES | NO |
| • I/we authorise students under the supervision of staff to undertake observation of my/our child for the purpose of curriculum planning and Educators in training. | YES | NO |

Activities Permission

- | | | |
|--|-----|----|
| • I/We give permission for my/our child to view PG Rated movies, programs and games while at the service. (Outside School Hours Care only) | YES | NO |
| • I/We give permission for my/our child to participate in face painting activities. | YES | NO |

Health and Safety Permission

- | | | |
|---|-----|----|
| • I/We give permission for staff to apply adhesive bandages (e.g. band aids) to my/our child. If no, please provide an alternative. | YES | NO |
| • I/We give permission for my/our child to have sunscreen applied as required. If no, please provide an alternative. | YES | NO |
| • I/We give permission for my/our child to have insect repellent applied as required. If no, please provide an alternative. | YES | NO |

Media

- | | | |
|--|-----|----|
| • I/We understand that photos, videos and digital images are an integral part of the service's program and that my/our child's surname will not be displayed. | YES | NO |
| • I acknowledge that should my child/ren's images be required for use outside the service (e.g. Catholic Early Learning and Care's presentations, websites, promotional material) a separate signed permission form will be required for each event. | YES | NO |
| • I/We give permission for images of my/our child to be used for service newsletters, service noticeboard displays, school/parish newsletters, learning journals, day books, digital frames etc. | YES | NO |

If there are child protection or custody issues in relation to the display of media, please advise your Nominated Supervisor immediately.

Parent/Carer 1 Signature: _____

Date: _____

Parent/Carer 2 Signature _____

Date: _____

CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

I/We understand and acknowledge the following:

1. GENERAL

- 1.1. that I/we have read and understood the Catholic Early Learning and Care Privacy Policy located on the Cairns Catholic Early Learning and Care website
- 1.2. that I/we are aware that policies and procedures are available at the service, published online on the Catholic Early Learning and Care website and are otherwise available at our request and I/we agree to abide by the policies and procedures of Catholic Early Learning and Care.
- 1.3. that the person(s) nominated in the Family Enrolment Form, is/are the authorised party/ies to enrol, cancel enrolment, release and authorise release of the child/ren
- 1.4. that it is my/our responsibility to ensure all information associated with my/our child's enrolment is current and notify the service immediately of any changes to details provided
- 1.5. that my/our child is required to be signed in by the person who delivers the child to the service and signed out by the person collecting the child to ensure all legal obligations are met
- 1.6. that I/we must notify the service, in writing, if a person, who is not on the services' current records as authorised to collect my child, will be collecting my child from any session of care and that photo ID will be required on collection
- 1.7. that I/we must provide alternative care arrangements when my/ our child is suffering from an infectious or contagious illness, or is generally unwell, or is deemed by service staff to be unable to participate in the service program
- 1.8. that I agree to notify the person in charge of the Service promptly of any absence and the reason for the absence.
- 1.9. that I agree to sign the record of absence on the sign in/out sheet for those sessions my/our child is absent
- 1.10. that information on this enrolment form may be provided upon request to either parent/carer detailed on this form
- 1.11. that I/we must be contactable at all times whilst my child is in care. This may require alternative and/or work phone numbers
- 1.12. I/we will complete a booking form nominating days of attendance required for my/our child
- 1.13. that changes to bookings will be notified to the Service as per the Services' policy
- 1.14. I/we have nominated an email address to which account statements, newsletters and other communications may be sent
- 1.15. my/our child can participate in all activities offered by the service, I will advise the service in writing if I/we do not wish my/ our child to participate in a particular activity
- 1.16. that I consent to my child attending local excursions that are supervised and do not involve transport or cost
- 1.17. that I must provide separate written consent for my child to attend extracurricular activities and/or excursions
- 1.18. that I must dress my/our child in clothing that is appropriate for planned activities and meets the sun safety standards in accordance with the Services' Sun Safety Policy, e.g. activities may include climbing, outdoor and indoor play.
- 1.19. that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families.
- 1.20. this service is an approved service and that as required by the Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000, under the Priority of Access Guidelines, I may be required to alter my booking or give up my child's place at the Service in order to provide a place for a higher priority child. The priorities are as follows: 1st Priority - Child at risk of serious abuse or neglect, 2nd Priority - Children whose parents satisfy work/training/study test under Section 14 of the Family Assistance Act, 3rd Priority - Any other child.
- 1.21. that the Service may be used as a training and observation centre by students aiming to/or already working with young children
- 1.22. that the Service may occasionally have visitors, or volunteers, and consent to my child/ren being in the presence of volunteers or visitors, with appropriate supervision
- 1.23. that I agree to address all children in a positive and friendly manner, not approach other parents about the behaviour of their children, not discuss the behaviour of other children with other parents, and respect the confidentiality needs of all children and their families
- 1.24. that information at the Service regarding activities, children's records and notices are confidential and I agree not to photograph, copy or circulate on social networks such documents/information. These documents remain the property of Catholic Early Learning and Care
- 1.25. that a confirmed enrolment within a Catholic Early Learning and Care facility, does not guarantee me an automatic enrolment into a Catholic School within the Diocese of Cairns. A separate enrolment process is required with the school.
- 1.26. that this enrolment is not confirmed until I am notified by the services' nominated supervisor

Parent/Carer 1 Signature: _____

Date: _____

Parent/Carer 2 Signature _____

Date: _____

2. FEES

- 2.1. that I/we are bound by the fees and conditions outlined in the services' Fee Schedule published on the Cairns Catholic Early Learning and Care website
- 2.2. if my/our child is not collected from the service by closing time a Late Fee penalty will be incurred as specified in the Fees Schedule
- 2.3. if cancelling a booking, written notice of the final day will be provided and further attendance will require a re-enrolment procedure. I further acknowledge that re-enrolment is subject to acceptance
- 2.4. that fees are payable for all booked days, including absent days, i.e. sick days and family holidays for which a notice of cancellation of at least 7 days was not provided
- 2.5. I/we understand that my Child Care Benefit (CCB) and my Child Care Rebate (CCR) will only apply at this service after my/our child's first physical day of attendance and until my/our child's last physical day of attendance
- 2.6. that as a condition of enrolment I am required to make payment via EziDebit on a weekly basis. I/we accept that all payments made via EziDebit will be subject to EziDebit's terms and conditions. Any issues I/we have regarding my/our payments made via EziDebit will be addressed with EziDebit directly.
- 2.7. that other payment arrangements may be offered at the discretion of Catholic Early Learning and Care and that an additional administration fee may apply
- 2.8. that I/we are financially responsible for any willful damage of equipment or property by my/our child
- 2.9. that an administration fee may be applicable should I/request information relevant to my/our child's attendance
- 2.10. that the information provided in this enrolment form is correct and precisely matches information submitted by me/us to Centrelink or any other relevant government agencies. I/We understand that any discrepancies may lead to the service being unable to claim CCB and CCR on my/our behalf. In this instance I/we will be required to pay full fees
- 2.11. failure to pay fees incurred within prescribed timeframes is a breach of the conditions of enrolment and may result in withdrawal of child care until my account is paid in full or a payment plan is negotiated. Failure to adhere to the negotiated agreement may result in termination of care and account referral to a debt collection agency, the cost of which will be added to my account.

3. FINANCIAL TERMS

- 3.1. I agree to pay fees, as a debt due and owing to the Service invoiced by the Service to me at the prevailing rates set by CCELC from time to time.
- 3.2. I agree to pay fees, via EziDebit as per the terms and conditions of the EziDebit agreement.
- 3.3. The Service is entitled, at its absolute discretion, to charge interest on any overdue balance.
- 3.4. Interest will:
 - a) Accrue from day-to-day
 - b) Be calculated at a rate of 6% above the official RBA interest rate.
 - c) Be calculated from the due date for payment of the invoice until payment; and
 - d) Be calculated using a simple interest method.
- 3.5. I acknowledge that my obligation to pay fees is without deduction, set off, or counterclaim.
- 3.6. In the event that the Service takes legal action (including court action) to recover fees, I agree to pay on a full indemnity basis, costs or fees charged by any collection agency or legal practitioner to the Service.
- 3.7. I acknowledge that the law of Queensland applies to this enrolment agreement, including the financial obligations set out under this section. I submit to the non-exclusive jurisdiction of Court of Law, Queensland and waive any right I may have to object to that jurisdiction or forum because it is inconvenient or otherwise.
- 3.8. Where another parent/carer signs this enrolment agreement, I agree that I am jointly and severally liable with that person.
- 3.9. By signing this agreement, I consent and agree to the Service:
 - a) accessing and using information about my credit worthiness from a credit reporting agency in order to assess my application for enrolment;
 - b) accessing and using a consumer credit report from a credit reporting agency in order to collect overdue payments; and/or
 - c) in the event of non-payment of fees, entering my name with and disclosing my personal information to a credit reporting agency to record the overdue payment, and I release and discharge the Service from any liability or claim arising out of or in connection with any such dealing with a credit reporting agency.
- 3.10. I acknowledge that the Service has informed me that my personal information may be disclosed to a credit reporting agency.

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

Date:

Information Required For CHILD CARE BENEFIT

This service is required to register all children enrolled and attending care in the Child Care Management System (CCMS). This system processes Child Care Benefit CCB claims for eligible parents/carers as well as calculating and lodging information for the payment of a Tax Rebate.

Under this system the parent/carer and child Customer Reference Number (CRN) and date of birth (DOB) are the validators to enable reduced fees to be charged. It is essential that the information below precisely matches that submitted to Centrelink. Any discrepancies will lead to the service being unable to process the CCB claim to ensure the appropriate reduction in your fees.

Where parents/carers hold separate CRN's a separate form for each parent will need to be completed. To ensure that you are able to take advantage of the reduction in fees under CCMS, please complete the information below and return to the service.

MULTIPLE CHILD PERCENTAGE:	Do you have other children who will be attending an approved service other than this service? YES NO
	TOTAL Number of Children attending child care: (including at this service) _____

OPTION 1: For more information, please go to www.familyassist.gov.au

PARENT/CARER:

Full Name: _____ Date of Birth (DDMMYYYY): _____
 Parent/Carer CRN: _____

CHILD 1:	Full Name: _____ CRN: _____	Date of Birth (DDMMYYYY): _____ Eligible Hours for this service: 24 50 Other _____
CHILD 2:	Full Name: _____ CRN: _____	Date of Birth (DDMMYYYY): _____ Eligible Hours for this service: 24 50 Other _____
CHILD 3:	Full Name: _____ CRN: _____	Date of Birth (DDMMYYYY): _____ Eligible Hours for this service: 24 50 Other _____
CHILD 4:	Full Name: _____ CRN: _____	Date of Birth (DDMMYYYY): _____ Eligible Hours for this service: 24 50 Other _____

OPTION 2:

I **do not** wish to provide the above information.
 I understand that I must therefore pay full fees for care received by my child/children at this service.

Signature Date

Initial Booking Required:

Full/Part-time (please complete below)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care	<input type="checkbox"/> Before School Care
<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care	<input type="checkbox"/> After School Care

First day of attendance for Before School Care will be on: ____/____/2018*

First day of attendance for After School Care will be on: ____/____/2018*

- Casual
 Vacation Care (please ask your Nominated Supervisor for a booking form)

* Please note all bookings for before and after school care will cease at the end of each year. New bookings will be requested each year as part of the re-enrolment process.

Will your child attend any extra- curricular activities during their before or after school care session? No Yes (please complete an extra-curricular activities form for each activity your child attends.

DECLARATION:

I have read and understood the conditions of this contract and agree to abide by the contract.

I certify that the information contained in this APPLICATION FOR ENROLMENT form and associated forms is correct and agree to notify the Nominated Supervisor /person in charge of the Service of any change to any information contained therein.

I acknowledge that this document is an application for enrolment and that enrolment will not be confirmed until I am notified by the services' nominated supervisor in accordance with clause 1.26 of the consent statement.

Name of
Parent/Carer (1): _____
PLEASE PRINT

Signature:

Date: / /

Name of
Parent/Carer (2): _____
PLEASE PRINT

Signature:

Date: / /