

CCAS Before and After School Care Enrolment Form



If you wish to receive the CCB (child care benefit) you **must** be assessed by Family Assistance and provide the Centre **with the letter** they provide as well as the following information. If this is not supplied the **FULL** fee will be charged.

Child's DOB: ____/____/____

Child's CRN: _____

Primary Carer's DOB: ____/____/____

Primary Carer's CRN: _____

Children attending another approved childcare service? **Yes / No** Total no. of children in care (for CCB rate)? _____

Child's Details

Surname: _____

Given Names: _____

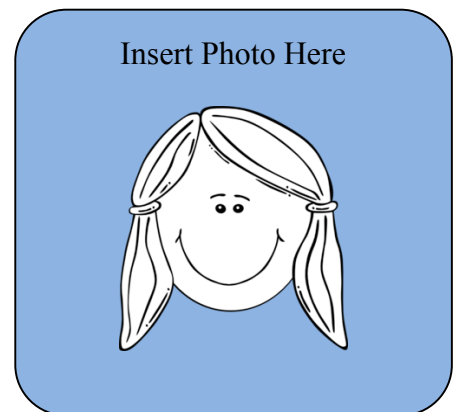
Gender: Male/Female

Class: _____

Date Commencing CCAS OSHC: ____/____/____

Child's Cultural background/religion: _____

Is the child of Aboriginal or Torres Strait Islander descent? (Please specify) _____



Attendance Details

Before School Care: 7am-8:30am (excludes Public holidays and Pupil Free Days)

Please circle: Mon Tues Wed Thurs Fri

Drop-off time: ____ ____ ____ ____ ____

Please Circle: Weekly/Fortnightly/Casual

After School Care: 2:45pm-6:00pm (excludes Public holidays and Pupil Free Days)

Please circle: Mon Tues Wed Thurs Fri

Pick-up time: ____ ____ ____ ____ ____

Please Circle: Weekly/Fortnightly/Casual

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Family Details

1. Parent/Guardian (CCB registered/statement billed to)

Surname: _____ Given Name: _____
DOB: ____/____/____ Relationship to child: _____
Address: _____
Occupation: _____ Employer: _____
Home Phone: _____ Work Phone: _____
Mobile: _____
Email: _____

2. Parent/Guardian

Surname: _____ Given Name: _____
DOB: ____/____/____ Relationship to child: _____
Address: _____
Occupation: _____ Employer: _____
Home Phone: _____ Work Phone: _____
Mobile: _____
Email: _____

If parents are separated, does the other parent have legal access to the child?

Yes / No Details: _____

Please Note: Court Orders must be sighted by the Director and a copy taken if you circle 'No'

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Non Parent Emergency Contacts

You **MUST** provide the names of **TWO** authorised person/s to pick up child/ren other than Parent/Guardian. (Must be 18 years +) Contacts **MUST** be available to pick your child up during the hours of care and be within a reasonable distance from the Centre.

1. Name: _____ Relationship to child: _____

Hm: _____ Work: _____ Mobile: _____

Is this person authorised to sign in and/or out your children from care? YES No

2. Name: _____ Relationship to child: _____

Hm: _____ Work: _____ Mobile: _____

Is this person authorised to sign in and/or out your children from care? YES No

3. Name: _____ Relationship to child: _____

Hm: _____ Work: _____ Mobile: _____

Is this person authorised to sign in and/or out your children from care? YES No

Please list the names of **other people authorised to collect** your child/children (in addition to the above):

1. _____ 2. _____ 3. _____

Medical Authorisations

Please list any person who is authorised to consent to medical treatment for your child from a medical practitioner, hospital and/or ambulance service when a parent/guardian cannot be contacted:

1. Full Name: _____ Relationship to child: _____

Hm: _____ Work: _____ Mobile: _____

2. Full Name: _____ Relationship to child: _____

Hm: _____ Work: _____ Mobile: _____

Medical Details

Family Doctor: _____ Medicare Number: _____

Address: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Health Fund Details: _____

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Immunisation

Has your child been fully immunised against: Hepatitis B, Hib, Pneumococcal, Measles, Mumps, Rubella, Chicken Pox, Tetanus, Diphtheria, Whooping Cough, Polio and Meningococcal C?

Yes / No **PLEASE NOTE**, if you have answered **NO**, list any diseases that your child has not been fully immunised against below. You are also required to provide a letter as a 'Conscientious Objector' otherwise you may not be eligible to receive the Child Care Rebate for your child.

Additional Needs and/or Medical Conditions

Does your child have any Additional Needs? *eg Autism, ADHD, ODD, Diabetes etc*

YES / NO If **YES** you must complete an "Enrolment Form B" and additional support forms eg KU Inclusion Support prior to acceptance of enrolment.

Does your child have any Allergies/ Intolerances? *eg Asthma, Anaphylaxis, Food Allergies etc*

YES / NO If **YES**, please provide details below: (eg. Doctor's /Specialists /Medical details)

Child Profile

Have you and your child completed the *Individual Child Profile* and attached it to the enrolment form?

Yes No

This profile helps staff cater experiences around each individual child's likes and interest to create an enjoyable experience while at our Centre.

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Permissions/ Authorisations

This section **must** be completed by the person who is CCB registered and the statements are billed to.

- I understand the staff at CCAS OSHC will seek medical attention and/or call an ambulance for my child in the event of an accident or emergency.

- I give / I do not give** permission to the staff at CCAS OSHC to administer Panadol to my child if required, after contacting a parent/guardian. **(Tick whichever does apply)**

- I give / I do not give** permission for my child to appear in photos in the Centre's newsletter or displayed in the room. **(Tick whichever does apply)**

- I understand that photos of my child will be taken for assessment and programming purposes.

- I give / I do not give** permission for the parent/guardian identified at Number 2 of *Family Details* to request information about my child's account.

- I give / I do not give** permission for the parent/guardian identified at Number 2 of *Family Details* to book my child into additional care days with the understanding that it will be billed to my account.

- I give / I do not give** permission for my child to watch movies deemed appropriate by staff which have a rating of either 'G' or 'PG'.

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- I have read and understood the **CCAS OSHC Parent Information Booklet & Code of Conduct**, and accept the conditions of enrolment.

Signature of parent/guardian

____/____/____
Date

INDIVIDUAL CHILD PROFILE

Name: _____

Date: ____/____/____

INTEREST AREAS

I like to play:

-
-
-

Things I like to do:

-
-
-

The food I like:

-
-
-

Things I don't like:

-
-
-

I'm afraid of (i.e. clowns, storms, dogs etc)

-
-

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I like (i.e. cuddle when I'm sad, reminder to drink water etc)



Other comments: _____

Created 10/2013

ENROLMENT FORM B Additional Needs Information

The following questions are to help with the inclusion of children with additional needs at our Centre.

Child's Name: _____ Child's Age: _____

Additional Needs for your child (please tick whichever is appropriate)

Physical: Cerebral Palsy Arthritis Other _____

Medical / Behavioural: ADHD ADD ODD Autism Epilepsy
 Visual Impairment Hearing Impairment
 Other _____

Please outline any professional agencies currently supporting or working with your child:

Describe any activities that your child should not do or will be restricted by because of health or medical reasons:

Does your child require additional support with daily routines and tasks eg eating, toileting? Please specify:

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Please provide more information on your child's additional needs to assist our staff in enabling them to include your child in our daily program (eg behaviour strategies, interests, triggers):

Please describe how your child interacts with others (eg managing emotions, social situations, group settings):

Please note that parents will need to review this form every time there is a change to your child's conditions.

Parent/Guardian Name: _____

Signed: _____ Date: ____/____/____