GEOGRAPHE LEISURE CENTRE
VACATION CARE
ENROLMENT FORM JULY 2021

Enrolment forms will not be accepted unless accompanied by (unless you have supplied previously):

- Your child's current Immunisation Record
- Your child's Birth Certificate/Extract
- Proof of child's Swimming Stage
- Excursion permission slip
- Full payment or a $20 deposit.

RATED MEETING NATIONAL QUALITY STANDARD

ADMIN

DEPOSIT PAID : ☐

MYXPLOR ENROLLED: ☐

STAFF INTIAL: _____

Have you registered for the NEW Child Care Subsidy yet? YES ☐ NO ☐

PARENT'S NAME	PARENT'S DATE OF BIRTH	PARENT'S CRN
CHILD'S NAME	**CHILD'S DATE OF BIRTH AGE**	**CHILD'S CRN**

ADDRESS_____

_____ P/CODE_____ GENDER: MALE OR FEMALE (Circle)

PARENT/GUARDIAN No 1

NAME _____ DATE OF BIRTH _____

TELEPHONE (HM)_____ (WK)_____ (MOB)_____

ADDRESS (if different)_____

EMAIL ADDRESS _____Would you prefer to receive info in this format **YES** o **NO** o

PLACE OF EMPLOYMENT_____

PARENT/GUARDIAN AUTHORIZED TO COLLECT CHILD - **YES** o **NO** o

PARENT/GUARDIAN No 2 (if applicable, both parents details must be completed)

NAME _____ DATE OF BIRTH _____

TELEPHONE (HM)_____ (WK)_____ (MOB)_____

ADDRESS_____

PLACE OF EMPLOYMENT_____

PARENT/GUARDIAN AUTHORIZED TO COLLECT CHILD - **YES** o **NO** o

****MANDATORY FIELD**** OTHER PERSONS AUTHORISED TO COLLECT OR TO BE CONTACTED INCASE OF EMERGENCY

(Please note that no child shall be allowed to leave the premises unless accompanied by an authorised adult)

NAME _____

TELEPHONE (HM) _____ (WK) _____ (MOB) _____

ADDRESS_____(Post Code)_____

NAME _____

TELEPHONE (HM) _____ (WK) _____ (MOB) _____

ADDRESS_____(Post Code)_____

CONTACT PERSON AUTHORIZED TO COLLECT CHILD - **YES** o **NO** o

ARE THERE ANY COURT ORDERS RELATING TO GUARDIANSHIP, CUSTODY OR ACCESS TO THE CHILD?

NO o continue to next question **YES** o please supply details

CHILDS SWIMMING ABILITY

My child is currently in swim **STAGE**_____ of the RLSSA swim & survive and Dept. of Education Program.

PLEASE PROVIDE PROOF OF YOUR CHILDS SWIM STAGE

PLEASE NOTE: DUE TO REGULATORY CHANGES CHILDREN ARE NO LONGER ABLE TO ATTEND VACATION SWIM CLASSES WHEN ENROLLED IN THE VACATION CARE PROGRAM.

EXCURSIONS

I give permission for my child to participate in programmed excursions to different locations within a short walking distance of the Geographe Leisure Centre. Excursions may include visits to the Geographe Primary, picnics and outdoor games. **YES** **NO**

IMMUNISATION

Is your child's immunisation up to date? **YES o** **NO o**

DOES YOUR CHILD HAVE A BEHAVIOUR MANAGEMENT PLAN AT SCHOOL?

If YES please supply details

_____

MEDICAL INFORMATION

Does your child suffer from any Allergies? **YES** **NO**

Asthma? **YES** **NO**

Other - (specify) **YES** **NO**

If YES please supply medical action plan from your doctor

_____

MEDICAL TREATMENT AUTHORISATION

In the event of an emergency involving an accident or illness, I give permission for medical attention to be sought for my child and transported to the nearest available hospital or emergency Centre.

SIGNED_____ *DATE*_____

Family Medicare No: _____ ( ) Family Doctor: _____ Telephone: _____

CULTURAL, RELIGIOUS and other INFORMATION

Are there any religious, cultural or other considerations relevant to the enrolment and care of your child?

NO o continue to next question **YES o** please supply details

_____

LANGUAGES: What are the primary, and secondary languages spoken at home _____

Do you give permission for your child to watch a PG rated movie, deemed appropriate during the program?

NO o **YES o**

Do you give permission for your child to be photographed by centre staff whilst participating in the programs activities? Photos may be used for promotional or licensing purposes.

NO o **YES o**

How did you hear about us? **Newspaper** ☐ **Friend** ☐ **Facebook** ☐ **Internet** ☐ **Radio** ☐ **School** ☐

Cost $77.00 per child per day (less childcare subsidy) $20 non-refundable deposit required upon enrolment. I wish to enrol my child in the days circled below. Full Payment (less the Childcare Subsidy) is required ON or before Monday 5th July 2021. If payment is not received I understand my booking will be cancelled. I am aware that if I do not give a full 24hrs notice that my child will not be attending any booked day, no credit or refund will be available. I am aware the hours of care are from 8am until 5:30pm. I am aware that if I am late to collect my child I will be charged $15.00 for every 15 minutes I am late. Please note all enrolment information will be sent to the family assistance office.

CIRCLE DAYS REQUIRED	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	5th July Payment Due	6th July	7th July	8th July	9th July
WEEK 2	12th July Payment Due	13th July	Excursion 14th July	15th July	16th July

PAYMENT CARD DETAILS : PAYMENT AMOUNT : _____ VISA **o** MASTERCARD **o**

CARD NUMBER | | | | | | | | | | | | | | | | EXPIRY | | | | |

NAME OF CARD HOLDER : _____ SIGNED: _____