



GEOGRAPHE LEISURE CENTRE
VACATION CARE
 ENROLMENT FORM DECEMBER/JANUARY 2025

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 Swim Stage
- Excursion Permission Slips (per planned excursion if booked for that day)
- Health Action Plans or Court Orders



ADMIN

QIK KIDS ENROLED: _____

STAFF INTIAL: _____

Have you registered for the Child Care Subsidy (CCS) 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	

PARENT/GUARDIAN No 1

NAME _____ RELATIONSHIP: _____

DATE OF BIRTH _____ TELEPHONE: (MOB) _____ (OTHER) _____

ADDRESS _____

EMAIL ADDRESS _____ Would you prefer to receive info in this format YES NO

PLACE OF EMPLOYMENT _____

PARENT/GUARDIAN AUTHORISED TO COLLECT CHILD - YES NO

PARENT/GUARDIAN No 2

NAME _____ RELATIONSHIP: _____

DATE OF BIRTH _____ TELEPHONE: (MOB) _____ (OTHER) _____

ADDRESS _____

PLACE OF EMPLOYMENT _____

PARENT/GUARDIAN AUTHORISED TO COLLECT CHILD - YES NO

****MANDATORY FIELD** OTHER PERSONS AUTHORISED TO COLLECT OR TO BE CONTACTED INCASE OF EMERGENCY (Including MEDICAL and EXCURSION Authorisation)**
(Please note that no child shall be allowed to leave the premises unless accompanied by an authorised adult)

NAME _____ RELATIONSHIP: _____

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

ADDRESS _____ (Post Code) _____

NAME _____ RELATIONSHIP: _____

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

ADDRESS _____ (Post Code) _____

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

NO continue to next question YES please supply details

CHILDS SWIMMING ABILITY

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

LOCAL 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 other facilities within GLC, including the pool, crèche, fitness room, Geographe Primary, picnics and outdoor games.

SIGNED _____ DATE _____

PARENT'S NAME	CHILD'S NAME

IMMUNISATION

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

DOES YOUR CHILD HAVE A BEHAVIOUR MANAGEMENT PLAN AT SCHOOL?

If YES please supply details

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 by ambulance.

SIGNED _____ DATE _____

MEDICAL INFORMATION

Does your child suffer from any

Allergies?	YES	NO
Asthma?	YES	NO
Other - (specify)	YES	NO

ADMIN

ACTION PLAN : _____

MEDICAL CONDITIONS POLICY PROVIDED: _____

RISK MIN AND COMS PLAN WRIT-

If YES please supply medical action plan from your doctor and note that a Risk Minimisation and Communication Plan will need to be written/reviewed and signed by service and family prior to your child attending. Please ensure **ALL medications listed on Action plans are in date and provided to Staff on your child's booked days**. Children with identified health needs will not be able to stay without the medications and associated equipment to support their needs.

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 continue to next question YES 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 YES

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 YES

I wish to enrol my child in the days circled below. 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. I understand that 24hrs notification period applies to cancellation of care and if my child is absent may be charged full fees. Please see Reception for a change of booking form or send email to vacationcare@busselton.wa.gov.au. Cost \$90.00 per child per day (less child care subsidy if applicable).

SIGNED _____ DATE _____

SELECT DAYS REQUIRED	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DECEMBER	16TH DEC	17TH DEC	18TH DEC	19TH DEC	20TH DEC
JANUARY WEEK 1	6TH JAN	7TH JAN	8TH JAN	9TH JAN	10TH JAN
JANUARY WEEK 2	13TH JAN	14TH JAN	15TH JAN	16TH JAN	17TH JAN
JANUARY WEEK 3	20TH JAN	21ST JAN	22ND JAN	23RD JAN	24TH JAN
JANUARY WEEK 4	CLOSED PUBLIC HOLIDAY	28TH JAN	29TH JAN	30TH JAN	31ST JAN



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PARENT'S NAME	CHILD'S NAME

PAYMENT INFORMATION

DAILY FEE OF \$90

Payment (less the Childcare Subsidy) will be debited 20th-24th January (for bookings December 2024/January 2025 week 1 & 2) and 10th Feb -14th Feb (for bookings January week 3 & 4) unless paid via EFTPOS earlier.

If payment is not finalised within the time frames, I understand my future bookings will not be accepted until payment has been received.

I am aware if I do not give a full 24hrs notice that my child will not be attending any booked day, full charges will apply. I understand that absent attendance without notification could impact on CCS and full fees may be applied especially on my child/rens last day of Vacation Care (Cessation of Care). Full payment will be required if CCS is not received.

If CCS is not received even after estimations, I understand that I will be required to pay full fees for days attended.

CREDIT/DEBIT CARD AUTHORITY

A Credit or Debit card Authority (CCA) allows us to debit directly to your credit card account, for your childcare fee payment and any other amounts due to be paid by you under your arrangement, as those amounts are due.

You can cancel your CCA by making a request in writing. We will keep information about your financial account confidential, except to extent necessary to resolve any claim you might have.

PAYMENT CARD DETAILS :

CARD NUMBER

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 EXPIRY

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NAME OF CARD HOLDER : _____

I, _____ authorise Geographe Leisure Centre to take payment for my vacation care fees after any applicable CCS rebates have been applied. I understand that my payment information will not be kept once payment has been taken.

SIGNED: _____ DATE: _____

ADMIN

PAYMENT TAKEN :

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ENTERED ON QIKKIDS:

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STAFF INTIAL: _____

DATE: _____