

NATURALISTE COMMUNITY CENTRE VACATION CARE

MEETING

ENROLMENT FORM JANUARY 2025

ADMIN

QIK KIDS ENROLED:

STAFF INTIAL: _

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 Order	S			
Have you registered for the NEW Child Care	Subsidy yet? YES NO			
PARENT'S NAME	PARENT'S DATE OF E	BIRTH	PARENT'S CRN	
CHILD'S NAME	CHILD'S DATE OF BIRTH	AGE	CHILD'S CRN	
PARENT/GUARDIAN No 1				
NAME	R	ELATIONSHIP: _		
DATE OF BIRTH TE	ELEPHONE: (MOB)		(OTHER)	
ADDRESS				
EMAIL ADDRESS		Would you pr	efer to receive info in this format	YES o NO o
PLACE OF EMPLOYMENT				
PARENT/GUARDIAN AUTHORISED TO COLLE	CT CHILD - YES O NO O			
PARENT/GUARDIAN No 2				
NAME	R	ELATIONSHIP: _		
DATE OF BIRTH TE	ELEPHONE: (MOB)		(OTHER)	
ADDRESS				
PLACE OF EMPLOYMENT				
PARENT/GUARDIAN AUTHORISED TO COLLE	CT CHILD - YES O NO O			
MANDATORY FIELD OTHER PERSONS A and EXCURSION Authorisation) (Please note that no child shall be allowed NAME		ccompanied by		_
TELEPHONE (MOB)				
ADDRESS			(Post Code)	
NAME		RE	LATIONSHIP:	
TELEPHONE (MOB)				
ADDRESS			(Post Code)	
NO o continue to next question YES		DDY OR ACCESS	TO THE CHILD?	
CHILDS SWIMMING ABILITY My child is currently in swim STAGE	of the RLSSA s	wim & survive	and Dept. of Education Progra	m.

LOCAL EXCURSIONS

I give permission for my child to participate in programmed excursions to different locations within a short walking distance of the Naturaliste Community Centre. Excursions may include visits to the surrounding bushland, Community Garden, Library, The Break (Youth centre), John Edwards Pavilion Dunsborough playing fields/playground, picnics and outdoor games.

SIGNED	DATE
SIGNED	DAIL

Is your child's immunisation up to	date? YES o NO	0		
DOES YOUR CHILD HAVE A BEHAV		AT SCHOOL?		
MEDICAL TREATMENT AUTHORISM In the event of an emergency involed to the nearest available hospita SIGNED	ving an accident or illness, I I or emergency Centre by ar	mbulance.	n for medical attention to be soug	
MEDICAL INFORMATION Does your child suffer from any If YES please supply medical action plan to be written/reviewed and signed by set Action plans are in date and provided to to stay without the medications and assort	Staff on your child's booked da ciated equip-ment to support the	YES YES a Risk Minimisatio d attending. Pleas ys. Children with in eir needs.	dentified health needs will not be able	ADMIN ACTION PLAN: MEDICAL CONDITIONS POLICY PROVIDED: RISK MIN AND COMS PLAN WRIT- TEN/SIGNED:
CULTURAL, RELIGIOUS and other III Are there any religious, cultural or one continue to next question LANGUAGES: What are the primare	other considerations relevan YES o please su y, and secondary languages	upply details spoken at hom	e	
NO o YES o Do you give permission for your chifor promotional or licensing purpos	ild to be photographed by c	•		tivities? Photos may be used

CHILD'S NAME

PARENT'S NAME

IMMUNISATION

NO o

YES o

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
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



NATURALISTE COMMUNITY CENTRE VACATION CARE

	ENROLMENT FORM JANUARY 2025
PARENT'S NAME	CHILD'S NAME
PAYMENT INFORMATION DAILY FEE OF \$90	
Payment (less the Childcare Subsidy) will be debited 20th-24th January (for b bookings January week 3 & 4) unless paid via EFTPOS earlier.	bookings December 2024/January 2025 week 1 & 2) and 10th Feb -14th Feb (for
If payment is not finalised within the time frames, I understand my future book	rings will not be accepted until payment has been received.
,	g any booked day, full charges will apply. I understand that absent attendance without child/rens last day of Vacation Care (Cessation of Care). Full payment will be required if d to pay full fees for days attended.
amounts due to be paid by you under your arrangement, as those am	your credit card account, for your childcare fee payment and any other nounts are due. ep information about your financial account confidential, except to extent
PAYMENT CARD DETAILS :	
CARD NUMBER	EXPIRY
NAME OF CARD HOLDER :	
I, authorise Naturaliste Community C CCS rebates have been applied. I understand that my payment	Centre to take payment for my vacation care fees after any applicable t information will not be kept once payment has been taken.

ADMIN	
PAYMENT TAKEN :	
ENTERED ON QIKKIDS:	_
STAFF INTIAL:	
DATE:	