

(ONE FORM REQUIRED FOR EACH CHILD)

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Enrol	ment forms will not be accepted unless accompanied by (unless you have supplied previously):	ADMIN				
•	Your child's current Immunisation Record Your child's Birth Certificate/Extract	•				
•	Proof of Child's Swim Stage	RD	STAFF INTIAL:			
•	Excursion Permission Slips (per planned excursion if booked for that day)					
•	Health Action Plans or Court Orders Have you registered for the Child Care Subsidy (CC	CS)? Y				

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		RELATIONSHIP:	
DATE OF BIRTH			
ADDRESS			
EMAIL ADDRESS			NO
PLACE OF EMPLOYMENT			
PARENT/GUARDIAN AUTHORISED TO CO	DLLECT CHILD - YES	NO	
PARENT/GUARDIAN No 2			
NAME		RELATIONSHIP:	
DATE OF BIRTH	_ TELEPHONE: (MOB)	(OTHER)	
ADDRESS			
PLACE OF EMPLOYMENT			
PARENT/GUARDIAN AUTHORISED TO CO	DLLECT 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 (MOB) (OTHER)								
ADDRESS(Post Code)								
NAME RELATIONSHIP:								
TELEPHONE (MOB) (OTHER)								
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 and court orders)								
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 Naturaliste Community Centre. Excursions may include visits to the surrounding bushland, Community Garden, Library, The Break (Youth centre), John Edwards <i>Pavilion</i> Dunsborough playing fields/playground, 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 g ed to the nearest available hospital or emergency Centre. SIGNED	give permission for medical attention to be sought for my child and transport-								
MEDICAL INFORMATION Allergies / Anaphylaxis? Does your child suffer from any Allergies / Anaphylaxis? (Please provide details) Asthma? Other - (specify) Other - (specify) If YES please supply medical action plan from your doctor and not tion Plan will need to be written/reviewed and signed by service ensure ALL medications listed on Action plans are in date and pr Children with identified health needs will not be able to stay wit ment to support their needs.	ovided to Staff on your child's booked days. hout the medications and associated equip-								
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 NO YES									
late to collect my child I will be charged \$15.00 for every 15	e the hours of care are from 8am until 5:30pm. I am aware that if I am minutes I am late. I understand that 24hrs notification period applies ged full fees. Please see Reception for a change of booking form or .00 per child per day (less child care subsidy if applicable).								

SELECT DAYS REQUIRED	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SEPTEMBER WEEK 1	23rd Sept CLOSED Public Holiday	24th Sept Excursion	25th Sept	26th Sept	27th Sept
OCTOBER WEEK 2	30th Sept	1st Oct Excursion	2nd Oct	3rd Oct	4th Oct

NATURALISTE COMMUNITY CENTRE VACATION CARE ENROLMENT FORM SEPTEMBER/OCTOBER 2024

PARENT'S NAME	CHILD'S NAME

PAYMENT INFORMATION

DAILY FEE OF \$90

Payment will be debited from Monday 7th October unless paid over the counter at Reception prior to this date.

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 CSS 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	i:										
CARD NUMBER									EXPIRY			
NAME OF CARD	HOLDER	:	 	 	 		 -					
I, CCS rebates have							 -				 licable	е
SIGNED:			 	 	DATE	:	 	 	 			

ADMIN	
PAYMENT TAKEN :	
ENTERED ON QIKKIDS:	Ħ
STAFF INTIAL:	ч
DATE:	