

# REDLYNCH KINDERGARTEN

Redlynch Community Hall, Margaret St Redlynch 4870

Phone: (07) 40394564 Email: redlynchkindy@bigpond.com Website: www.redlynchkindy.com.au

## VACATION CARE ENROLMENT FORM

**Please ensure all sections of this form are completed. All signatures are required in order for the enrolment to be accepted. The following information is confidential.**

### **Child 1**

Name: \_\_\_\_\_

First Middle Surname

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Child CRN: \_\_\_\_\_

School Attending: \_\_\_\_\_ Year: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Indigenous Origin: Aboriginal / Torres Strait Islander Yes / No

Allergies: \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

**If your child suffers with Asthma or Anaphylaxis, please provide Director with an Allergy or Asthma Plan**

Has your child received all immunisations as per National Health & Medical Research Council? Yes / No

**Please attach a copy of the child's immunisation records.**

Has your child been diagnosed with a medical condition, specific difficulties or disabilities? Yes / No

**If YES please supply details and discuss these details with the Centre Director**

Are there any custody arrangements in place for this child? Yes / No

**If Yes please provide details**

Are there any court orders in place for this child? Yes / No

**If Yes please provide details and attach copies of relevant documentation**

### **Child 2**

Name: \_\_\_\_\_

First Middle Surname

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Child CRN: \_\_\_\_\_

School Attending: \_\_\_\_\_ Year: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Indigenous Origin: Aboriginal / Torres Strait Islander Yes / No

Allergies: \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

**If your child suffers with Asthma or Anaphylaxis, please provide Director with an Allergy or Asthma Plan**

Has your child received all immunisations as per National Health & Medical Research Council? Yes / No

**Please attach a copy of the child's immunisation records.**

Has your child been diagnosed with a medical condition, specific difficulties or disabilities? Yes / No

**If YES please supply details and discuss these details with the Centre Director**

Are there any custody arrangements in place for this child? Yes / No

**If Yes please provide details**

Are there any court orders in place for this child? Yes / No

**If Yes please provide details and attach copies of relevant documentation**

**Carer One**

Name: First \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Hours of work: \_\_\_\_\_  
Phone Number to call during Business Hours: \_\_\_\_\_

**Carer Two**

Name: First \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Hours of work: \_\_\_\_\_  
Phone Number to call during Business Hours: \_\_\_\_\_

**Details of the Person Claiming Child Care Benefit / Rebate**

**Please ensure both the Child Specific CRN (in the child details section) and the Overall Family CRN are completed in order to receive Child Care Benefit and/or Child Care Rebate. These numbers are different to each other.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Claimant's Centrelink Reference Number (CRN): \_\_\_\_\_  
Number of children attending another childcare centre: \_\_\_\_\_

**Family Background**

Is your child of a culturally or linguistically diverse background? (Please specify) \_\_\_\_\_  
Main language spoken at home: \_\_\_\_\_  
Are there any cultural or religious practices you wish to be included in the centre routine? Yes / No (Please specify) \_\_\_\_\_

**Person/s authorised to collect child/children from centre**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Person to contact in the case of an emergency where a parent can not be contacted (Must be completed)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ Work No: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Health Information**

I acknowledge if my child is NOT vaccinated I understand that my child/ren will be **excluded for the prescribed period** as advised by the Public Health Officer, during an outbreak of vaccine preventable diseases at the centre and that fees will still be payable during this exclusion.

Redlynch Kindergarten is unable to care for sick children or children with a contagious illness. In the event of illness I acknowledge that I will be contacted to collect my child from the centre and will do so within one hour of the request.

The following creams and ointments are used at Redlynch Kindergarten: 30+ Sunscreen, I acknowledge that I will advise the service in writing if I do not permit this product be applied to my child/ren.

In the event of any accident or illness, I authorise Redlynch Kindergarten to obtain on my behalf, any medical assistance my child may require ie. Doctor, Dentist, Ambulance and agree to meet any expenses attached thereto. In the case of emergency I agree for my child/children to be transported by private vehicle if necessary.

I agree that medicine or tablets will only be administrated to children at Redlynch Kindergarten with written authorization provided by me to the Director should my child/ren require medication whilst at the centre.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography and Video Footage Consent**

Our program documentation requires the use of digital media which is available to parents on request.

I acknowledge that staff at Redlynch Kindergarten will take photographs and video footage of my child/ren while participating in the activities of Redlynch Kindergarten and these photos will be used for centre displays, facebook and program documentation among other things.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Activity Program**

I understand that my child/children will participate in any or all activities offered at Redlynch Kindergarten. I agree it is my responsibility to familiarise myself with the program and to advise the staff in writing if I do not wish for my child/children to participate in a particular activity. (This does not apply to excursions during Vacation Care)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fees and Charges**

Redlynch Kindergarten uses the Ezidebit system whereby fees are deducted from your nominated account on a weekly basis. Please complete attached forms for payment authorisation.

I understand that I will be charged for all days for which I have booked my child/ren for (including Public holidays during the time of vacation care.)

I also agree to give 2 weeks written notice in the event that I wish to terminate vacation care.

I acknowledge that once an enrolment sheet is submitted for Vacation Care and subject to availability being confirmed, I will be charged for all days enrolled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration**

I/We \_\_\_\_\_ hereby declare that all the information provided is accurate and agree to abide by the terms and conditions of enrolment at Redlynch Kindergarten.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_