

WHO CARES?

WE CARE!

Holiday Care Program

Booking Form

SCHOOL HOLIDAYS 2008/2009 (15th Dec - 19th Dec & 5th Jan - 23rd Jan)

Parent/Guardian Contact Name: _____

Address: _____

Phone Number: _____

Child/ren's Full Name:

CHILD 1 _____ Age: ____ CHILD 2 _____ Age: ____

CHILD 3 _____ Age: ____ CHILD 4 _____ Age: ____

Please use the number corresponding to the child's name from above to indicate days they will attend.

WEEK 1		WEEK 2	
Monday 15th Dec _____		Monday 5th Jan _____	
Tuesday 16th Dec _____		Tuesday 6th Jan _____	
Wednesday 17th Dec _____		Wednesday 7th Jan _____	
Thursday 18th Dec - _____		Thursday 8th Jan _____	
Friday 19th Dec _____		Friday 9th Jan _____	
WEEK 3		WEEK 4	
Monday 12th Jan _____		Monday 19th Jan _____	
Tuesday 13th Jan _____		Tuesday 20th Jan _____	
Wednesday 14th Jan _____		Wednesday 21st Jan _____	
Thursday 15th Jan - _____		Thursday 22nd Jan _____	
Friday 16th Jan _____		Friday 23rd Jan _____	

I, _____ (parent/guardian of the children listed above) agree to abide by the "Who Cares - We Care" Holiday Program Childcare Policy by paying invoiced childcare fees by the due date of 1st December 2008.

Parent's Signature: _____ Date: _____

Would you be interested in After School Care run by the Centre? Yes No

Only complete the next section if you have previously used our program

Has your name, address, contact numbers or family circumstances changed? Yes No

If yes, please explain: _____

Does your child have any dietary requirements, allergies or medical conditions? Yes No

If yes, please explain: _____

Thank you!

Office Use Only: Deposit Paid: _____ Staff Initial: _____ Date: _____

Enrolment Form: Family Details

1. FAMILY DETAILS

All the information requested in the Family Details Section must be provided & must correspond to the information already provided to Centrelink. Discrepancies will result in cancellation of Childcare Benefit.

Surname of CRN Parent/Guardian (PRINT)

First Name of Parent Parent's Date of Birth

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
----------------------	--

Parent Centrelink Customer Reference Number (CRN)

2. CHILD(REN)'S DETAILS

Please list all children receiving Child Care Benefit

1 Child's Full Name (please PRINT)

First Name Surname

<input type="text"/>	<input type="text"/>
----------------------	----------------------

2 Child's Full Name (please PRINT)

First Name Surname

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3 Child's Full Name (please PRINT)

First Name Surname

<input type="text"/>	<input type="text"/>
----------------------	----------------------

4 Child's Full Name (please PRINT)

First Name Surname

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. PARENT/GUARDIAN CONTACT DETAILS

(A) Parent/Guardian Full Name (Please PRINT)

First Name Surname

<input type="text"/>	<input type="checkbox"/>
----------------------	--------------------------

Please tick box above if this person will be the main contact.

Relationship to Child

Address

Postcode:

Contact Telephone Numbers

Home	Work
------	------

Mobile

Place of Work (if applicable)

E-Mail Address

(B) Parent/Guardian Full Name (Please PRINT)

First Name Surname

<input type="text"/>	<input type="checkbox"/>
----------------------	--------------------------

Please tick box above if this person will be the main contact.

Relationship to Child

Address

Postcode:

Contact Telephone Numbers

Home	Work
------	------

Mobile

(B) Parent/Guardian Contact Details continued

Place of Work (if applicable)

E-Mail Address

4. CHILD'S HOME ADDRESS

Child's home address is for Parent/Guardian: (A) (B)

5. PERSONS AUTHORISED TO COLLECT CHILDREN

This information is very important and must be completed as accurately as possible. Please let us know if any details change.

Parent/Guardian (A) Can Collect Yes No

Parent/Guardian (B) Can Collect Yes No

(A) Family/Friend Contact Full Name (Please PRINT)

First Name Surname

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Relationship to Child

Address

Postcode:

Contact Telephone Numbers

Home	Work
------	------

Mobile

(B) Family/Friend Contact Full Name (Please PRINT)

First Name Surname

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Relationship to Child

Address

Postcode:

Contact Telephone Numbers

Home	Work
------	------

Mobile

6. EMERGENCY CONTACT

In the event of an emergency, who should staff contact in order of priority?

1.

2.

3.

4.

7. MEDICAL INFORMATION

Medicare Number

Does your family have Private Health Care?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	⇒ <i>What is the Fund's name?</i>
-----------------------------	------------------------------	-----------------------------------

Enrolment Form: Family Details

7. MEDICAL INFORMATION *continued*

Doctor's Name

Doctor's Address

 Postcode:

Doctor's Contact Telephone Numbers

Surgery	Mobile
---------	--------

Dentist's Name

Dentist's Address

 Postcode:

Dentist's Contact Telephone Numbers

Surgery	Mobile
---------	--------

8. PARENT/GUARDIAN INVOLVEMENT

We encourage parents and guardians to be involved in our programs. If you have and skills or hobbies you would like to share with the children in our care please list them below.

9. PARENT/GUARDIAN'S HOME LANGUAGE

Please state languages, other than English, that are spoken at home.

Can you read written English?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	⇒ <i>What is your preferred language of written correspondence?</i>
<input type="text"/>		

10. ADDITIONAL INFORMATION

11. TERMS AND CONDITIONS

I _____ parent/guardian
of _____

- Authorise staff of the "Who Cares - We Care" Holiday Program to administer first aid and/or obtain appropriate medical attention for my child/ren should it be deemed necessary and I agree to meet any financial costs incurred.
- I have read and agree to abide by the conditions as stated in the policies and guidelines document. I consent for my child to participate in all activities of the program.
- I understand that my account must be paid for two weeks prior to the commencement of the school holiday period.
- Further, I understand that I must notify the Centre of my child/ren's absence from Vacation Care by 7:30am on the day of care. Please be aware that fees may still be charged even if a notification of absence has been given.
- I understand that my child/ren may be required to leave the service because of priority of access considerations as detailed in section 6.3 (pg 67-68) of the Child Care Service Handbook 2007-2008 (Australian Government, Dept. of Family and Community Services).

Parent/Guardian Signature	Date
<input type="text"/>	<input type="text"/>

PRINT Name

OFFICE USE ONLY:

Entered into QikKids <input type="checkbox"/>	Action Required:
CCB Forms returned <input type="checkbox"/>	
Child Detail Forms returned <input type="checkbox"/>	
Staff Initial: _____	

Enrolment Form: Child Details

1. CHILD DETAILS

Surname (Please PRINT)

Given Name(s)

Child's Centrelink Customer Reference Number (if known)

Date of Birth / / Male
 Female

School Child Attends

Child's Home Language

Other Language(s) Spoken at Home

Does your child have religious/cultural requirements?
 No Yes ⇒ Please specify

2. PARENTING ORDERS

Are there any parenting orders and/or parenting plans under the Family Law Act 1975 (CWLTH) that pertain to this child?
 No Yes ⇒ Please specify details (a copy of the plan/order will be required)

3. PERMISSIONS

I give permission for my child's photograph to be taken and used at the Centre.
 Yes No

I give permission for my child's photograph to be taken and used for media releases.
 Yes No

I give permission for the application of sunscreen.
 Yes No

I give permission for my child to play, under supervision, on the Centre's oval and outdoor facilities.
 Yes No

I give permission for my child to consume food/beverages provided by the Centre.
 Yes No

4. CHILD'S INTERESTS

To ensure we deliver a program of activities that is of interest to your child, please let us know what interests or hobbies your child has.

5. DIETARY REQUIREMENTS

Does your child have any dietary requirements?
 No Yes ⇒ Please specify

6. ALLERGIES

Does your child suffer from allergies?
 No Yes ⇒ Go to Section 7

What initiates an allergic reaction?

What happens during an allergic reaction?

How would you like us to manage an allergic reaction during Vacation Care?

Does your child take medication for the allergy?
 No Yes ⇒ Name of medication

Does your child have a current written allergy management plan?
 No Yes ⇒ Please provide copy of plan

7. ASTHMA

Does your child suffer from asthma?
 No Yes ⇒ Go to Section 8

How does asthma affect your child?

How would you like us to manage an asthma attack during Vacation Care?

Does your child take medication for asthma?
 No Yes ⇒ Name of medication

Does your child have a current written asthma management plan?
 No Yes ⇒ Please provide copy of plan

8. OTHER MEDICAL CONDITIONS

Please provide details of any other medical or behavioural conditions that your child has, including symptoms & management (Additional pages can be attached)

