



BEFORE AND AFTER SCHOOL CARE
ENROLMENT FORM | Tel 9949 8280

CHILD (1) INFORMATION

GIVEN NAME: FAMILY NAME:

Is the child known by any other name? M / F (Please circle)

DOB: ADDRESS:

HOME PHONE NO:

PRIMARY LANGUAGE: BILL FEES TO:

CULTURAL BACKGROUND: LEGAL GUARDIAN:

RELIGION:

Is there anyone who is prohibited from having contact with or collecting the child?

Table with columns: START DATE, DAYS REQUIRED, MON, TUES, WEDS, THUR, FRI. Rows: Before School, After School.

CHILD (2) INFORMATION

GIVEN NAME: FAMILY NAME:

Is the child known by any other name? M / F (Please circle)

DOB: ADDRESS:

HOME PHONE NO:

PRIMARY LANGUAGE: BILL FEES TO:

CULTURAL BACKGROUND: LEGAL GUARDIAN:

RELIGION:

Is there anyone who is prohibited from having contact with or collecting the child?

Table with columns: START DATE, DAYS REQUIRED, MON, TUES, WEDS, THUR, FRI. Rows: Before School, After School.

PARENT INFORMATION

MOTHER'S GIVEN NAME: MOTHER'S FAMILY NAME:

Other names Mother known by: ADDRESS:

HOME PHONE:

MOBILE PHONE: EMAIL ADDRESS:

WORK DETAILS

EMPLOYER: SUBURB:

PHONE (W): HOURS: OCCUPATION:

FATHER'S GIVEN NAME: FATHER'S FAMILY NAME:

Other names Father known by: ADDRESS:

HOME PHONE:

MOBILE PHONE: EMAIL ADDRESS:

WORK DETAILS

EMPLOYER: SUBURB:

PHONE (W): HOURS: OCCUPATION:

INFORMATION REQUIRED TO CLAIM CCB/ TAX REBATE

PARENT / GUARDIAN NAME: DATE OF BIRTH:

PARENT/ GUARDIAN CRN: ____ - ____ - ____
(Customer Reference Number)

CHILD (1) CRN: ____ - ____ - ____

CHILD (2) CRN: ____ - ____ - ____

CCB ELIGIBLE HOURS:

During SCHOOL TERM what is the total number of children you have attending an 'Approved Service'?

For information on claiming CCB/ Tax Rebate or to apply for a CRN please contact the Family Assistance Office on 13 61 50

IMPORTANT: Please make sure that the Parent/Guardian Date of Birth and CRN are for the person fees are billed to and who is claiming the CCB/ Tax Rebate.

MEDICAL DETAILS

Does your child/ren take medication or have any disabilities, food sensitivities, asthma or allergies we should know about?

YES/ NO If YES give details
(Please circle)

Is there any other information you wish us to know about your child/ren?

Has your child/ren been fully immunised? **YES/ NO** If NO please give details

MEDICARE NO: PRIVATE HEALTH DETAILS:

EMERGENCY DETAILS

DOCTOR'S NAME: PHONE NO: CONTACT DOCTOR? YES/ NO

ADDRESS:

DENTIST'S NAME: PHONE NO: CONTACT DENTIST? YES/ NO

Religious requirements in case of accident:

Using the boxes below, list **AT LEAST 2** people authorised to collect your child and **AT LEAST 2** people that we can contact if we cannot find you in an emergency.

| PERSON'S NAME | RELATIONSHIP TO CHILD | HOME PHONE NO. | WORK PHONE NO. | MOBILE PHONE NO. | Emerg. Release? | Daily PickUp |
|---------------|-----------------------|----------------|----------------|------------------|-----------------|--------------|
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In the event of an emergency, illness or accident concerning my child and Staff being unable to contact me or other persons authorised by me, I consent to the Centre seeking on my behalf medical, dental, hospital and ambulance services for my child. I also consent to the carrying out of appropriate medical, dental and hospital treatment in the event that such action is deemed necessary because my child is injured/ ill at the premises. I accept any liability for medical, dental, hospital and ambulance that may be incurred.

PARENT SIGNATURE: **DATE:**

PRIORITY OF ACCESS

As an Approved child care service we are required to follow the Priority of Access Guidelines as determined by the Australian Government. Due to the limited child care places available please be aware that families with a higher priority will take precedence on waiting lists and allocation of places. **If the need arises we MUST offer a place to a family with higher Priority even if this means we can't continue to offer your family a place.** Please complete the form below prior to attending the centre so that we are able to meet our requirements.

The Priority of Access guidelines set out the following three levels of priority:

Please circle the Priority that applies to you:

Priority 1 - a child at risk of serious abuse or neglect.

Priority 2 - a child of a single parent or both parents who are working/ training/ studying as defined under section 14 of the Family Assistance Act.

Priority 3 - any other child.

Within these main categories priority should also be given to the following children:

Please circle if a category applies to you:

- a) children in Aboriginal and Torres Strait Islander families
- b) children in families which include a disabled person
- c) children in families on lower incomes (CCB percentage 100%)
- d) children in families with a non-English speaking background
- e) children in socially isolated families
- f) children of single parents

I am aware of Kulkuna's policy on Priority of Access and as a condition of enrolment I understand that I may have to relinquish a booked place if a person in a higher Priority is in need of care. I agree to notify the BASC of any change to my Priority status.

Child/ren's name: Parent/Guardian signature:

..... Date:

AUTHORISATIONS

I hereby agree that I will abide by the Policies & Procedures of Kulkuna as reviewed from time to time and also meet all fees and charges levied by the Centre.

Signed: Date:
(Parent/guardian)

I indemnify the Centre, Staff and Management Committee against responsibility for any accident, loss or injury suffered by my child/children whilst attending Kulkuna. Should at any time the staff consider my child requires medical, dental or hospital treatment, I hereby consent to them obtaining same with all possible speed at my expense.

Signed: Date:
(Parent/guardian)

LOCAL EXCURSION PERMISSION

I hereby consent to the attendance of my child/children at local walking excursions with the staff of Kulkuna. I understand that I will not need to be given any prior notice of these excursions. Details of the whereabouts of the children and the estimated time of return will be left at the Centre.

Signed: Date:
(Parent/guardian)

PERMISSION FOR USE OF STUDENT'S PHOTOGRAPHS & ART WORK

I hereby consent for the display of student photographs and art work in the Before & After School Care Centre and generally around the school in special circumstances. Also, photographs and art work may be used in school publications, videos and the School Web site but no child will be individually identified.

Signed: Date:
(Parent/guardian)

IMPORTANT

These are **YOUR** responsibilities as a BASC user. If you have any questions please don't hesitate to ask. More information can be found in the BASC Family Handbook.
Please tick boxes below once read and understood.

A Parent/ Guardian **MUST** sign a child **IN** to Before School Care and **OUT** of After School Care on the sheet provided. This is a LEGAL hand over of duty of care.

Staff **MUST** be notified if a child will be absent from a booked session. This can be communicated by phone on **99498280** (an answering machine is on at all times) or written in note form and handed to a member of staff.)

Family pouches should be checked **REGULARLY** for accounts, receipts and messages.

Payment methods are **CHEQUE and CASH-** handed to Kulkuna staff. **INTERNET** - a disclaimer signed prior to receiving details.

Before School Care opens at **7:00am**. After School Care closes at **6:00pm**. Late pick-up fees will be charged.

Contact details (Parents, emergency contacts etc.) **MUST** be updated with us as soon as there is a change. There is no cross correlation of information with the school.

At Kulkuna we encourage the children to do their homework after a break for afternoon tea. We provide an area for them to have quiet time. If you would prefer that your child did his/her homework at home, please let us know.