



**FEES**

Have you applied for Child Care Subsidy?                      YES                      NO                      (please circle)

(If yes, please provide relevant information)

CRN = Customer Reference Number for Child Care Subsidy)

Parent/Guardian Name CRN : .....

Parent/Guardian Name CRN: .....

Child CRN: .....

**TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE**

**PERMANENT BOOKINGS**

**AFTER CARE**

MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY

**CASUAL/EMERGENCY CARE**

Please tick if you will require casual care only

MEDICAL INFORMATION

How would you describe your child's health? .....

Is he/she under any medical treatment? .....

Has he/she had any history of illness? Please give details .....

Allergies .....

Medical Conditions .....

Medical Plan .....

Other .....

Asthma                      YES              NO              (please circle)

Asthma Medication/Treatment .....

Do you have an Asthma Plan?              YES              NO              (please circle)

Are there any known triggers? .....

Has your child been immunised?              YES              NO              (please circle)

FAMILY DOCTOR

Doctor's Name ..... Phone .....

Name of Practice .....

Address .....

Medicare Number .....

Do you have Private Medical Insurance? .....

Do you subscribe to an Ambulance Service?      YES              NO              (please circle)

If yes, please state the Ambulance Subscription Number and Category .....

**CUSTODY DETAILS**

Are there special access/custody arrangements?      YES              NO      (please circle)

If yes, please give details .....

.....

.....

If a court order exists, please provide this information to the Coordinator.

1. Bring the original court order/s for staff to sight and a copy to attach to the enrolment form.

2. If these orders –

- a      Change the powers of a parent/guardian to:
  - authorise the taking of the child outside the service by a staff member of the service.
  - Consent to the medical treatment of the child
  - Request or permit the administration of medication to the child
  - Collect the child

AND/OR

- b      Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers: .....

.....

**PERSONS AUTHORISED TO COLLECT CHILDREN**

Name/Relationship .....

Address .....

Phone numbers .....

Name/Relationship .....

Address .....

Phone numbers .....

Name/Relationship .....

Address .....

Phone numbers .....

**EMERGENCY CONTACTS (Maximum 30 minutes from the service)**

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them for the day. In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name/Relationship .....

Address .....

Phone Number

(Home) .....

(Work) .....

(Mobile) .....

Name/Relationship .....

Address .....

Phone Number

(Home) .....

(Work) .....

(Mobile) .....

**DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT**

I/We ..... (print full name/s)

The undersigned approve of the enrolment and agree to abide by the rules and conditions of the Outside School Hours program and meet any costs incurred. I authorise the Coordinator/Acting Coordinator in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or myself shall collect my child as soon as possible.

Parent/s signature ..... Date .....



# CONFIRMATION OF CHILDCARE AGREEMENT

## Parties to the Agreement

Between:	.....(Parent/Guardian)
	.....(Home Address)
And:	Willow Grove Primary School, ABN 44446257821 (Provider)
For the Care of:	.....(Child's Name)
By:	Willow Grove PS After School Care (Service)

As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please read these items and confirm by signing below.

## Session and Fee Details

### Casual

Day	Usual Fee	Unit	Session Time
Any	\$12.00	Session Fee	3:15pm to 5:30pm

I Confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and end times of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as free schedule or parent handbook) which are subject to change over time based on advice from the provider and accepted by me.

PARENT/GUARDIAN SIGNATURE:

.....

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_