



AFTER SCHOOL CARE

ENROLMENT FORM 2008

City of Yarra Postal Address
140 Hoddle St, Abbotsford or PO Box 168 Richmond 3121

Please circle the program your child will attend

ATHERTON GARDENS
555 007 973V

COLLINGWOOD COLLEGE
555 007 974S

RICHMOND WEST
555 008 032L

CCB: To register for Child Care Benefit contact the Family Assistance Office on 13 61 50

CHILD'S FAMILY NAME	FIRST NAME	BIRTH DATE	(M)ale or (F)emale	SCHOOL NAME & YEAR LEVEL
1.				
2.				
3.				

PARENT/GUARDIAN DETAILS	PARENT OR GUARDIAN 1	PARENT OR GUARDIAN 2
NAME		
BIRTH DATE <small>FAO req. for CCB processing</small>		
HOME ADDRESS		
PHONE NUMBER		
MOBILE NUMBER		
WORK TELEPHONE NUMBER		
RELATIONSHIP TO CHILD		

EMERGENCY CONTACTS	NAME	PHONE (H)	PHONE (W) or mobile	RELATIONSHIP TO CHILD
EMERGENCY CONTACT (other than parents)	1.			
EMERGENCY CONTACT (other than parents)	2.			

MEDICAL DETAILS	CHILD 1	CHILD 2	CHILD 3
NAME:
Is there any Medical or Physical condition your child/ren have, which the program staff should know about? Please give details:- * Please attach Asthma Plan if necessary			

Medicare Number		Ambulance Subscription Number	
Family Doctor			
Address	Postcode		
Telephone			

ATTENDANCE	DATE AFTER CARE TO COMMENCE _____													
Please circle days required: or	CHILD 1		CHILD 2		CHILD 3									
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH
	*casual		*casual		*casual									

**Please note: casual attendance requires a booking in order to be sure a place is available*

WHO IS AUTHORISED TO COLLECT YOUR CHILD/REN – Please note: Persons under the age of 16 years are not permitted to sign out and collect children from the After School Care Program.			
NAME:	1.	2.	3.
Are there any special conditions for custody of your child/ren Yes / No If one parent has sole custody of child/ren, please provide copy of court order for records			
RELEVANT CULTURAL INFORMATION Is there any relevant information that you wish to offer staff that will assist them to care for your child? (e.g. religious, philosophical, cultural values/beliefs, likes and dislikes)			
Language Spoken at Home: _____			

Privacy – Collection Statement

Council is collecting health and personal information for the purpose of registering your child for the After School Care Program. The information will be used by the staff at the program and for administration purposes and to contact you in the event of an emergency, but will not be disclosed to any other party except as required by law. If you fail to provide this information, the registration may not be processed but you may access this information or correct it if necessary by contacting the Outside School Hours Care Program Leader on 9205 5479 or 9205 5454.

Background Information	(Please circle YES or NO)	
Are you a Concession Card or Health Care Card Holder?	YES	NO
Do you live, work or study in the Yarra municipality?	YES	NO
Are you an Aboriginal or Torres Strait Islander family?	YES	NO
Are you a single parent?	YES	NO
Is your family from a non English speaking background?	YES	NO
Are your children attending the program because of recognised work, study or work related commitments?	YES	NO
Does your child have a disability or in a family which includes a disabled person?	YES	NO

I, _____ (Print Name) have read and agree to the following:

Absences: I realise it is my responsibility to let program staff know if my child is not attending on any booked day. Fees will be charged for days of absence unless a medical certificate is available. All families eligible for Child Care Benefit have 30 days of absence available with CCB before full fees are charged.

Activities: I am willing for my child/ren to participate in all activities offered in the program. I agree that it is my responsibility to familiarise myself with the program and to advise staff if I do not wish my child/ren to participate in a particular activity.

I give permission for my child to view **PG** rated movies, videos and games. **Yes / No** (please circle)

Behaviour: I understand that all children are requested to follow program guidelines and staff instructions. If behaviour is deemed unacceptable, program staff will ask that they meet with you to discuss a solution to arrive at appropriate behaviour.

Child Care Benefit: I understand it is my responsibility to apply to the Family Assistance Office for Child Care Benefit if I wish to seek a rebate in my child care fees. Until Child Care Benefit is applied for, fees will be charged at the full price of \$9.60 per afternoon of care.

Collection Details: I will ensure that the persons listed to collect my child are over the age of 16 and I will up-date the list as necessary.

Fees: I understand that fees must be paid on a weekly basis, for all booked days, including days of absence, unless a medical certificate is produced. (A late fee of \$1.00 per minute will be charged to parents collecting their children after the closing time of 6.00pm).

Illness and Accident: I realise that it is my responsibility to inform the program if my child contracts any illness that could be detrimental to the health of others at the program. In the event of an accident or illness, I authorise the obtaining on my behalf of such emergency medical assistance as my child/ren may require and agree to meet any expenses attached thereto. I further authorise the obtaining on my behalf of any ambulance service that my child/ren may require and agree to meet any expenses attached thereto.

Photo's: I give consent for my child's photo to be taken for OSHC records and promotion and I understand that I will be informed if it will be used in brochures for the program **Yes / No** (please circle)

Sunsmart: I understand the After School Care program is Sun Smart. I will provide my child with a hat while attending the program during terms 1 and 4. I give my permission for my child to apply sunscreen before outside activities.

Supervision and Safety: I accept that program staff will maintain appropriate standards of supervision and safety, but that the program accepts no responsibility for accident, illness or damage to property due to any program activities or while on excursions.

Transportation: I give my permission for my child, where necessary, to be transported by community bus, by Taxi, or escorted by foot each day between the school attended and the After School Care program.

The information provided on this form is correct and I will inform the After School Care Program Supervisor should any changes occur.

SIGNED: _____

DATE: _____