



GEOGRAPHE LEISURE CENTRE  
**VACATION CARE**  
 ENROLMENT FORM APRIL 2024

Enrolment forms will not be accepted unless accompanied by (unless you have supplied previously):

(ONE FORM REQUIRED FOR EACH CHILD)

- Your child's current Immunisation Record
- Your child's Birth Certificate/Extract
- Proof of Child's Swim Stage
- Excursion Permission Slips (per planned excursion if booked for that day)
- Health Action Plans or Court Orders



**ADMIN**

QIK KIDS ENROLED: \_\_\_\_\_

STAFF INTIAL: \_\_\_\_\_

Have you registered for the Child Care Subsidy (CCS)?  YES  NO

PARENT'S NAME	PARENT'S DATE OF BIRTH		PARENT'S CRN
CHILD'S NAME	CHILD'S DATE OF BIRTH	AGE	CHILD'S CRN

**PARENT/GUARDIAN No 1**

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE: (MOB) \_\_\_\_\_ (OTHER) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ Would you prefer to receive info in this format **YES**  **NO**

PLACE OF EMPLOYMENT \_\_\_\_\_

PARENT/GUARDIAN AUTHORISED TO COLLECT CHILD - **YES**  **NO**

**PARENT/GUARDIAN No 2**

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE: (MOB) \_\_\_\_\_ (OTHER) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

PARENT/GUARDIAN AUTHORISED TO COLLECT CHILD - **YES**  **NO**

**\*\*MANDATORY FIELD\*\* OTHER PERSONS AUTHORISED TO COLLECT OR TO BE CONTACTED INCASE OF EMERGENCY (Including MEDICAL and EXCURSION Authorisation)**  
 (Please note that no child shall be allowed to leave the premises unless accompanied by an authorised adult)

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE (MOB) \_\_\_\_\_ (OTHER) \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Post Code) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE (MOB) \_\_\_\_\_ (OTHER) \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Post Code) \_\_\_\_\_

**ARE THERE ANY COURT ORDERS RELATING TO GUARDIANSHIP, CUSTODY OR ACCESS TO THE CHILD?**

**NO** (continue to next question)  **YES** (please supply details and court orders)

**CHILDS SWIMMING ABILITY**

My child is currently in swim **STAGE** \_\_\_\_\_ of the RLSSA swim & survive and Dept. of Education Program.

**PLEASE NOTE: IF YOU ENROL YOUR CHILD IN SWIMMING LESSONS AT THE GLC, YOU WILL BE REQUIRED TO SIGN YOUR CHILD OUT OF VACATION CARE AND BACK IN WHEN THEY RETURN. DUE TO REGULATORY REQUIREMENTS VACATION CARE STAFF ARE UNABLE TO ESCORT CHILDREN TO AND FROM THESE LESSONS.**

**LOCAL EXCURSIONS**

I give permission for my child to participate in programmed excursions to different locations within a short walking distance of the Geographe Leisure Centre. Excursions may include visits to other facilities within GLC, including the pool, crèche, fitness room, Geographe Primary, picnics and outdoor games.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

PARENT'S NAME	CHILD'S NAME

**IMMUNISATION**  
 Is your child's immunisation up to date? YES  NO

**DOES YOUR CHILD HAVE A BEHAVIOUR MANAGEMENT PLAN AT SCHOOL?**  
 If YES please supply details  
 \_\_\_\_\_

**MEDICAL TREATMENT AUTHORISATION**  
 In the event of an emergency involving an accident or illness, I give permission for medical attention to be sought for my child and transported to the nearest available hospital or emergency Centre.  
 SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**MEDICAL INFORMATION**  
 Does your child suffer from any Allergies / Anaphylaxis? YES  \_\_\_\_\_  
 (Please provide details) Asthma? YES  \_\_\_\_\_  
 Other - (specify) YES  \_\_\_\_\_

If YES please supply medical action plan from your doctor and note that a Risk Minimisation and Communication Plan will need to be written/reviewed and signed by service and family prior to your child attending. Please ensure ALL medications listed on Action plans are in date and provided to Staff on your child's booked days. Children with identified health needs will not be able to stay without the medications and associated equipment to support their needs.

Family Medicare No: \_\_\_\_\_ ( ) Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ADMIN**  
 ACTION PLAN : \_\_\_\_\_  
 MEDICAL CONDITIONS POLICY PROVIDED: \_\_\_\_\_  
 RISK MIN & COMS PLAN WRITTEN/SIGNED: \_\_\_\_\_

**CULTURAL, RELIGIOUS and other INFORMATION**  
 Are there any religious, cultural or other considerations relevant to the enrolment and care of your child?  
 NO  continue to next question YES  please supply details  
 \_\_\_\_\_

**LANGUAGES:** What are the primary, and secondary languages spoken at home \_\_\_\_\_

Do you give permission for your child to watch a PG rated movie, deemed appropriate during the program?  
 NO  YES

Do you give permission for your child to be photographed by centre staff whilst participating in the programs activities? Photos may be used for promotional or licensing purposes.  
 NO  YES

I wish to enrol my child in the days circled below. I am aware the hours of care are from 8am until 5:30pm. I am aware that if I am late to collect my child I will be charged \$15.00 for every 15 minutes I am late. I understand that 24hrs notification period applies to cancellation of care and if my child is absent may be charged full fees. Please see Reception for a change of booking form or send email to vacationcare@busselton.wa.gov.au. Cost \$88.00 per child per day (less child care subsidy if applicable).  
 SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SELECT DAYS REQUIRED	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
APRIL WEEK 1	1ST APR Closed for Public Holiday	2ND APR <input type="checkbox"/>	3RD APR <input type="checkbox"/>	4TH APR <input type="checkbox"/>	5TH APR <input type="checkbox"/>
APRIL WEEK 2	8TH APR <input type="checkbox"/>	9TH APR <input type="checkbox"/>	10TH APR <input type="checkbox"/>	11TH APR <input type="checkbox"/>	12TH APR <input type="checkbox"/>



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 ENROLMENT FORM APRIL 2024

PARENT'S NAME	CHILD'S NAME

**PAYMENT INFORMATION**

DAILY FEE OF \$88

Payment will be debited from **Monday 15th April** unless paid over the counter at Reception prior to this date.

If payment is not finalised within the timeframes, I understand my future bookings will not be accepted until payment has been received.

I am aware if I do not give a full 24hrs notice that my child will not be attending any booked day, full charges will apply. I understand that absent attendance without notification could impact on CSS and full fees may be applied especially on my child/rens last day of Vacation Care (Cessation of Care). Full payment will be required if CCS is not received.

If CCS is not received even after estimations, I understand that I will be required to pay full fees for days attended.

**CREDIT/DEBIT CARD AUTHORITY**

A Credit or Debit card Authority (CCA) allows us to debit directly to your credit card account, for your childcare fee payment and any other amounts due to be paid by you under your arrangement, as those amounts are due.

You can cancel your CCA by making a request in writing. We will keep information about your financial account confidential, except to extent necessary to resolve any claim you might have.

**PAYMENT CARD DETAILS :**

CARD NUMBER

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EXPIRY

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NAME OF CARD HOLDER : \_\_\_\_\_

I, \_\_\_\_\_ authorise Geographe Leisure Centre to take payment for my vacation care fees after any applicable CCS rebates have been applied. I understand that my payment information will not be kept once payment owing has been taken.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>ADMIN</b>
PAYMENT TAKEN : <input type="checkbox"/>
ENTERED ON QIKKIDS: <input type="checkbox"/>
STAFF INTIAL: _____
DATE: _____