



NATURALISTE COMMUNITY CENTRE
VACATION CARE
 ENROLMENT FORM APRIL 2024

(ONE FORM REQUIRED FOR EACH CHILD)

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

- 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.

LOCAL EXCURSIONS

I give permission for my child to participate in programmed excursions to different locations within a short walking distance of the Naturaliste Community Centre. Excursions may include visits to the surrounding bushland, Community Garden, Library, The Break (Youth centre), John Edwards Pavilion Dunsborough playing fields/playground, 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 _____

ADMIN

ACTION PLAN : _____

MEDICAL CONDITIONS POLICY PROVIDED: _____

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: _____

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 Excursion <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 Excursion <input type="checkbox"/>	10TH APR <input type="checkbox"/>	11TH APR <input type="checkbox"/>	12TH APR <input type="checkbox"/>

