

## Vacation Care enrolment

**Child details**

Medicare No: \_\_\_\_\_

Family Assistance Office - Customer Registration Number \_\_\_\_\_

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Preferred name \_\_\_\_\_

Date of Birth     /     /     (day/month/year) \_\_\_\_\_

 Gender      Male      Female

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Nationality \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

**Parent/Guardian 1**

Date of Birth: \_\_\_\_\_

Family Assistance Office - Customer Registration Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home phone \_\_\_\_\_

Mobile \_\_\_\_\_

Work address \_\_\_\_\_

Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Nationality \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

**Parent/Guardian 2**

Date of birth: \_\_\_\_\_

Family Assistance Office - Customer Registration Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home phone \_\_\_\_\_

Mobile \_\_\_\_\_

Work address \_\_\_\_\_

Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Nationality \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

**Attendance**

Commencement date     /     /     (day/month/year) \_\_\_\_\_

Child's age at this date \_\_\_\_\_

**Immunisations**

My child's immunisations are up to date?

 Yes

 no

Please indicate days and weeks that your child will be attending the program

Days	Easter			June/July		September		December/January			
	wk 1	wk 1	wk 2	wk 1	wk 2	wk 1	wk 2	wk 3	wk 4	wk 5	wk 6
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											

## Medical History

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Childhood illnesses (mumps, measles etc)

Family Practitioner

Address

Phone

Regular medication (Letter from Practitioner will be needed if staff are to administer medication) *See medication policy*

Allergies

Special diet

Cultural or religious requirements

Additional needs

## Court Orders and Legal Custody

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Are there any court orders or custody issues pertaining to your child?

Yes

no

If yes, who has legal custody?

Details (a copy of the order will need to be kept on file at the centre)

## Emergency Contacts

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Emergency Contacts (if we are unable to contact you)

Name

Relationship to child

Home Phone

Work

Mobile

Address

Postcode

Name

Relationship to child

Home phone

Work

Mobile

Address

Post code

## Adults who are authorised to collect your child

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(Photo identification may be required to show to staff upon pick up)

Name

Relationship to child

Address

Postcode

Phone: home

work

mobile

Name

Relationship to child

Address

Postcode

Phone: home

work

mobile

Name

Relationship to child

Address

Postcode

Phone: home

work

mobile

## Family Information

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(Please list names of other children in the family in order of birth)

Name

Date of birth

Name

Date of birth

Name

Date of birth

Name

Date of birth

### Privacy statement

Griffith University collects, stores and uses personal information only for the purposes of administering child care. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's Privacy Plan at [www.griffith.edu.au/ua/aa/vc/pp](http://www.griffith.edu.au/ua/aa/vc/pp)

## Childcare Permission Form

### Emergency treatment

In the event of an accident or illness requiring emergency medical treatment, every possible effort will be made to contact me before such treatment is sought. However, should this prove impossible, I hereby authorise the staff of the Centre to provide first aid treatment and/or seek emergency medical treatment for my child should it be considered necessary. I agree to meet all expenses in this regard.

### Publicity

I consent / do not consent (please circle) for my child's photograph or audio visual recording to be used for Centre purposes.

### Excursions

I give permission / do not give permission (please circle) for my child to participate in short walks / excursions, planned as part of the Centre's program, from the Centre by foot within the University community.  
Please note. Parents will receive a separate form outlining details and requesting permission before any outside excursions involving children being transported by vehicle.

### Medication

I agree to keep my child at home if he/she is suffering an illness / requires frequent pain relief. I understand that the Centre is not able to administer non-prescription medicines without a letter from a doctor and that the letter is only valid for two weeks.

### Panadol

In the event of my child suffering from a high temperature, I understand that i will be contacted to collect my child/children from care

### Observations

I consent/ do not consent (please circle) to my child being the subject of observations that students of Early Childhood may conduct for training/ educational purposes.

### Sunscreen

I authorise/ do not authorise (please circle) Centre staff to apply sunscreen to my child before sun exposure.

### Allowable Absences – financial year. FAO (Family Assistance Office) Policy

Relating to CCB (Child Care Benefit) all children are eligible for 30 days of subsidised allowable absences for each financial year. This includes holidays taken during school term and illness without a medical certificate. Children are allowed unlimited sick leave with a Doctor's Certificate.

### Payment of Fees

Upon commencement at the Centres. Fees must be paid weekly, at all times.

### Childcare Benefit (CCB)

This is a means tested government benefit to subsidise childcare fees. An application form can be found in the parent pack. It is the parent's responsibility to apply. Please contact the Family Assistance Office (FAO). There are two ways to access CCB: a weekly reduction or pay the full fee each week and apply at end of financial year for a rebate. It is also the parents responsibility to notify the FAO of any change to their family or financial situation. For more information, contact FAO on 136150, Mon-Fri 8.00am-8.00pm.

### Policies and Procedures

I have read and understood the enrolment forms and The school Age Care Policy and procedure handbook and agree to abide by centre procedures and policies.

Parents/Guardian .....

Signature .....

Date .....