

Grays Point Activity Centre Inc.

Phone: 9540 2020

ABN 21495 573 493

CRN 555 006 889L

Names of child/children enrolling

ENROLMENT FOR 20 _____

1. Surname First Name

2. Surname First Name

3. Surname First Name

Child / Children's Principal Address

..... **Postcode:** **Home Phone:**

About First Parent / Guardian:

About Second Parent / Guardian:

Title: (Please Circle)	Ms Mrs. Miss Mr.	Title: (Please Circle)	Ms Mrs. Miss Mr.
Surname		Surname	
First Name		First Name	
Middle Name		Middle Name	
Date of Birth		Date of Birth	
Address: (If the same as above write "As Above)	Postcode:	Address: (If the same as above write "As Above)	Postcode:
CRN #		CRN #	
Home Phone:		Home Phone:	
Mobile:		Mobile:	
Work Place & Phone		Work Place & Phone	
e-mail:		e-mail:	
Employment Status:	Full Time	Part Time	Other
Employment Status:	Full Time	Part Time	Other
Family Status:	Married	De Facto	Divorced
		Separated	Single

Office Use Only

Intended Start Date: / /

Permanent / Casual / Roster

Registration Due: \$..... **Date:** / / **Bond Paid:\$**..... / /

While your child is at our centre are there are any cultural / religious requirements that you would like us to observe.

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Custodial Arrangements: *(If Applicable)*

Name of Custodial Parent						
Name of Accessing Parent						
Access Arrangements <i>e.g. alternate weekends etc.</i> <i>If more space required please attach extra sheet</i>						
Address:						
Telephone #:	Home:		Mobile:			
Work Address & Telephone #:						
Copy of Family Court Order	<i>(Please Circle)</i>	YES		NO		
OR Injunction Order detailing access arrangements	<i>(Please Circle)</i>	YES		NO		

Emergency Contact Persons / Persons Authorised to collect Your Child / Children Other than parent / guardians listed:

Contact Details	Contact 1		Contact 2		Contact 3	
Full Name						
Relationship to child						
Home Phone						
Mobile Phone						
Work Phone						
	Please Circle					
Emergency Contact	Yes	No	Yes	No	Yes	No
Authorised to Collect Child / Children	Yes	No	Yes	No	Yes	No

NB: If any of the persons named above are under 18 years of age they are not allowed to collect their siblings

Booking Details:

Care Details	Child 1	Child 2	Child 3
Expected Start Date	/ /	/ /	/ /
Pattern of Care	Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Roster <input type="checkbox"/> <i>(Please Tick)</i>	Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Roster <input type="checkbox"/> <i>(Please Tick)</i>	Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Roster <input type="checkbox"/> <i>(Please Tick)</i>
** If you need to book your child / children in on a roster basis, it must be for a whole term in advance. Please see staff for roster sheet to complete.			
Morning Care 7.00am – 8.50am	M T W TH F <i>(Please Circle)</i>	M T W TH F <i>(Please Circle)</i>	M T W TH F <i>(Please Circle)</i>
Afternoon Care 3:15pm – 6.00pm	M T W TH F <i>(Please Circle)</i>	M T W TH F <i>(Please Circle)</i>	M T W TH F <i>(Please Circle)</i>

M – Monday T – Tuesday W – Wednesday TH – Thursday F - Friday

Any other details we should be aware of regarding your child / children or their attendance at the centre

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Medical Information:

***Medicare Number:**

Doctors Name:

Doctors Telephone:

Doctors Address:

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Medical Details	Child 1		Child 2		Child 3	
Are your child's immunisations current?	YES	NO	YES	NO	YES	NO
Food Allergies <i>(Please specify)</i>						
Other Allergies <i>(Please specify)</i> <i>e.g. Medication, Band-Aids, Bee Stings, Grasses</i>						
Asthmatic <i>If yes please complete relevant form attached</i>	YES	NO	YES	NO	YES	NO
Anaphylaxis <i>If yes please complete relevant form attached</i>	YES	NO	YES	NO	YES	NO
Regular Medication <i>If yes please complete relevant form attached</i>	YES	NO	YES	NO	YES	NO
Difficulties or disabilities <i>If so, please give details below:</i>	YES	NO	YES	NO	YES	NO
Any other anxieties or problems <i>If so, please give details below</i>	YES	NO	YES	NO	YES	NO

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Any other medical history or other details you would like us to know about your child / children that may affect their care at the centre. (E.g., previous long stays in hospital, tendency to choke, problems with toileting)

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Financial Information

Name of person responsible for fees:			
If you would like to receive your invoice by email please record your email address clearly			
Siblings attending another childcare centre:			
Full Name			Claiming CCB Yes / No
Date initial start			
Centre attending			
Full Name			Claiming CCB Yes / No
Date initial start			
Centre attending			
Do you agree to pay an initial bond and/or annual administration fee in order to access the service?	YES		NO
Do you agree to pay all permanent fees each term and all casual fees at the time of care provided?	YES		NO
Do you understand that fees are still payable when your child/children are absent from the centre?	YES		NO
Do you agree to give two weeks notice before cancelling all permanent bookings?	YES		NO
Do you agree to inform the centre when your child is going to be absent from the centre and that if notification is not given an additional phone charge may be charged?	YES		NO
I understand there is an additional fee payable in the event I am late to collect my child/children, and I agree to pay this fee.	YES		NO
I understand that if my fees are not paid on time and an account is issued I may be charged an additional account fee and if my account remains in arrears my child / children may be excluded from care until such time as fees are paid.	YES		NO
Name:			
Signature:			Date:

Parental Consents:

Medical

- If your child becomes ill during their time at the centre, we will contact you immediately. We are not permitted to administer medication unless in original packaging and accompanied by a doctors note.
- The Grays Point Activity Centre staff reserves the right to seek medical or hospital attention for any child in their care who takes sick or has an accident.
- The centre will recover any medical or hospital fee reasonably incurred by a member of the staff of Grays Point Activity centre on behalf of your child from the parent as a debt.

	Please Circle	
Do you consent to the Coordinator or his / her designated representative, engaging the services of a Doctor, Dentist or Ambulance in the case of any emergency for my / our child / children?	YES	NO
If we are unable to contact you or other parent/guardians, do you accept that the emergency service would be the closest hospital or doctor?	YES	NO

Photographs/ Videos/ Movies

	Please Circle	
Do you authorise the use of photographs or videos of your child/children or yourself, taken at the centre, in centre newsletters or general publicity for this organisation?	YES	NO
Do you allow your child to watch G or PG rated movies at Activity Centre?	YES	NO

Sunscreen & insect repellent

	Please Circle	
Do you give permission for the application of sunscreen &/or insect repellent to your child / children as required?	YES	NO

Parent / guardian involvement

Do either/both parents have any expertise / interests that can be offered to the centre e.g. trade or other profession skills, hobbies or craft skills	YES	NO	Please specify: _____
Would you like to be involved with the running of the centre either on the committee or in any other way?	YES	NO	Please specify _____
What do you expect your child to get out of their time at the Grays Point Activity Centre?	_____ _____ _____		

Declaration:

I _____ hereby declare that all the information given is accurate and I have read the parent handbook and agree to abide by all conditions of enrolment at Grays Point Activity Centre.

I understand that the staff of Grays Point Activity Centre do not supervise my child/children until a parent/guardian has signed them in to the centre in the morning, or until they report to the centre in the afternoon. Nor are they supervised after being signed out by a parent/ guardian or other person authorised to collect my child/children.

I understand that the staff of Grays Point Activity Centre will take all care but that the Centre is not be held responsible for any loss or damage to property, or injury incurred during the running of the program.

Name:			
Signature:		Date:	

PRIVACY CONSENT FORM
FOR GRAYS POINT ACTIVITY CENTRE INC

In completing and signing this form, I understand and consent to the following information:

- Personal information will be collected about my child and family and stored in an individual file in a locked filing cabinet or on a password protected computer system.
- Staff and TAFE students (if applicable) will record confidential observations about my child/ren and store in a locked filing cabinet.
- This information will be used to provide the best possible program and care for your child/ren.
- Grays Point Activity Centre Inc. staff or authorised persons will only share information with each other that is related to their work and interaction with my child and me.
- Personal information will not be released to other organisations without my written permission except where there are legal reasons i.e. mandatory reporting, duty of care
- Case review discussions between staff will be held in private areas.
- Information will be provided to Department of Family and Community Services on request and is bound by their individual privacy statements outlined in the privacy information sheet.
- I have the right to access information in my child's file, but understand that I may be requested to give the staff notice of my request for access.

Child/ren's Name _____

Parent Name _____

Parent Signature _____ Date _____

2010 Fee Schedule

Grays Point Activity Centre Inc.

Please detach and keep for your information

Fee Type	Details	Amount
Annual Administration Fee	Charged per Family	\$30.00
Bond	Charged per Child (<i>refundable when leaving centre</i>)	\$50.00
Permanent Booking	Morning Session	\$10.50
	Afternoon Session	\$13.50
Casual Bookings	Morning Session	\$12.00
	Afternoon Session	\$15.00
Kindergarten Session –	Will be run if required	TBA
Pupil Free Days	Sessions will only run should numbers warrant	TBA
Late collection Fees	Charged in increments of 10 minutes or part thereof	\$10.00 / 10 min
Overdue Account Fee	In the event accounts are overdue a fee may be added to you account	\$10.00

