



# Vacation Care Enrolment Form

December 2015 / January 2016  
(The following Information is Confidential)

## CHILD'S DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: M / F  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Religion: \_\_\_\_\_ School: \_\_\_\_\_  
Start date of School: \_\_\_\_\_ Swimming Level: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Child's CRN: \_\_\_\_\_ (The number given to each child by Centrelink- 9 numbers and one letter)  
Are there any Family Court orders affecting access to the child? YES / NO  
Please give details: \_\_\_\_\_  
\_\_\_\_\_

## PARENT/GUARDIAN DETAILS (1) – The person who is claiming Child Care Benefit

Full Name: \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent's CRN \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Address/Place of Work/Study: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

## PARENT/GUARDIAN DETAILS (2)

Full Name: \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to child: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Address/Place of Work/Study: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

## CHILD CARE BENEFIT 50% Rebate

Do you wish to claim Child Care Benefit and the 50% Rebate? YES  NO   
You **must be** registered with Centrelink to claim Child Care Benefit and/or the 50% rebate, if you are not registered please phone the **Family Assistance Office on 13 61 50** or call into any **Medicare Office**. You need to provide us with your CRN's even if you are not claiming CCB.

**To enable us to reduce your child care fees and apply CCB, we must have the following:**

- Parents and Childs correct date of birth.
- Parents and Child's Customer Reference Numbers, there are different numbers for each person and can be found on correspondence from FAO, if you do not know your CRN's, you need to phone FAO. Please be careful when filling out these numbers in the sections above, otherwise your claim cannot be processed and you will be charged full fees.

Please contact the Children's Services Coordinator on 9795 2222 if you need further help.

**(1) Relationship to Child:**(Grandparents, Auntie, Friend etc) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**(2) Relationship to Child:**(Grandparents, Auntie, Friend etc) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**MEDICAL INFORMATION ABOUT YOUR CHILD**

Has your child been immunised? Is your child up to date with immunisation? <b>(Please provide a copy of immunisation record with enrolment)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from any allergies? This includes sunscreen, food, band aids etc.(Parent must supply their own sunscreen in child's bag every day if child is sensitive to certain types of sunscreen)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.....
Does your child have any medical conditions or special care requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.....
<b>MEDICAL ATTENTION:</b> In the event that your child requires medical attention do you allow centre personnel to obtain / provide medical assistance if needed and agree to pay any medical / transport costs incurred.  In the case of an emergency or accident, every effort will be made to contact parents/guardian immediately. It is important to ensure you inform the centre of any changes to your phone numbers or emergency contacts.	Yes <input type="checkbox"/> Signed: _____ Name: _____ Date: _____

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Do you have private Medical Insurance? Yes  No

Name of Fund: \_\_\_\_\_ Fund Member Number: \_\_\_\_\_

## PERMISSION

I give the staff of South West Sports Centre Outside School Hours Care program the following authority:

<b>EXCURSIONS:</b> For my child to take part in short walking excursions from the centre. (To the local playground, library, PCYC, oval etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>SWIMMING PERMISSION:</b> For my child to take part in swimming activities carried out within the Centre over the duration of each program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>PUBLICITY:</b> To use the first name and / or photo of my child for centre displays and / or promotional use, including media.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>CELEBRATIONS:</b> For my child to participate in festivals/celebrations which may include some cultural activities. (such as Easter, Christmas etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>MOVIE RATINGS:</b> For my child to watch a PG rated movie deemed suitable by the qualified staff of the program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>PRIVATE CAR:</b> For my child to transported in the centre vehicle if the need arises.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## OTHER INFORMATION ABOUT YOUR CHILD

Does your child speak a different language other than English? If yes, what language/s: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need a bi-lingual worker to assist them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any fears? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any needs / challenging behaviours? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any other information you would like to tell us about your child? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any special dietary requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Where did you hear about our Vacation Care Program (please tick)?

- I'm re-enrolling                       In-centre advertising                       Cinema Ads                       SWSC Website  
 Radio     TV     Word of mouth                       Newspaper  
 Facebook     Other (please specify) \_\_\_\_\_

## ENROLMENT TERMS & CONDITIONS

I acknowledge the following: **(Please tick the boxes as you read through the each point)**

<input type="checkbox"/>	<p>I understand that the service is unable to care for sick children or children with contagious illnesses and therefore will not book my child in if this is the case. I am also aware that my child will need to be picked up from the Centre if they become ill whilst attending.</p>
<input type="checkbox"/>	<p>I am aware that Medication will only be administered to my child by a qualified staff member if it is prescribed by a doctor or written parent authorisation is received on the day it is to be administered.</p>
<input type="checkbox"/>	<p>I acknowledge that my child will not leave the premises or be transported from the centre before the end of the session unless the child is in the care of-</p> <ul style="list-style-type: none"> <li>• The child's parent or a person authorised by the child's parent.</li> <li>• An employee of South West Sports Centre who is responsible for the child and has written authorisation from a parent to take the child from the premises for a specific purpose.</li> <li>• In the case of an emergency, a person authorised and having due regard to the safety and welfare of the child.</li> </ul>
<input type="checkbox"/>	<p><b>BOOKINGS AND CANCELLATION POLICY</b></p> <ul style="list-style-type: none"> <li>• All days must be booked prior to your child attending the service. Additional bookings will be subject to availability.</li> <li>• Enrolment for this Vacation Care program will not be accepted if you have an outstanding account.</li> <li>• All enrolment forms must be accompanied by a minimum \$20 non-refundable deposit. This amount will be credited to your account.</li> <li>• The balance of fees must be paid PRIOR to your child's first enrolled day of Vacation Care.</li> <li>• <b><u>Cancellations, absences or illness with less than 7 days notice will still incur normal daily fee. Please select your days carefully when booking your child into care.</u></b></li> <li>• If you wish to claim CCB and/or the 50% rebate then you must supply your child's CRN number and parent/guardian's CRN number (copy of the official Centre link assessment provided) before the rebate can be applied to your account.</li> <li>• Please note - excursion days may incur an additional fee to cover excursion costs. These are also subsidised by the centre.</li> </ul>
<input type="checkbox"/>	<p><b>COMMUNICATION</b> - As part of your enrolment in our Vacation Care Program, we will contact you from time to time in regards to news, events, special promotions and information pertaining to the South West Sport Centre. You can be assured that your contact details <b>will not</b> be provided or sold to any third party under any circumstances.      <input type="checkbox"/> <b>OPT OUT</b></p>

**BOOKING SELECTION** Please tick the day/s you wish to enrol your child  
The cost is \$52 per day (before child care rebate)

*Please pack swimming gear each day just in case the program allows us time to swim on non scheduled swim days*

		<b>Wed 16<sup>th</sup> Dec</b> Closed	<b>Thurs 17<sup>th</sup> Dec</b> Closed	<b>Fri 18<sup>th</sup> Dec</b> Chill out day <input type="checkbox"/>
<b>Mon 21<sup>st</sup> Dec</b> Festive Cooking <input type="checkbox"/>	<b>Tues 22<sup>nd</sup> Dec</b> Sports On Courts & Swim <input type="checkbox"/>	<b>Wed 23<sup>rd</sup> Dec</b> Christmas Craft <input type="checkbox"/>	<b>Thurs 24<sup>th</sup> Dec</b> Christmas Fun and Games <input type="checkbox"/>	<b>Fri 25<sup>th</sup> Dec</b> Closed
<b>Mon 4<sup>th</sup> Jan</b> Aussie Summer Fun & Swim <input type="checkbox"/>	<b>Tues 5<sup>th</sup> Jan</b> Messy Play day <input type="checkbox"/>	<b>Wed 6<sup>th</sup> Jan</b> Bouncy Castle Day <input type="checkbox"/>	<b>Thurs 7<sup>th</sup> Jan</b> Incursion Vet visit <input type="checkbox"/>	<b>Fri 8<sup>th</sup> Jan</b> Loose Parts play <input type="checkbox"/>
<b>Mon 11<sup>th</sup> Jan</b> Cute crafts and crazy kites <input type="checkbox"/>	<b>Tues 12<sup>th</sup> Jan</b> Wet and wild Swim Day <input type="checkbox"/>	<b>Wed 13<sup>th</sup> Jan</b> Excursion Grand Cinemas (\$15 extra) <input type="checkbox"/>	<b>Thurs 14<sup>th</sup> Jan</b> Pirates and Princess dress up day <input type="checkbox"/>	<b>Fri 15<sup>th</sup> Jan</b> Gymnastics & a swim <input type="checkbox"/>
<b>Mon 18<sup>th</sup> Jan</b> Excursion Dolphin Discovery Centre (\$15 extra) <input type="checkbox"/>	<b>Tues 19<sup>th</sup> Jan</b> Funky Pebble art <input type="checkbox"/>	<b>Wed 20<sup>th</sup> Jan</b> Crazy Hat day <input type="checkbox"/>	<b>Thurs 21<sup>st</sup> Jan</b> Build It Day <input type="checkbox"/>	<b>Fri 22<sup>nd</sup> Jan</b> Wet Play Day <input type="checkbox"/>
<b>Mon 25<sup>th</sup> Jan</b> Australia Day Celebrations <input type="checkbox"/>	<b>Tues 26<sup>th</sup> Jan</b> Public Holiday No Program	<b>Wed 27<sup>th</sup> Jan</b> Fun in the Pool <input type="checkbox"/>	<b>Thurs 28<sup>th</sup> Jan</b> Kids Can Cook <input type="checkbox"/>	<b>Fri 29<sup>th</sup> Jan</b> Dress Up and Party Day <input type="checkbox"/>

Do you have other children in care whilst enrolled children are attending the South West Sports Centre Vacation Care? Yes  No

How many other siblings will be in care at other centres? \_\_\_\_\_

**By signing below I acknowledge that I have read and understood the enrolment terms and conditions listed on this enrolment form and have provided accurate answers to each question**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**VACATION CARE**

Total Fee Due: \$52 x (no. of days) \$ \_\_\_\_\_ + Excursion/Incursion Fees \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Staff member processing payment: \_\_\_\_\_

Deposit received: \$ \_\_\_\_\_ Date received: \_\_\_\_\_ Receipt No. \_\_\_\_\_

**Payment Details:**  Cash  Eftpos  Cheque/Money Order (payable City of Bunbury)  
 Visa  Mastercard  Bankcard

**Vacation Care Admin**

Booking entered  Deposit received  
 CCMS Enrolled  Child info list

All Payments can be made in person at the South West Sports Centre using cash, EFTPOS or Credit Card. Credit Card payments are also accepted over the phone

**THIS ENROLMENT FORM MUST BE RENEWED BY PARENTS PRIOR TO THE COMMENCEMENT OF EACH VACATION CARE PROGRAM TO ENSURE ALL INFORMATION IS UP TO DATE.**