

# FORREST AFTER SCHOOL CARE

## 2008 ENROLMENT FORM

### Before, After and Vacation Care

*Please ensure we have a current enrolment form before your child commences care.*

*(Please fill in all information and sign where requested)*

#### Child information

Name	Childs Customer Reference Number For CCB	Date of birth	Grade in 2008	M / F	Primary language spoken
1.					
2.					
3.					
4.					

#### Parent/Guardian 1 information the person registered for CCB entitlements

Name		Relationship to child	
Your Customer Reference Number For CCB		Date of Birth	
Address		Postcode	
Home phone		Work phone	Mobile no.
Name of workplace			
Email address	We will sign you up to our email mailing list which is hosted by svana.org		

#### Parent/Guardian 2 information

Name		Relationship to child	
Address		Post code	
Home phone		Work phone	Mobile no.
Name of workplace			
Email address	We will sign you up to our email mailing list which is hosted by svana.org		

#### BOOKINGS – Which services will you be using? Please tick all appropriate

- Before School Care permanent complete chart below     
  After School Care Permanent complete chart below  
 Before or After School Care casual – book as required     
  Vacation Care – complete form each period

Fees: please see the parent information sheet for details on the fees charged.

Child's name	Monday		Tuesday		Wednesday		Thursday		Friday	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
1.										
2.										
3.										
4.										

STARTING DATE: \_\_\_\_\_ FINISHING DATE: \_\_\_\_\_

**To cancel permanent bookings a full two weeks notice in writing is required otherwise a charge will apply.  
Please see the Director for further advice.**

**EMERGENCY CONTACT**

(Other than the parent/guardian. On all occasions attempts will be made to contact the parent/guardian first)

Name			Relationship to child
Home phone		Work phone :	Mobile no.
Address			

**PEOPLE AUTHORISED TO COLLECT CHILD/REN**

(Other than parent/guardian)

Name	Relationship to child	Home phone	Work phone	Mobile phone
1.				
2.				
3.				
4.				

**Are there any care or protection orders, or parenting agreements in place regarding your child/ren?**

Please provide details of any court orders with this form.

Childs' name	Yes/No	Details (if applicable)
1.		
2.		
3.		
4.		

**MEDICAL HISTORY**

Is your child/ren's immunisation up to date?

Child's name:

- 1..... Yes  No
- 2..... Yes  No
- 3..... Yes  No
- 4..... Yes  No

If your child is not fully immunised they will automatically be excluded from FASC for a period of time as specified on the displayed Exclusion Periods for Infectious Conditions poster.

Does your child suffer from a medical condition that FASC staff should be aware of, eg: epilepsy, asthma etc?

Child's name	Medical Condition? y/n	If yes, please give details
1.		
2.		
3.		
4.		

Doctor's name	Phone no.

Does your child suffer from any allergies?

Child's name	Allergies (specify none or give details of allergies)
1.	
2.	
3.	
4.	

**Special requirements/or special needs**

Does your child/ren have any special requirements or needs that we should be aware of while they attend FASC? eg. cultural or religious requirements, special dietary requirements, special needs or disability?

Child's name	
1.	
2.	
3.	
4.	

## CONSENT

If my child/ren requires urgent medical attention, I give permission for the doctor/hospital/staff to administer such treatments as are considered appropriate, subject to my specific restrictions listed below:

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I give permission for first aid to be administered to my child/ren by FASC staff in the event of an accident or injury. I give permission for my child/ren to be transported to hospital by ambulance at my expense and accompanied by a staff member.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I **give / do not give** (please strike out one) permission for photographs of my child/ren to be taken while they participate in the FASC program. The photographs will be used for FASC publicity - including FASC noticeboards and the FASC or School newsletter and the FASC scrapbook.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD CARE BENEFIT** See Parent Information sheet or the Director for more details. Please tick one of the options below: **Please note that if you do not pick one of these options you will not be eligible for any fee rebate including the rebate (currently 30%) which all families are eligible to.**

- I wish to claim a reduction in daily fees. I have lodged a Claim for Childcare Benefit to Reduce my fees form with the Family Assistance Office.
- I wish to claim a lump sum.

Please note that the parent/guardian that the account is made out to is the one that should register for childcare benefit.

**ADMINISTRATION**

I have read the Parent Information Sheet and understand the fee structure and payment system and undertake to pay fees and abide by the conditions set out in the Information sheet and this enrolment form. I understand that I need to pay for my child's first two weeks of care prior to their starting at FASC. I am aware that a full policy document is available at the FASC office if I require further information on FASC's operational policies. I also understand that if I have not checked a box in the Childcare Benefit section that I will not be eligible for any rebates for childcare fees paid including the 30% rebate all families are eligible to and that will be paid automatically by Centrelink in September 2008 for the 2007/2008 financial year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FEE PAYMENT options – please tick 1.**

**Direct Deposit.** I have noted FASC's bank account details as outlined in the parent information sheet and will organise to deposit the amount outstanding as fees fall due.

**Credit Card option**

Please complete the details below if you want to set up a direct payment arrangement for you fees. I authorise for Forrest After School Care to automatically charge my fortnightly fees to my credit card. These fees will be deducted on a fortnightly basis during term time unless I advise otherwise.

Name on Card: \_\_\_\_\_  Bankcard  Visa  Mastercard

Expiry Date:   /   CSV    CSV is the last 3 digits just above your signature

Credit Card Number:

Cardholder Signature: \_\_\_\_\_

**Fee payment at FASC office**