

Child Care Australia United Ltd  
Oyster Bay Before and After School Care  
ACN: 124 784 194 ABN: 56 124 784 194  
Phillip St Oyster Bay NSW 2225  
PO Box 321 Gymea NSW 2227 Tele:02 9528 5009  
www.oysterbayschoolcare.com.au E-mail admin@oysterbayschoolcare.com.au



# Vacation Care Enrolment Form

**PLEASE NOTE OUR ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL**

<p style="text-align: center;"><b><u>Child One</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; padding: 20px;">Please Attached Photo of Child One</div>	<p style="text-align: center;"><b><u>Child Two</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; padding: 20px;">Please attached a Photo of Child Two</div>
<p style="text-align: center;"><b><u>Child Three</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; padding: 20px;">Please attach a Photo of Child Three</div>	<p style="text-align: center;"><b><u>Child Four</u></b></p> <p><b>Child's Name:</b> .....</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle; padding: 20px;">Please attach a Photo of Child Four</div>

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<b>CHILD 1 NAME:</b> _____ <b>Child's CRN:</b> _____ DOB: ...../...../..... Child's Sex: M F Address: ..... Suburb: ..... PC: ..... Home Telephone: ..... Primary Language: ..... Are you of Aboriginal and Torres Strait Islander decent Yes No	<b>CHILD 2 NAME:</b> _____ <b>Child's CRN:</b> _____ DOB: ...../...../..... Child's Sex: M F Address: ..... Suburb: ..... PC: ..... Home Telephone: ..... Primary Language: ..... Are you of Aboriginal and Torres Strait Islander decent Yes No
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<b>CHILD 3 NAME:</b> _____ <b>Child's CRN:</b> _____ DOB: ...../...../..... Child's Sex: M F Address: ..... Suburb: ..... PC: ..... Home Telephone: ..... Primary Language: ..... Are you of Aboriginal and Torres Strait Islander decent Yes No	<b>CHILD 4 NAME:</b> _____ <b>Child's CRN:</b> _____ DOB: ...../...../..... Child's Sex: M F Address: ..... Suburb: ..... PC: ..... Home Telephone: ..... Primary Language: ..... Are you of Aboriginal and Torres Strait Islander decent Yes No
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**Is there anyone who is legally prohibited from having contact with or collecting the child? Yes  No**   
**If yes legal documentation must be submitted to the Centre:.....**

<b>Booking (please circle days required)</b>				
<b>Week 1:</b>				
<b>Monday 19.12.11</b>	<b>Tuesday 20.12.11</b>	<b>Wednesday 21.12.11</b>	<b>Thursday 22.12.11</b>	(Closed)
<b>Week 2:</b>				
<b>Monday 9/1/12</b>	<b>Tuesday 10.1.12</b>	<b>Wednesday 11.1.12</b>	<b>Thursday 12.1.12</b>	<b>Friday 13.1.12</b>
<b>Week 3:</b>				
<b>Monday 16/1/12</b>	<b>Tuesday 17/1/12</b>	<b>Wednesday 18/1/12</b>	<b>Thursday 19/1/12</b>	<b>Friday 20/1/12</b>
<b>Week 4</b>				
<b>Monday 23/1/12</b>	<b>Tuesday 24/1/12</b>	<b>Wednesday 25/1/12</b>	(Public Holiday)	<b>Friday 27/1/12</b>

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**CCB**  
 Are you eligible for CCB? Yes  No  Child Care benefit: % Commencement Date: ...../...../20  
 Parent Name Registered with Centrelink: .....  
 Parent CRN: ..... Parent DOB: ...../...../.....

**Parent 1**  
 First Name: .....  
 Surname Name: .....  
 DOB: ...../...../.....  
 Address: .....  
 Suburb: ..... PC:.....  
 Home Telephone: .....  
 Mobile Number: .....  
 E-mail: .....  
**Employment Details:**  
 Employer: .....  
 Occupation: .....  
 Work Telephone: .....  
 Full time Employment:  Part time Employment:   
 Are you of Aboriginal and Torres Strait Islander decent  
 Yes No

**Parent 2**  
 First Name: .....  
 Surname Name: .....  
 DOB: ...../...../.....  
 Address: .....  
 Suburb: ..... PC:.....  
 Home Telephone: .....  
 Mobile Number: .....  
 E-mail: .....  
**Employment Details:**  
 Employer: .....  
 Occupation: .....  
 Work Telephone: .....  
 Full time employment:  Part time Employment:   
 Are you of Aboriginal and Torres Strait Islander decent  
 Yes No

**Immunisation:** Please supply evidence of Immunisation:  
 Evidence Supplied: Yes  No  Sighted By: ..... Date: ...../...../20

**Birth Certificate:**  
 Please supply evidence of the child's Birth Certificate:  
 Evidence Supplied: Yes  No  Sighted By: ..... Date: ...../...../20

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**Medical Details:**

Is your child on regular medication: Yes  No   
 If yes please give details: .....  
 .....  
 Does your child have any disabilities: Yes  No   
 If yes please give details: .....  
 .....  
 Does your child have food difficulties or allergies Yes  No   
 If yes please give details: .....  
 .....  
 Relevant Medical History: .....  
 .....  
 Any particular cultural background or tradition to observe: .....  
 .....

**Doctor Details:**

Family Doctor's Name: .....  
 Telephone: .....  
 Address: .....  
 Suburb: ..... PC: .....  
 Release child to Doctor: Yes  No

**Dentist Details:**

Family Dentist Name: .....  
 Telephone: .....  
 Address: .....  
 Suburb: ..... PC: .....

**Medicare No:**.....

**Private Health Fund:**.....

**First Aid Materials:**

When the centre staff administers first aid do you want them to use these products on your child?

Persona SPF 30+ sunscreen lotion: Yes  No  Savlon Antiseptic Powder: Yes  No   
 Savlon Antiseptic Cream: Yes  No  Stingose for Stings and Bites: Yes  No   
 Band –Aid Plastic: Yes  No  Elastoplast Band – Aid: Yes  No   
 Elastic Adhesive Plaster: Yes  No

**If your child uses different brand it must be provided by parent and kept at the Centre with your child name. (Please name brand if any. .... )**

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**Person Authorised to collect the child instead of Parents:**

**Person 1:**

Full Name: .....

Relationship: .....

Home Telephone: .....

Work Telephone: .....

Mobile: .....

Address: .....

Suburb: ..... PC: .....

**Pickup:** Yes  No

**Person 2:**

Full Name: .....

Relationship: .....

Home Phone: .....

Work Telephone: .....

Mobile: .....

Address: .....

Suburb: ..... PC: .....

**Pickup:** Yes  No

**Emergency Details:**

**I authorise the following people to have access, collect my child or to be contacted in case of emergency:**

**Person 1:**

Full Name: .....

Relationship: .....

Home Telephone: .....

Work Telephone: .....

Mobile: .....

Address: .....

Suburb: ..... PC: .....

**Pickup:** Yes  No

**Person 2:**

Full Name: .....

Relationship: .....

Home Phone: .....

Work Telephone: .....

Mobile: .....

Address: .....

Suburb: ..... PC: .....

**Pickup:** Yes  No

*The Centre will not allow children to go with adults unless names are written on this list or a letter authorising the detail of the person authorised to collect the child who are not listed. You may add or delete names at anytime.*

In the event of an **Emergency** including rising temperature above 38 centigrade, illness or accident concerning my child the centre will try to contact me or other person(s) authorised by me. If parent and all Authorised persons on the emergency list are not contactable, the Centre will keep the child comfortable and the Centre will immediately contact the ambulance.

Parent Signature: ..... Date: ...../...../.....

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**Media:**

I have read the Centre's Media policy and have no objection to my child's activities group photos to be published on the Centre's web site: Yes  No

Parent Signature: ..... Date: ...../...../.....

**DVD/Video:**

DVD/Video and TV are another means of story telling or watching events, and can be method of calming children especially during difficult weather condition when outdoor activities not possible. Only G rated shows permitted for viewing, with the option of some PG shows at staff discretion.

I give my permission for my child (Name)..... to watch selected PG rated movies.

Parent Signature: ..... Date: ...../...../.....

**Behaviour:**

The centre has in place policies and procedures on Behaviour. The staff will document any inappropriate behaviour and deal with the children in an appropriate manner. If any child continues to show inappropriate behaviour, a senior staff member will contact you to request you collect your child.

Parent Signature:..... Date: ...../...../.....

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### Parents Please Note

**Filling this form does not guarantee a place for the child until:**

Parents read our handbook and policies.

Failing to pay the fees on time gives the Centre the authority to give the place to the next child on the list without notice.

### Declaration

I/We the undersigned (name) \_\_\_\_\_  
of (address) \_\_\_\_\_

**Declare that the information given on this form at the time of enrolment is accurate to the best of my/our knowledge.**

**I/we are aware also that:**

**I/We required to pay my/our child weekly fees WEEKLY.**

**The Centre has the right to restrict the method of payment of fees to cash only in the event of a cheque bouncing.**

**Fees are payable for holidays, public holidays, pupil free days, sick absence or any kind of absence.**

**Full fees are payable once the child's Commonwealth allowable absence is consumed.**

**Not paying fees for two successive weeks results in withdrawal of the service without notice.**

**I/We received the Centre handbook, and understand enrolment is not complete without completing an enrolment form, signing the mutual obligation form included in the handbook and returning them with payment to the Centre.**

**Parent Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** ...../...../20

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28<sup>th</sup> October 2011

### Permission Note for Como Pool

I \_\_\_\_\_ give permission for my son/daughter \_\_\_\_\_  
(Parent/Guardian name) (Childs Name)

to attend Como Pool on the following days that have been circled.

Please circle days attending:

Tuesday 10/1/12

Wednesday 18/1/12

Friday 27/1/12

I understand transport will be by the centre bus leaving at 1.00pm and returning at approximately 3.00pm.  
The children will have lunch at 12.00 and will be given afternoon tea when they return.

Cost for this excursion will be \$3.00

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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28<sup>th</sup> October 2011

**Permission Note for Funarama**

**Friday 20<sup>th</sup> January 2012**

I \_\_\_\_\_ give permission for my son/daughter  
Parent/Guardian name  
\_\_\_\_\_ to attend Funarama on  
Child's Name  
**Friday 20<sup>th</sup> January 2012.**

**I understand transport will be by the centre bus leaving at 9.30am and returning at 2.30pm.**

**The Children will be taking their lunch to Funarama.**

**Cost for this excursion will be \$13.00**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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28<sup>th</sup> January 2011

**Permission Note for Lunch at McDonalds  
Friday 13<sup>th</sup> January 2012**

I \_\_\_\_\_ give permission for my son/daughter  
Parent/Guardian name  
\_\_\_\_\_ to attend Lunch at McDonalds  
Child's Name  
on Friday 13<sup>th</sup> January 2012.

I understand transport will be by the centre bus leaving at 11.30 and returning at 2.30pm.

Cost for this excursion will be \$10.00

**Please circle your preferred choice for your child's lunch.**

Happy Meal Junior	Happy Meal Cheese Burger	Happy Meal Chicken Snack wrap
Happy Meal Nuggets	Small Big Mac Meal	Small Quarterpounder Meal
Small McChicken Meal	Small Filet of Fish Meal	Small 6 nuggets Meal

**All meals come with chips and drink. Please circle your preferred drink:**

Coke      Lemonade      Water      Fanta      Diet Coke      Juice

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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28<sup>th</sup> October 2011

Permission Note for Greater Union Miranda  
To See Alvin and the Chipmunks - Chipwrecked

On Thursday 12<sup>th</sup> January 2012

I \_\_\_\_\_ give permission for my son/daughter \_\_\_\_\_  
(Parent/Guardian name) (Childs Name)

to attend Greater Union Miranda on Thursday 12<sup>th</sup> January 2012

I understand transport will be by the centre bus leaving at 9.00am and returning at approximately 2.30pm.  
The children will be given morning tea and have lunch when they return.

Included in the cost will be movie ticket, Small drink and Popcorn

Please advise of any special dietary requirements:.....

Cost for this excursion will be \$20.00

\_\_\_\_\_  
Parent/Guardian Signature

...../...../20  
Date