



brookvale
early learning
centre

BOOSHC Vacation Care Enrolment Form

Please note:

It is essential that prior to commencement the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please notify the centre of any change of address, phone number or care arrangements. Thank you for your cooperation.

Child's Details

Surname _____	First Name/s: _____	
Preferred Name: _____	Date of Birth: _____	Gender: <i>Male / Female</i>
Residential Address: _____		
Suburb: _____	Postcode: _____	Child's CRN: _____
Primary Language: _____	Cultural Background: _____	Religion: _____
School Attended: _____	Class at School: _____	
Custody/Court Orders –		
Is there anyone who is prohibited from having contact with or collecting the child?: <i>Yes / No</i>		
If so, please provide details and copies of information: _____		

Parent/Guardian Details

First Parent/Guardian Details & Primary Account Holder:

Name: _____	Relationship to child: _____	
Home Ph: _____	Work Ph: _____	Mobile: _____
Residential Address: _____		
Suburb: _____	Postcode: _____	CRN: _____
Primary Language: _____	Cultural Background: _____	Religion: _____
Marital Status: _____	Date of Birth: _____	
Work Name and Address: _____		
Occupation: _____	Email Address: _____	

Second Parent/Guardian Details:

Name: _____	Relationship to child: _____	
Home Ph: _____	Work Ph: _____	Mobile: _____
Residential Address: _____		
Suburb: _____	Postcode: _____	CRN: _____
Primary Language: _____	Cultural Background: _____	Religion: _____
Marital Status: _____	Date of Birth: _____	
Work Name and Address: _____		
Occupation: _____	Email Address: _____	

BOOSHC Vacation Care Program at Brookvale Early Learning Centre

Phone: (02) 9905 9564 Fax: (02) 8569 0644 Email: booshc@brookvaleELC.com.au

Emergency Contact/Authority to Collect

Your consent is required for other people to collect your child from this centre on your behalf. You also authorise the centre personnel at Brookvale Early Learning Centre to give the following persons access to your child. Please ensure these contacts are willing and able to collect your child in the event of an emergency if you are not able to be contacted. At least one emergency contact must be completed before enrolment commences.

(This should preferably be someone other than the parent/guardians listed above)

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work/Mobile Phone: _____	Work/Mobile Phone: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____
Authority to Collect: Yes / No	Authority to Collect: Yes / No

Some information about your family

Siblings Names and Ages: _____

Pets (Type of Pet and Names): _____

Extended Family Members living with you?: _____

Can you contribute any skills to our centre's program or have time to volunteer? (EG: Play a musical instrument, speak another language, cook with the children): _____

Cultural Information

Primary Language of Family: _____

Special Cultural/Religious needs (eg diets, festivals): _____

Medical History / Details

Does your child have any allergies? Eg: foods, medication, sunscreen: Yes / No

If so, please provide details and an action plan for dealing with allergic reactions: _____

Medical Conditions

Does your child have any medical conditions? Eg: Asthma, convulsions: Yes / No

If yes, please provide details and action plan for dealing with medical conditions: _____

Does your child require any regular medication?: Yes / No

If yes, please provide details: _____

Is your child receiving any special needs treatment? Eg: speech pathology, behaviour management: *Yes / No*

Is yes, please provide details: _____

Food/Meals

Does your child have any special dietary requirements or needs? Eg: Religious beliefs, vegetarian: *Yes / No*

If yes, please provide details: _____

Other Information

How did you hear about Brookvale Early Learning Centre BOOHSC? _____

Why did you choose this centre? (Program, Location, Cost, Other): _____

Have you used care before? *YES / NO* If yes, provide details: _____

Office Use Only

<i>Vacation Care Enrolment Confirmation Details</i>					
<i>Week 1:</i>	<i>CLOSED</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>
<i>Week 2:</i>	<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>
					<i>MONDAY</i>
<i>Date:</i> _____			<i>Signature:</i> _____		

Parent/Guardian Permission

I give the management/staff at Brookvale Early Learning Centre the authority –

- To use the name and/or photo of my child for the centre displays and programming Yes / No
- To apply sunscreen to my child before outdoors play Yes / No
- For centre staff and students to observe my child to assist in developing an appropriate developmental educational program Yes / No
- To allow the persons listed as Emergency Contacts to drop off and collect my child from the centre unless otherwise specified Yes / No
- To allow the persons listed as Emergency Contacts to sign off Medication Records and Accident/Incident Reports unless otherwise specified Yes / No
- For my child to participate in in-centre entertainment and shows Yes / No
- To remove my child from the premises in the case of an emergency arising (e.g.: fire) and relocate them to the designated fire evacuation points Yes / No

Parents Full Name & Signature: Date:

Emergency Medical Treatment and Health Declaration

I, (Print Parents Full Name) a person with lawful authority of the child referred to in this enrolment form,

- Agree to keep the child referred to in this enrolment form home from care whilst they are suffering from any infectious or contagious illness or when they are in such poor health as to be unfit for normal care conditions.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service.
- In the event of an emergency or serious accident consent to;
 - a) the staff seeking emergency medical, dental or hospital treatment or ambulance service
 - b) the carrying out/administering of appropriate medical, dental or hospital treatment
 - c) agree to pay any costs this treatment or service may incur
- give permission for the staff/management to initiate First Aid treatment and use the contents of the First Aid Kits as required
- understand that no medication will be administered to my child unless it is accompanied by a doctors prescription and we have completed a Medication Form
- Agree that the centre staff and management will only administer one dose of paracetamol to my child if their temperature rises above 37.7 degrees Celsius under the provisory that an adult is coming to collect the child.
- Agree to ensure NO medication or creams are left in my childs bag; they are always given to a member of staff

Parents Full Name & Signature: Date:

Parents Full Name & Signature: Date:

Parent Declaration

I, (Print Parents Full Name) a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the centre in the event of any changes to this information.
- Understand the information provided in the Parent Handbook and agree to abide by all the information and policies outlined in that Handbook
- Agree to abide by all the Centre Policies & Procedures
- Agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day at the centre. Also we will notify a member of staff on my child's arrival and departure from the centre
- Agree that the person collecting my child will always be over the age of 18 years and listed on this enrolment form.
- Agree to notify the centre if my child is absent from the centre due to illness or holidays on a day they are booked to attend

Parents Full Name & Signature: Date: