

Warren Vacation Care Play Centre  
Enrolment Form 2021



Vacation Care Commencement Date: .....

**Child's Details**

Given Names: ..... Surname: .....

Address: .....

Date of birth: ...../...../..... Age: ..... Gender: M / F Religion/Cultural Background: .....

Aboriginal and/or Torres Strait Islander: Yes / No Language(s) spoken at home: .....

School: ..... Year started school: .....

**Parent / Guardian Details**

Full Name: .....

Address: .....

Date of birth: ...../...../..... Gender: M / F Relationship to child: .....

Telephone: (Home) ..... (Mobile) ..... (Work) .....

Email Address: .....

**Parent / Guardian Details**

Full Name: .....

Address: .....

Date of birth: ...../...../..... Gender: M / F Relationship to child: .....

Telephone: (Home) ..... (Mobile) ..... (Work) .....

Email Address: .....

**Courts Orders Relating to the Child**

Are there any **Court Orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? Yes / No

If you answered yes to the above question, please provide the service with a copy of the court order.

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**Contacts** – These people are permitted to collect child or assist in an emergency. They must be over the age of 18.

## Contact 1

Full Name: ..... Relationship to child: .....

Address: .....

Date of birth: ..... / ..... / ..... Gender: M / F Phone: (Home) ..... (Mobile) .....

## Contact 2

Full Name: ..... Relationship to child: .....

Address: .....

Date of birth: ..... / ..... / ..... Gender: M / F Phone: (Home) ..... (Mobile) .....

## Contact 3

Full Name: ..... Relationship to child: .....

Address: .....

Date of birth: ..... / ..... / ..... Gender: M / F Phone: (Home) ..... (Mobile) .....

## Medical Information

Has your child been immunised? Y / N

Is your child up to date with immunisation? Y / N

Does your child suffer from any allergies? Y / N

If yes, please provide details: .....

Does your child have any medical condition or special care requirements? Y / N

If yes, please provide details: .....

**If applicable Medical Management Plan, Risk Minimisation Plan, Communication Plan are required to be supplied annually. Failure to provide this information, will result in your child/ren not permitted to attend Vacation Care.**

**Medical attention** – In the event that your child requires medical attention do you allow the centre to obtain / provide medical assistance if needed and agree to pay any medical / transport costs incurred? Y / N

In the case of an emergency or accident, every effort will be made to contact parents/guardian immediately.

Family Doctor: ..... Phone: ..... Medicare Number: .....

## Enrolment Terms and Conditions

- 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.
- 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.
- 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-
  - The child's parent or a person authorised by the child's parent.
  - An employee of Warren Shire Council Vacation Care who is responsible for the child and has written authorisation from a parent to take the child from the premises for a specific purpose.
  - In the case of an emergency, a person authorised and having due regard to the safety and welfare of the child.
- I acknowledge that vacation care is run on a first in basis and educators are not permitted to take bookings for children. Each child must pay an applicable fee per day prior to commencing care.

Parent / Guardian signature: ..... Date: .....