



## School Aged Care- Enrolment Details

Age:

Class:

### Child's Details

Child's Full Name:

Preferred Name:

Child's Address:

Centrelink Reference Number (CRN):

Child's Date of Birth:

Gender:

Child's Medicare Number:

### Cultural Connections & Family Traditions

Country of Birth:

First (Primary) Language:

Second Language:

Cultural Background:

 Aboriginal South Sea Islander Torres Strait Islander Other:

Religion:

Please outline any cultural or religious practices you would like followed:

Siblings (Brothers &amp; Sisters):

Name &amp; Age:

Name &amp; Age:

Name &amp; Age:

Name &amp; Age:

Any other close relations (e.g. Cousins) attending the Service:

Name &amp; Age:

Name &amp; Age:

### Medical Information

Doctor's Name/Service:

Contact Number:

Address:

Has your child been immunised?  Yes - please provide a copy of your child's Current Immunisation Statement No**If No:**I certify that I have a **true conscientious objection/medical reason** for my child not being immunised and have discussed this with my doctor. I understand that I may be required to keep my child away from the centre if there is an outbreak of an immunisation-preventable disease. I understand that my fees will still be payable.

Dietary Restrictions:

Health Care needs or conditions, including allergies or anaphylaxis:

Special Considerations or Concerns:

 Communication Needs Learning Needs Mobility Needs Mobility Needs Interpersonal Needs Child at Risk

### Court Orders

Are there any court orders, parenting orders or parenting plans in place for this child?

 Yes (please provide all relevant documentation) No

### Days of Care Required

Expected Sessions of Care:	Mon	Tues	Wed	Thurs	Fri
Start Time for Session:					
End Time for Session:					
Total hours charged:					
Care Arrangement:	Routine Care		Casual Care		Flexible Care

Fees to be charged to the individual for the sessions of care provided:

*Note: Parties understand and are aware fees may vary from time to time.*

### Authorisations

I give permission for photos or videos to be taken of my child and authorise the use of photos and videos in promotion Bay Island Early Learning & Care programme e.g. newspaper, newsletters and Bay Island Early learning and Care website and social media.

- Yes
- No
- with restrictions

I give permission for Bay Island Early Learning & Care to apply as required

- Insect repellent
- Antiseptic Ointment/Sting Relief
- Sun cream
- Band-Aids
- Paw Paw ointment

Please be advised that if a child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators will administer emergency first aid without making contact. Educators will notify child's parents and/or emergency services as soon as possible.

### General Information

Is there any additional information you would like to provide us with regarding your child's behavioural needs, that would help us support your child within our programmes?

Have there been any major changes recently? (e.g. Moving house, new baby, separation, death in family)

Extracurricular activities:

Friends:

I certify that the information on this form is true & correct.

Signature: