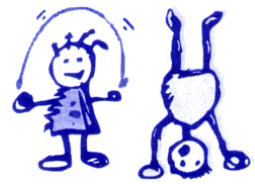




TWEED SHIRE VACATION CARE



ENROLMENT FORM

Surname of Children: _____

DETAILS	CHILD 1	CHILD 2	CHILD 3
Child First Name			
Child Surname			
Child Address			
Date of Birth			
Male/Female			
School			
Child Centrelink CRN			
Allergies (If child has asthma or anaphylaxis- a Medical Plan is needed)			
Behavioural History e.g. shyness, anger management issues, tendency to run away			
Medication (if any) If medication is to be administered while attending our service please complete medication form.			
Does your child need additional assistance in: Communicating Mobility, Self-care or Socialisation?			
Is your child immunised?	Yes/No	Yes/No	Yes/No
Any specific health care needs including any medical conditions?			

CHILD DETAILS	CHILD 1	CHILD 2	CHILD 3
Is your child of Aboriginal origin?	Yes/No	Yes/No	Yes/No
Is your child of Torres Strait Islander origin?	Yes/No	Yes/No	Yes/No
What is your child's Nationality?			
Does your child speak another language? If yes please specify.	Yes/No	Yes/No	Yes/No
Is your child subject to any custody or access order? (If yes please attach copy)	Yes/No	Yes/No	Yes/No
Any religious or cultural upbringing you wish us to respect? If yes please specify.	Yes/No	Yes/No	Yes/No
Does your child have any specific dietary requirements we need to be aware of? If yes please specify.	Yes/No	Yes/No	Yes/No
Please provide details about your child's interests, e.g. hobbies, books, games, art and craft, music etc.			

FAMILY DETAILS	
Family Doctor	
Doctor Phone Number	
Doctor Address	
Medicare Number	
How many <u>other</u> children do you have in Childcare in the same week?	
Where did you hear about us?	School / Newsletters / Internet search / Our Website / Yellow Pages / Referral / Other - Please specify
I would like to receive via email-	Vacation Care programs / Statements / Upcoming events / Newsletters
My child will be attending-	Tweed Centre/Vacation Care/After School Care/Before School Care Murwillumbah/ Vacation Care/After School Care

PARENT DETAILS	PARENT/GUARDIAN (CCB Parent)	PARTNER
Parent No.1 CRN (Customer Reference Number)		
Parent First Name		
Parent Surname		
Date of Birth		
Address		
Postal Address (if different)		
Home Phone		
Mobile Phone		
Occupation		
Workplace		
Work Phone		
Email Address		

Emergency Contacts & Authorised Collectors (other than above)	Contact 1	Contact 2	Contact 3
First Name			
Surname			
Relationship to Child			
Home Phone			
Mobile Phone			
Address			

PARENT / GUARDIAN CONSENT

Please tick

- I give permission for my child to be photographed and any photos to be used for newspaper articles, our Website and/or our Facebook page to promote our Service.
- I give permission for my child to have staff apply sunscreen and/or insect repellent as required. Staff will apply sunscreen for juniors, while senior children will be reminded to apply their own.
- I hereby give my consent for Tweed Shire Vacation Care to seek medical treatment in case of an emergency and transportation by ambulance if necessary and I agree to pay for any costs incurred. Every effort will be made to contact the parent/guardian before such treatment is sought.
- I agree to provide accurate information relating to my child's health and behaviour issues.
- I authorise staff to administer an age/weight appropriate dose of a fever reducing agent to my child should he/she have a fever, while awaiting my arrival to seek medical attention.
- I understand that should my child have a suspected first time asthma attack, it will be managed according to nationally recognised asthma first aid and an ambulance will be called.
- I agree to provide any medication, in the original packaging with a pharmacy label, my child may require while attending the Centre and agree to complete a medication permission form.
- I agree to provide a copy of my child's immunisation record or provide a copy of a Conscientious Objection form.
- If applicable, I will provide a copy of my child's medical management plan, anaphylaxis medical management plan or risk minimisation plan prepared by the child's doctor.
- I agree to notify the Centre of any absences by 10am the day before for Vacation Care and by 10am on the day for After School Care.
- I understand that staff will take all due care, and that the Centre will not be held responsible for any loss or damage of property, or injury while at the Centre.
- I have read and agree to abide by the Centres policies and guidelines as stated in the Parent Handbook.
- I agree to encourage my child to behave in a responsible manner at all times while attending the Centre.
- I agree to notify the Centre of any changes in medication/custody/health of my child.
- I agree to pay the fees on a weekly basis and agree to pay any late fees incurred.

Parent Name _____

Parent Sign _____

Date _____

CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION
TO: New South Wales Department of Education and Communities

I understand that Tweed Shire Vacation Care Inc. (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to **the New South Wales Department of Education and Communities (Department)**. I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILDREN

PRINT FULL NAME OF CHILD			
DATE OF BIRTH			

DETAILS OF PARENT / LEGAL GUARDIAN

PRINT FULL NAME OF PARENT/LEGAL GUARDIAN	
RELATIONSHIP TO CHILD (e.g. mother, father, guardian)	

SIGNATURE OF PARENT/GUARDIAN

DATE

_____/_____/_____