

ENROLMENT FORM for KINGS PARK PS OUTSIDE SCHOOL HOURS CHILD CARE PROGRAM

Please use a separate form for each child

Family CRN **Child CRN**

Child's Surname:	Given Name:
Date of Birth:	Male or Female:
Address:	
Class/ Grade:	

Mother's Full Name:
Address:
D.O.B:
Home Phone:
Work Phone:
Mobile:

Father's Full Name:
Address:
D.O.B:P
Home Phone:
Work Phone:
Mobile:

Are there any custody restrictions applicable to this child? YES / NO

If YES, please provide official documentation.

EMERGENCY CONTACTS

Name of Contact	Relationship to Child	Home Phone	Work Phone

CONTACTS (OTHER THAN THE ABOVE) ABLE TO COLLECT YOUR CHILD

(If possible, include at least one parent with a child also attending the Program.)

Name of Contact	Home Phone	Work Phone

PLEASE INDICATE DAYS REQUIRED FOR ATTENDANCE AT THE PROGRAM

	Mon	Tues	Wed	Thurs	Fri
BEFORE SCHOOL:					
AFTER SCHOOL:					

Child's Name:

MEDICAL / HEALTH INFORMATION

Family Doctor		Allergies or Sensitivities	
Name:		Food:	
Address:			
Phone:		Skin:	
Other:			
Is your family a member of the Ambulance Service?			YES / NO
What is your Medicare Number?			
Do you have Private Health Insurance Cover? YES/NO	Insurer:	Membership No:	

Does your child have an ongoing illness? (eg.asthma, diabetes) YES / NO

If YES, Please complete the following information:

Type of illness:	
Is special care required?	YES / NO
<i>If YES, Please provide a medical plan and discuss with Coordinators.</i>	
Does your child have Asthma?	YES / NO
<i>If YES please provide Asthma Plan and discuss with Coordinators.</i>	

PLEASE NOTE:

1. Places in our Program are limited. Priority is given to families who require care because parents are working, looking for work or studying / training. Please tick main reason for each parent.
2. You may be eligible to receive Childcare Benefit, which will reduce the amount you are required to pay in fees. Please see the Coordinator for information.

Reason for Using Care	Parent 1	Parent 2	Childcare Benefit
Working Part time	()	()	Do you want to claim CB as a fee reduction? YES / NO
Looking for Work	()	()	Do you want to claim CB as a lump sum payment? YES / NO
Studying / Training	()	()	
Other (please specify)	()	()	

Child's Name:

SIGNED CONSENT

The Kings Park Primary School Council requests your consent on the following matters relating to your child's participation in the After School Hours Child Care program.

Do you agree to your child viewing either General (G) or Parental Guidance (PG) rated films?

YES / NO

In signing the After School Hours enrolment form you are agreeing to the following conditions:

1. I/We understand that once a child is collected and signed out of the program, they are to leave with the undersigned and cannot enter the program area until the following After School Hours session.
2. I/We do not hold the Kings Park Primary School Council or any of its employees responsible for any injury or illness to my/our child, or any loss or damage to property that may be incurred during the program.
3. Where a staff member considers it advisable to obtain immediate medical, dental or hospital attention, I/we hereby give permission for the staff to arrange for my/our child to receive such attention. I/We agree to meet any costs of an ambulance needed in transporting my/our injured or ill child to the nearest hospital and I/we undertake to be responsible for the cost of any medical, dental or hospital attention in this event.
4. The information regarding reasons for requiring After School Hours Child Care is true and accurate and I/we will undertake to advise the Coordinator if my/our circumstances change.
5. I/We will notify the Coordinator as soon as possible of any change in address, telephone number, and/or any change of contact names and telephone numbers.
6. I/We understand and agree that my/our child is bound by the rules of the Kings Primary School Behaviour Policy.

Signature Date