



Santa Clara O.S.C.
 91 Coolgardie Street
 St James 6102
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**Santa Clara O.S.C.
 ENROLMENT FORM 2014**

Child's Information:

Surname: First Names:
 Surname..... First Names.....
 Address: Post Code:
 Phone: DOB: Child (1) DOB: Child (2)..... M / F:

CCB Information

Child CRN: Number order of child on CCB form

Do you claim CCB for your child at another service?
 YES (if yes please add details below eg service name) NO

Does your child have any siblings who attend other services that also claim CCB?
 YES (if yes please supply details below) NO

Is your child of Aboriginal/Torres Strait Islander descent? YES NO

Cultural considerations:

Country of birth: Languages spoken:

Does your child have any allergies, medical or other conditions: YES NO

If yes, please provide further information and an action plan:

Does your child have any other additional needs?

Birth Certificate sighted: Immunisation (up to date details sighted):

Child's Medical Practitioner

Name:

Address:

Telephone no: Medicare no:

We regret that we are unable to provide care for children who are sick or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts we may deem it necessary to call an ambulance

Bookings Request:

Start Date: School Attending

Classroom/Grade.....Teachers Name

Care type; Casual Booking Regular booking

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Before School | | | | | |
| After School | | | | | |

***Confirmation regarding days needed for vacation care will be provided before each holiday period begins**

Parent/Guardian Information:

| Parent/Guardian (Account Holder) | Parent/Guardian |
|---|---|
| Name: | Name: |
| DOB: CRN: | DOB: CRN: |
| Address: | Address: |
| P/C: | P/C: |
| Phone: | Phone: |
| Mob: | Mob: |
| Email: | Email: |
| Place of Work: | Place of Work: |
| Address: | Address: |
| Phone: | Phone: |
| Country of Birth: | Country of Birth: |
| Languages Spoken: | Languages Spoken: |
| Cultural Considerations: | Cultural Considerations: |
| Care required for (work/study/respite/other): | Care required for (work/study/respite/other): |

Custody Arrangements:

Are there any court orders in place for your child? YES / NO (attach documentation)

Please provide further details:

.....

Authorised and Emergency Contacts

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD; THEY ARE ALSO AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE IN THE CASE OF AN EMERGENCY;

PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

| Authorised person to deliver / collect child: | Authorised person to deliver / collect child: |
|---|---|
| Name: | Name: |
| Home Phone: | Home Phone: |
| Work Phone: | Work Phone: |
| Mobile: | Mobile: |
| Relationship to your child: | Relationship to your child: |
| Emergency Contact: | Emergency Contact: |
| Name: | Name: |
| Address: | Address: |
| | |
| Home Phone: | Home Phone: |
| Work Phone: | Work Phone: |
| Mobile: | Mobile: |
| Relationship to your child: | Relationship to your child: |

Permissions

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity. **YES / NO**
2. My child being observed by educators and students for programming purposes. **YES / NO**
3. My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service) **YES / NO**

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

Privacy Statement

Santa Clara O.S.C. service, located at 91 Coolgardie Street, St James, maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care and Child Care Benefit laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent / Guardian Name: Date:

Signature:

Registration Agreement

1. I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board or in the centre newsletter.
2. I understand that I need to comply with all Government requirements in relation to the Centre and its service.
3. I will advise the Centre as soon as practicable of any updates to my circumstances.
4. I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred.
5. I understand that it is my responsibility to fulfil any obligations required to receive Child Care Benefit (CCB).
6. I agree to pay my fees as determined by the fee payment policy.
7. I agree to pay my Vacation Care fees in full on return of the school term.
8. I understand that parent's who receive Centrelink are entitled to 42 absences a year, so therefore our centre has a no cancellations policy as per family handbook.
9. I am aware that any failure to pay fees may result in cancellation of my child's place at the centre.
10. I am aware that fees will be reviewed annually and I will receive a minimum of two (2) weeks' notice of any changes being made.
11. I will also be responsible for payment on any days my child is sick or absent from my care.
12. I understand that a system of payment for late collection operates at the centre and that I am responsible for the payment of any fees incurred.
13. I am aware that my child will be excluded from care at the centre if they have a communicable of infectious disease.
14. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met.
15. I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by centre staff.
16. I have presented the centre with a copy of my child's current immunisation details and birth certificate.
17. I have read and understand the privacy statement.
18. The centre reserves the right to cancel care if it considers doing so would be in the best interest of the centre. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed up conclusion of care at the centre.

I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name: Date:

Signature:

Witness Name: Date:

Signature: