



Preston West Primary School

Before & After School Care Program (School Age Care)

BOOKING FORM

Please note that while all efforts will be made for your child to attend the service on your preferred days, the completion of this booking form does not guarantee this.

Child's Given Name \_\_\_\_\_

Child's Family Name \_\_\_\_\_

Casual

Permanent

IF PERMANENT, PLEASE INDICATE DAYS REQUIRED BY TICKING BOXES BELOW.

Before Care Permanent Bookings (please tick in boxes below)

| MONDAY                   | TUESDAY                  | WEDNESDAY                | THURSDAY                 | FRIDAY                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

After Care Permanent Bookings (please tick in boxes below)

| MONDAY                   | TUESDAY                  | WEDNESDAY                | THURSDAY                 | FRIDAY                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Preston West Primary School

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ENROLMENT FORM

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Who must complete this enrolment form - A parent or guardian who has parental responsibility in relation to the child.

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**CHILD DETAILS**

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Name child prefers to be called by \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female (please circle)

Child's Centrelink Reference Number(CRN) \_\_\_\_\_ (This is different to your Centrelink Reference Number (also called a CRN)).

Language(s) spoken at home \_\_\_\_\_

Child's country of birth \_\_\_\_\_

Is your child of Aboriginal and/or Torres Strait Islander origin? (please circle)

No, not Aboriginal or Torres Strait Islander    Yes, Aboriginal

Yes, Torres Strait Islander                      Yes, Aboriginal and Torres Strait Islander

Are there any custody orders or issues concerning your child?

NO / YES (please circle) if yes, please attach a copy of a current custody order.

Does your child have any fears? (eg. Thunder, Dogs)

\_\_\_\_\_  
\_\_\_\_\_

Please list any events or festivals your child celebrates

\_\_\_\_\_  
\_\_\_\_\_

Please list any cultural / religious issues that educators need to be aware of

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary restrictions? NO / YES (please circle) if yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Is there any other information that you feel educators should know about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This section is for families that have children who attend other approved child care services. This information is needed for you to claim the 2 or 3 child Percentage for your child care benefit. Please **DO NOT** include children attending the PWPS Before & After School Care Program.

| Child Full Name | CRN Number | Date of Birth |
|-----------------|------------|---------------|
|                 |            |               |
|                 |            |               |

### PERMISSIONS

Photographs and videos within the service are taken by both educators and children.

- 1) Do you give permission for your child to be photographed?  
NO / YES (please circle) if yes please sign here \_\_\_\_\_
  
- 2) Do you give permission these photographs be displayed in your child's portfolio, books, on usb, on disc, on computer? These will only be viewed at the service and may be viewed by children, families and educators within the service.  
NO / YES (please circle) if yes please sign here \_\_\_\_\_
  
- 3) Do you give permission for your child to be photographed and these photographs be displayed on noticeboards or around the service? Please note that the service is located in a shared space so photographs may be viewed by other persons, not associated with the service, utilising the space.  
NO / YES (please circle) if yes, please sign here \_\_\_\_\_
  
- 4) Do you give permission for your child to be videoed while participating in experiences in the service (videos may be put onto disc or computer to be viewed only within the service).  
NO / YES (please circle) if yes, please sign here \_\_\_\_\_
  
- 5) Do you give permission for your child to watch PG rated movies?  
NO / YES (please circle) if yes, please sign here \_\_\_\_\_
  
- 6) Do you give permission for your child to have face paint applied?  
NO / YES (please circle) if yes, please sign here \_\_\_\_\_

## MEDICAL DETAILS

Name of Child's Doctor \_\_\_\_\_

Name of Clinic or Medical Centre \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Medicare Number \_\_\_\_\_

If you have Ambulance Cover please provide membership number \_\_\_\_\_

If you have Private Health Care please provide Health fund name and membership number  
\_\_\_\_\_

Does your child have any medical conditions? Please include any allergies or sensitivities. Please attach the child's Action Plan/s to this enrolment form

| CONDITION / ALLERGY | DETAILS | ACTION PLAN PROVIDED |
|---------------------|---------|----------------------|
|                     |         | YES / NO             |
|                     |         | YES / NO             |
|                     |         | YES / NO             |
|                     |         | YES / NO             |

Action plans are available from [www.allergy.org.au](http://www.allergy.org.au) and must be signed by your child's doctor.

### ANAPHYLAXIS

Has your child been diagnosed with Anaphylaxis? YES / NO (please circle)

Does your child have an auto injecting pen (eg. Epipen)? YES / NO (please circle)

Has the anaphylaxis ACSIA plan been provided to the service? YES / NO (please circle)

A risk management plan will be completed by the program, in consultation with the parent/guardian upon enrolment. A copy of the services anaphylaxis policy will be provided to the parent/guardian upon enrolment.

**No child, who has been diagnosed with anaphylaxis, is permitted to attend the service without an auto injecting device (eg. Epipen) and a current action plan, signed by your child's doctor. The parent or guardian will provide an auto injecting device to the service.**

## Immunisation

Has your child been immunised? YES / NO (please circle)

If yes, please supply a copy of the immunisation record

Is a copy of the immunisation record attached? YES / NO (please circle)

Do you give permission for the BASCP Service to obtain a copy of your child's immunisation record from the school office? YES / NO (please circle)

If no, are you a conscientious objector? YES / NO (please circle)

## Family Description - For Priority of Access

Sole Parent/Guardian:

Working                      Studying                      Not Working                      (please circle)

OR

Two Parents/Guardians:

Both Parents                      Working                      Studying                      Not Working                      (please circle)

OR

Parent One Parent                      Working                      Studying                      Not Working                      (please circle)

Parent Two Parent                      Working                      Studying                      Not Working                      (please circle)

**Information about the child's Parents / Guardians.**

1) Given Name \_\_\_\_\_ Family Name \_\_\_\_\_  
(This person should be the person who has registered for Child Care Benefit (CCB) and is responsible for fee payment).

Relationship to child \_\_\_\_\_ Date of Birth (as given to Centrelink) \_\_\_\_\_

Centrelink Reference Number \_\_\_\_\_ (This is a different number from your child's CRN).

Home Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Occupation (if applicable) \_\_\_\_\_

Business / Company / Institute Name \_\_\_\_\_

Work / Study Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Country of Birth \_\_\_\_\_ Languages spoken \_\_\_\_\_

2) Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Occupation (if applicable) \_\_\_\_\_

Business / Company / Institute Name \_\_\_\_\_

Work / Study Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Country of Birth \_\_\_\_\_ Languages spoken \_\_\_\_\_

## EMERGENCY CONTACTS

Emergency contacts should:

- not be more than 30 minutes away from the service.
- have your authorisation to seek medical treatment in the case of accident, injury, trauma or illness to your child.
- have your authorisation to complete a medication form.
- be over 18 years of age
- be persons other than the legal guardians

In the event of accident, injury, trauma or illness and parents / guardians cannot be contacted, emergency contacts will be notified .

| EMERGENCY CONTACT 1   | EMERGENCY CONTACT 2   |
|-----------------------|-----------------------|
| Given Name            | Given Name            |
| Surname               | Surname               |
| Address               | Address               |
| Mobile                | Mobile                |
| Home Phone            | Home Phone            |
| Work Phone            | Work Phone            |
| Relationship to child | Relationship to child |

Other persons that you authorise to collect your child. **Must be over 18 years of age.**

| Given Name | Surname | Mobile | Home Phone | Work Phone | Relationship to child |
|------------|---------|--------|------------|------------|-----------------------|
|            |         |        |            |            |                       |
|            |         |        |            |            |                       |
|            |         |        |            |            |                       |
|            |         |        |            |            |                       |

## MEDICAL/GENERAL DECLARATION

I, \_\_\_\_\_(print full name)

Being the person with lawful authority of \_\_\_\_\_(print child's name)

- Authorise the Before & After School Care educators in the event of accident, injury, trauma or illness, to obtain on my behalf any such medical attention my child may require. I agree to pay all expenses that may be incurred including ambulance and any medical costs.
- Understand that in an emergency situation or fire drill, where evacuation is necessary that my child may need to leave the Before & After School Care Program premises under the direction and supervision of the Before & After School Care educators.
- Understand that I need to complete an 'Out of Service Activity' form if my child is to leave the service. I accept that once my child leaves the service, the Before & After School Care educators are no longer responsible for my child.
- Understand it is my responsibility to inform the service if my child contracts an infectious or contagious disease.
- Understand that all persons collecting my children from the service must be over 18 years of age.
- Understand my child will be signed out of the service at 8:45am when attending Before Care.
- Agree to my child leaving the service grounds in case of emergency.
- Agree to inform the service if my child is going to be absent.
- Am aware that absent days will contribute towards my 42 'Allowable Absences' per year for Child Care Benefit Purposes.
- Authorise the service to display relevant Action Plans which will include a photo of my child.
- I declare that the information on this enrolment form is true and correct and undertake to immediately inform the Before & After School Care Program coordinator or assistant coordinator in the event of any changes to this information.
- I understand that all persons collecting my children from the service must be over 18 years of age.
- I authorise an Educator, Nominated Supervisor or the Approved Provider to take my child outside the service premise in case of emergency.
- I authorise an Educator, Nominated Supervisor or the Approved Provider to seek transportation of my child by an ambulance service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Privacy Statement

Information collected from this enrolment form will be used to provide care for your child. The information may be shared with government and or funding agencies. The information will not be disclosed to any other party except as required by law.

This is a page for your child to fill out (with your help, if needed). We understand your child may not want to fill out all the questions but any questions answered will be helpful to us. These answers will help us get to know your child and will assist educators in planning experiences for your child.



## ABOUT ME

How old are you? \_\_\_\_\_

What are your favourite things to do?

Inside \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outside \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who lives in your home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pets? If yes, tell us about your pets

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name 3 things you are good at

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What foods do you like?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What foods don't you like?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_