



Fun with friends- flexibility for families

Office use only

Date received: _____

Approved start date: _____

Ezidebit form received: YES / NO

Educator signature: _____

Ainslie After School Care Enrolment form

PLEASE INSERT CHILD/REN
PHOTO

To secure booking please:

1. Complete this form and return to Ainslie Afters;
2. Ensure that you have completed an *Ezidebit* form. (*Payment of fees is by Ezidebit only. Families who have filled out an Ezidebit form do not need to fill out another form.*)

Note: Please check that all sections have been completed, signed and dated where necessary.

If you have any questions about this form, contact Afters at 6249 1740 or email us at afters@webone.com.au.

Privacy notice

Please read this notice before completing this enrolment form.

Enrolment Form: This enrolment form asks for personal information about your child/ren as well as about family members and others that provide care for your child/ren. This information is required for Ainslie Afters School Care to enrol your child/ren and to allocate staff and resources to provide for their care and support. All staff at Ainslie Afters are required by law to protect the information provided on this enrolment form.

Health information: So staff at Ainslie Afters can properly care for your child, this form asks you to tell us about any condition including allergies that your child/ren may have, any medication they may rely on while at Ainslie Afters, and contact details of your family doctor. Ainslie Afters depends on you to provide all relevant information: withholding some health information may put your child's health at risk.

Family arrangements: Ainslie Afters requires information about parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans must be made available to Ainslie Afters. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Director if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts: These are people that Ainslie Afters may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and have agreed to their details being provided to Ainslie Afters.

Updating Your Child's Records: Please let Ainslie Afters know if any information needs to be changed by sending updated information to the Director.

Access to Your Child's Records Held by Ainslie Afters: In most circumstances a parent or guardian can access their child's records. Please contact the Director to if you wish to do so. Some information, such as information provided by someone else, may not be accessible to parents or guardians.

General information about Ainslie Afters can be found in the *Handbook for Families*, which is issued to each family. Please sign below if you have received one:

Print name: _____ Signature: _____ Date: ___/___/___

AASC MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGES TO THE DETAILS GIVEN ON THIS DOCUMENT. ALL INFORMATION IS CONFIDENTIAL.

PARENT / GUARDIAN DETAILS (Please use block letters)

PARENT / GUARDIAN 1 <i>(Please circle)</i>	Male: Female:	PARENT / GUARDIAN 2 <i>(Please circle)</i>	Male: Female:
Family Name:		Family Name:	
Given Name:		Given Name:	
First point of emergency contact:	<input type="checkbox"/> 1 <input type="checkbox"/> 2	First point of emergency contact:	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Date of Birth:		Date of Birth:	
Relationship to the child/ren:		Relationship to the child/ren:	
Address:		Address:	
Language spoken at home:		Language spoken at home:	
Home No:		Home No:	
Mobile No:		Mobile No:	
Work No:		Work No:	
Email:		Email:	
Occupation:		Occupation:	
Employer:		Employer:	
Work address:		Work address:	
Work hours:		Work hours:	
Work days:		Work days:	

Details of Adult registered with Family Assistance Office (FAO) for Child Care Benefit/Child Care Rebate:

Name: _____

Date of Birth: ____/____/____

Centrelink Customer Reference Number (CRN) _ _ _ _ _

Address _____

Circle sessions required for **PERMANENT CARE** only. **ONE** weeks' written notice is required for fees to be waived.

PERMANENT BOOKINGS *(Please circle)*

Child/ren Name:

COMMENCING ON:

BEFORE CARE

MON

TUE

WED

THU

FRI

START DATE:

AFTER CARE

MON

TUE

WED

THU

FRI

CASUAL

CHILD/REN DETAILS

	Child 1	Child 2	Child 3
Child's Family Name			
Child's Given Name			
Address			
Male / Female			
Date of Birth			
School grade in 2017			
Child's CRN			
School Attending other than Ainslie Primary			
Would you like us to encourage your child/ren to do homework?			
Is your child of Aboriginal or Torres Strait Islander origin?	No Yes, Aboriginal Yes, Torres Strait Islander	No Yes, Aboriginal Yes, Torres Strait Islander	No Yes, Aboriginal Yes, Torres Strait Islander
Non-English speaking background?	No Yes	No Yes	No Yes
Language spoken at home?			
Do you have a Religious/Cultural upbringing you wish the centre to respect?			

MUSIC FOR EVERYONE

AASC organises music activities for children through the Music for Everyone program run at the Ainslie Arts Centre located on the same block as Ainslie School. For planning purposes it is helpful if you could indicate if these activities would be of interest to you and your child. Formal advice and sign-up forms will be sent out when the school year starts.

Would your child be interested in attending lessons in:

- Drumming
 Guitar
 Recorder
 Violin
 Music in Action (music theatre for children aged 6-10)
 Other (please specify) _____

CHILD/REN'S MEDICAL/PERSONAL HISTORY

	Child 1	Child 2	Child 3
Does your child have any life threatening allergies? <i>For example Anaphylaxis. <u>If so please provide action plan</u></i>			
Does your child have any allergies that are non-life threatening? <i>Please provide details and action to be taken in the event of an allergic reaction.</i>			
Does your child have any disabilities or medical conditions?			
Does your child have any special needs?			
Has your child/ren ever been diagnosed with Asthma? <u>If yes, please provide Asthma Management plan.</u>			
Has your child been prescribed ongoing medication? <i>If yes provide details & if medication required at the centre please complete Medication Forms.</i>			
Has your child been fully immunised? <i>If yes please provide a copy of immunisation details. If no, they may need to be kept away from centre if an outbreak occurs.</i>			
Does your child/ren have any particular <i>food/dietary requirements/ dislikes?</i>			
Does your child/ren <i>fear anything</i> in particular?			
Are there any words that have special meaning to your child that we may need to know?			
Does your child have any behavioural issues we should be aware of? <u>If you have a behaviour management plan please provide us with a copy.</u>			

Any other relevant information educators should be aware of i.e. hobbies, sport, craft, social skills and relationship preferences:

A COPY OF EACH CHILDS IMMUNISATION RECORD MUST BE ATTACHED. HEALTH RECORD PROVIDED AND SIGHTED BY EDUCATOR: YES NO

EDUCATOR SIGNATURE _____ DATE _____

SPECIAL INSTRUCTIONS

- Please notify the centre if there are any custodial arrangements, which specifically states who has access to your child/ren. The centre will require a copy of any relevant court orders or equivalent.
- Anything which you feel may affect your child's behaviour, safety or happiness at AASC:

CHILD/REN'S DOCTORS DETAILS

Doctors Name:

Address:

Phone No:

Medicare No:

Medical information and consent

I give permission for educators at AASC to administer my child/ren with an Asthma Puffer or EpiPen in the case of an emergency Yes No

Please note that once administered the director will contact parents as well as emergency services (according to **regulation 94** in the Education and Care Services National Regulations)

I give permission for educators at AASC to administer my child/ren with children's liquid form Panadol/Nurofen according to the correct dose of the child/ren's age and weight in the case of an emergency Yes No

Please note that the director will call parents and receive verbal consent before administering Panadol/Nurofen.

I give permission for AASC educators to administer first aid or seek medical attention for my child/ren in the event of an accident/emergency. I understand that relevant information on this form will be passed to hospital/medical staff if required. I accept liability for medical, dental, hospital, ambulance or other costs incurred.

I understand that AASC is unable to care for sick children or children with contagious illnesses. AASC retains the right to exclude any child not well enough to cope with the group situation. AASC reserves the right to exclude any child whose parents persistently disregard the policies and regulations of AASC.

Name: _____ Signature: _____

Note: Medication will only be administered to a child/ren in accordance with the centres Medication Policy.

EMERGENCY CONTACT 1 – not parent/guardian

Please list the name & contact number of a person's (other than parent/guardian), who can be contacted in case of an emergency. ***If person is not known to educators, photo identity is required. Please state which phone to try first***

Full Name:	Address:
Home No:	Mobile No:
Work No:	Relationship to the child:

EMERGENCY CONTACT 2 – not parent/guardian

Please list the name & contact number of a person's (other than parent/guardian), who can be contacted in case of an emergency. ***If person is not known to educators, photo identity is required. Please state which phone to try first***

Full Name:	Address:
Home No:	Mobile No:
Work No:	Relationship to the child:

PEOPLE AUTHORISED TO COLLECT YOUR CHILDREN – other than person named above

Please list the names & contact numbers of other persons (other than parent/guardian), authorised to collect your child/ren. Your child will only be released to these nominated persons. ***If person is not known to educators, photo identity is required.***

1st Contact Name:	Relationship to the child:
Home no:	Mobile no:
Work no:	Address:
2nd Contact Name:	Relationship to child:
Home no:	Mobile no:
Work no:	Address:

Any person who is not listed will NOT be able to collect your child/ren unless the centre receives written or verbal permission.

OTHER CONSENTS

I give permission for my child/ren to be photographed/filmed while at AASC as part of the Curriculum planning. I further understand that my child's photo may be present in other children's port folios which will, on request, be sent home and be visible to other families who **ONLY** attend AASC.

Yes No

I give permission for my child/ren to be escorted to and from a venue outside AASC (such as to a Music for Everyone lesson) by an educator of AASC

Yes No

I give permission for my child/ren to participate in supervised local walks when planned as part of the curriculum at AASC

Yes No

I would like a statement of my account emailed each fortnight to the nominated email address provided on this form

Yes No

I give permission for my child to watch **G** and/or **PG** rated DVD's whilst attending AASC and vacation care (*please tick one or both boxes*)

G PG

Before School Care only

I hereby give permission for my child/ren _____ to leave before school care for a music lesson or once the teacher has arrived in the playground to supervise the children at 8.40am.

Yes No

Signed _____

CONDITIONS OF ENROLMENT

1. I understand that all fees for AASC are to be paid fortnightly in advance by *Ezidebit* and that I am required to lodge a form authorising AASC to debit my bank account, credit union account or credit card account. I further understand that this application for enrolment will not be considered until I lodge an *Ezidebit* form, or until I negotiate, document and sign some other agreements for the payment of fees with the Director of AASC.
2. I understand AASC is covered by public liability insurance only. I accept responsibility for all medical costs which may be incurred due to an accident or an illness of my child/ren while attending Ainslie Afters.
3. I understand that I must give one weeks' notice for fees to be waived and I must notify the centre if my child/ren will be absent from AASC on any given booked session. I further understand that I will be charged if my child/ren is/are absent.
4. Should my child/ren at any time be authorised to leave the service without an escort, written notice must be given to the director advising of day/s and times.
5. I understand that my child/ren will use centre sunscreen as required and must wear a hat whilst outside (refer to centre Sun protection policy & procedures). If my child/children are sensitive/allergic I will provide their own sunscreen, which will be labelled with their name.
6. I understand that the educators at the centre have all had their working with vulnerable people check lodged and have been cleared to work with children. All educators as mandatory reporters are under obligation by law to report to the Care and Protection Service (CPS) any concerns of children at risk of harm.
7. I acknowledge my child/ren attending BSC must be signed in by a parent/guardian/authorised contact on arrival and signed out by an educator to go to school. I acknowledge my child/ren attending ASC will be signed in by an educator and signed out by a parent/guardian/authorised contact. I acknowledge that my child/ren attending Vacation care will be signed in by a parent/guardian/authorised contact and signed out by a parent/guardian/authorised contact
8. I shall contact the centre if my child/ren is NOT attending on a scheduled day.
9. I understand that, Child Care Benefit and Child care Rebate can only be applied to my child/ren's first 42 absence days, any additional will be charged at full fees, unless 'additional absence' reasons apply and relevant supporting documentation is provided.
10. AASC will not charge a fee while the centre is closed over the Christmas break or during public holidays. I understand that I must contact the centre if I am unable to collect my child/ren from the centre before the centre closes at 6.00pm. A late fee will apply, this will be added to my account, and however, if the child/ren has not been collected within 1/2 hr of the centre closing and parents have made no contact with the centre, educators have the right to call the police.
11. The AASC Management Committee and employees will not accept responsibility for the loss or damage of personal effects of my child/ren.
12. I understand that if my child/ren or I have a problem with a child/ren who is at the centre and in the centre's care, I am not to approach the child/ren and/or child/ren's parent. I must speak to the Director and leave it to the centre to assess the situation. I will be informed of the outcome.
13. I understand that enrolment information collected is for the centre's records. Access to personal information of parents/guardians using the service will be kept confidential by educators and committee parents. I will notify the centre of any changes of information I have given during enrolment.
14. I understand that it is in my child/ren's best interest to notify the centre educators of anything that may affect my child/ren's behaviour for example the death of a family member or divorce.
15. Whilst at the centre your child/ren may be observed by educators and have relevant observations documented according to the National Quality Framework,

Quality Area 1.

16. The centre and grounds is a non-smoking environment.
17. I understand that dogs are not allowed on school grounds unless permission has been granted by the Director or person in charge.
18. I understand that the centre has an anti-bias policy and all persons will be treated with respect regardless of their age, gender, race, culture or religious beliefs.
19. I understand that it is my responsibility to view the centre's Policy & Procedures Manual to ensure I understand all centre policies. The policy manual is located in the office and will be presented to me upon request
20. I agree to follow and abide by the centre's rules and policies.

I HAVE READ AND UNDERSTOOD THE CONDITIONS OF ENROLMENT AND THE FAMILY HANDBOOK AND AGREE TO THE CONDITIONS ON THIS FORM AND WILL ABIDE BY THEM AT ALL TIMES. MY SIGNATURE APPEARS BELOW TO SIGNIFY MY ACCEPTANCE OF THESE CONDITIONS.

Print Name: _____ (Parent/Guardian)

Signature: _____ Date / /

