Ainslie After School Care (AASC)

Re-Enrolment & Information update form

To secure booking please:
Indicate the start date and days required for next year.
Please complete any areas of the form that need updating and return to AASC, 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.

**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 AASC to enrol your child/ren and to allocate staff and resources to provide for their care and support. All staff/educators at AASC are required by law to protect the information provided on this enrolment form.

**Health information:** So staff/educators at AASC 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 AASC, and contact details of your family doctor. AASC depends on you to provide all relevant information: withholding some health information may put your child’s health at risk.

**Family arrangements:** AASC 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 AASC. 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 AASC 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 AASC.

**Updating Your Child’s Records:** Please let AASC know if any information needs to be changed by sending updated information to the Director.

**Access to Your Child’s Records Held by AASC:** 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.

Print name: ___________________Signature: __________________Date: ___/___/___
### Parent/Guardian Details

**Parent/Guardian 1**
- Male: [ ]  
- Female: [ ]
- Family Name:  
- Given Name:  
- First point of emergency contact: [ ] 1 [ ] 2
- Address:  
- Home No:  
- Mobile No:  
- Work No:  
- Email:  

**Parent/Guardian 2**
- Male: [ ]  
- Female: [ ]
- Family Name:  
- Given Name:  
- First point of emergency contact: [ ] 1 [ ] 2
- Address:  
- Home No:  
- Mobile No:  
- Work No:  
- Email:  

### 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) __ __ __ __ __ __

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

**Permanent Bookings**

<table>
<thead>
<tr>
<th>Child/ren Name:</th>
<th>BEFORE CARE</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>COMMENCING ON:</th>
<th>START DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AFTER CARE</td>
<td>MON</td>
<td>TUE</td>
<td>WED</td>
<td>THU</td>
<td>FRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CASUAL</td>
<td>MON</td>
<td>TUE</td>
<td>WED</td>
<td>THU</td>
<td>FRI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Child/Ren Details

<table>
<thead>
<tr>
<th>Child</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Family Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s Given Name</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Address</td>
<td></td>
<td></td>
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<tr>
<td>School grade in 2017</td>
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<td></td>
<td></td>
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<tr>
<td>Child’s CRN</td>
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### 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 or are available at [http://mfe.org.au/](http://mfe.org.au/).  
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/PERSOINAL HISTORY

<table>
<thead>
<tr>
<th></th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have any life threatening allergies?</td>
<td></td>
<td></td>
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<tr>
<td>For example Anaphylaxis. <strong>If so please provide action plan</strong></td>
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</tr>
<tr>
<td>Does your child have any allergies that are non-life threatening?</td>
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<tr>
<td>Please provide details and action to be taken in the event of an allergic reaction.</td>
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<tr>
<td>Does your child have any disabilities or medical conditions?</td>
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<tr>
<td>Has your child/ren ever been diagnosed with Asthma?</td>
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<tr>
<td><strong>If yes, please provide Asthma Management plan.</strong></td>
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<tr>
<td>Does your child/ren have any particular food/dietary requirements/ dislikes?</td>
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</tbody>
</table>

## 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:

  ________________________________________________________________
  ________________________________________________________________

## EMERGENCY CONTACT – (additions to enrolment form if applicable)

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**

<table>
<thead>
<tr>
<th></th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
<td></td>
</tr>
<tr>
<td>Home No:</td>
<td>Mobile No:</td>
</tr>
<tr>
<td>Work No:</td>
<td>Relationship to the child:</td>
</tr>
</tbody>
</table>

Any information that requires updating throughout the year must be relayed to the Director immediately.

Print Name:_________________________________ Signature:_________________________________

Date:________________________