



## 2019 ENROLMENT FORM

Holy Family Before & After School Care  
 1D Anzac Rd,  
 Menai NSW 2234

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### FAMILY CIRCUMSTANCES

Please tick the option that is relevant to you:

- New Family  Existing Family

Are there any family, religious or cultural requirements that should be known:

.....

### Family Status: (please tick appropriate answer)

- Both parent/ guardians - (both parent/guardians must be filled out in the next step)
  - Both grandparents -(both grandparents must be filled out in the next step)
  - Single mother/ female guardian -(one parent/guardian must be filled out in the next step)
  - Single father/ male guardian -(one parent/guardian must be filled out in the next step)
  - Single grandparent -(one grandparent must be filled out in the next step)
  - Shared custody/ divorce -(one parent/guardian must be filled out in the next step)
- If yes, to shared custody/ divorce – (please supply a copy of Family Law or Court Order Form)

Do both Parent/Carers have access to the child?  YES  NO  
 If no, please provide details:

.....  
 .....  
 .....

What type of care are you applying for ?

- Vacation Care only
- Before / After School Care AND Vacation Care

**PARENT/ CARER DETAILS:**

If you have selected a two parent option above in Family Circumstances section, you must add BOTH parents as parent/carer in this section.

**Parent/Carer Details 1:**

First Name		Surname	
Address		Relationship to child	
Home Phone		Work Phone	
Mobile		Employer	
Email Address (For emailing statements)		Occupation	
CRN # (full fees will be charged if this is not given)		Date of Birth (needs to be given to claim CCB)	

**Parent/Carer Details 2:**

First Name		Surname	
Address		Relationship to child	
Home Phone		Work Phone	
Mobile		Employer	
Email Address (For emailing statements)		Occupation	
CRN # (full fees will be charged if this is not given)		Date of Birth (needs to be given to claim CCB)	

- Original letter from employer must be on company letterhead, dated and signed by your employer. If you work full time your letter must state this. If you work part-time your letter must state days and hours that you are working. Note: We do not accept pay slips or contracts of employment and employers may be contacted to verify employment.

A template has been added to the website for your convenience. The template provided is optional.

- Original letter from University or Tafe is required if studying and must be on letterhead, dated and signed. Timetables will not be accepted.
- Self – employed parent/carers need to provide a letter from their tax agent dated, stating their business name and ABN number or last lodged tax return or a copy of quarterly BAS

**AUTHORISED CONTACT DETAILS (must be over the age of 18)**

NOTE: Emergency contacts must be someone who can be contacted other than the Parent/Carer in an emergency.

Please be aware the below contacts will NOT be authorised to pick up your child/ren at any time unless indicated in the form below.

A minimum of two contacts must be added

**Contact # 1:**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

**Contact # 2:**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

**Contact # 3:**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

**AUTHORITY TO PICK UP ANY TIME DURING 2019 (must be over the age of 18)**

NOTE: Please be aware if you complete this section you are authorising the below contact/s to be able to collect your child/ren at any time without you being contacted from staff at the Centre.

It will be deemed the parents responsibility to contact the Centre in writing to remove a person from this list if circumstances change. If the person/s listed below are to sign in/out your child/ren they must bring photo ID before any child is released.

I give permission for my child/ren to be signed in/out of Holy Family Before & After School Care by this person. I understand it's my responsibility to update the Centre if our circumstances change and advise the Centre if the above listed is no longer to collect my child/ren.

I understand that this contact is authorised to collect my child/ren at any time without further contact from the Centre and your child/ren will be released to the above contact when photo ID is shown.

Parent/ Carer Signature: ..... Date: .....

**Contact # 1:**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

**Contact # 2:**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

**Contact # 3:**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

**CHILD DETAILS- if more than one child please copy this page**

**Child's Details:**

First Name		Surname	
Second Name		Gender	
Language		Birth Country	
School		Date of Birth	
What year will your child be in 2019?		Address	
CRN # (full fees will be charged if this is not given)			

Has this child previously attended BASC:  YES  NO

Does this child need vacation care:  YES  NO

**Is this child affected by any allergies: if yes, please provide details**  YES  NO

Details.....

**Are there any foods this child is allergic to: if yes, please provide details**  YES  NO

Details.....

**Does your child have asthma: if yes, please provide details**  YES  NO

Details.....

**Are there any foods this child should not eat due to dietary requirements: if yes, please provide details**  YES  NO

Details.....

**Is this child on any prescription medication: if yes, please provide details**  YES  NO

Please refer to the Centre's policy on the Administration of Medication.  
Please describe effects of medication that educators should be aware of:

Details.....

**Does this child have any medical conditions that the Centre should know about: if yes, please provide details**  YES  NO

Details.....

**Does this child have any physical or sensory impairment that the staff should know about: if yes, please provide details**  YES  NO

Details.....

**Does this child have behaviour management issues? (Eg. ADHD, non-responsive, etc): if yes, please provide details**  YES  NO

Details.....

- Is your child's photo attached (current photo of your child)**
- Is a copy of child's immunisation record attached (existing families do not need to supply only all new families)**
- Is a copy of your child's current action plan/ doctors certificate, Centre's Medication Form and Deed of Indemnify attached if required**

## BOOKING

### Existing Days: Please tick the current days your child attends

Childs Name	Casual	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
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### New Days: Please tick the days you wish for your child to attend in 2019

Childs Name	Casual	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
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	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care

**PLEASE NOTE:**

- If you wish to change, or cancel days we require 2 weeks' notice in writing (not including the Vacation Care period).
- If you require Vacation Care all parents must complete a Vacation Care form each holiday period.
- All booked sessions must be paid for, even if not attended.
- Casual bookings can be cancelled if the Centre is notified the day before by 5.00pm
- Payments must be made by direct debit only from your nominated bank account. We do **NOT** accept any other forms of payment e.g. cash, cheque or direct deposits. Payments are direct debited on a fortnightly basis (Friday's) with an annual registration fee of \$25 which will be debited in 2019.

Parent/ Carer Signature ..... Date.....

## PERMISSIONS

The following area you are granting permission for your child/ren to participate in the following during Before & After School Care and Vacation Care.

### Videos/DVD's:

I give permission for my child/ren to watch videos/DVDs rated G/PG selected by staff.

Parent/ Carer Signature ..... Date.....

### Hairspray/ Face paint

I give permission for my child/ren to use hairspray and face paint

Parent/ Carer Signature ..... Date.....

### Bike & Scooters

I give permission for my child/ren to use their bike or scooter within the BASC grounds.

Parent/ Carer Signature ..... Date.....

### Local Excursions:

I give permission for my child/ren to participate in local excursions from the Centre by foot within the local community. Notification will be given prior to any excursion.

Parent/ Carer Signature ..... Date.....

### Centre Publicity:

I give permission for my child/ren to be photographed or videotaped on an excursion or whilst at the Centre, for the purposes of programming and quality assurance evidence.

Parent/ Carer Signature ..... Date.....

I also give consent for the photos and videos of my child/ren to be used to publicise the Centre (this includes group emails and Facebook posts however my child's face will not be shown). The Centre will always ask for written consent if we wish to display an image with your child's face.

Parent/ Carer Signature ..... Date.....

### Communication:

I give permission for the staff to discuss issues concerning my child/ren with the Director, which will then be forwarded to me upon collection of my child/ren.

Parent/ Carer Signature ..... Date.....

### Policies:

I have read and agree to abide by the policies as set out by Holy Family Before & After School Care (Policies are available to everyone and can be obtained by visiting our website)

Parent/ Carer Signature ..... Date.....

**Family Handbook and Enrolment Package:**

I have read and agree to information set out in the Family Handbook and Enrolment Package. All information I have provided is correct at the time of enrolment and I understand I must inform the Centre immediately if any details change.

Parent/ Carer Signature ..... Date.....

**Outdoor Sun Protection:**

In the morning and afternoons Educators check the UV Sun Smart App on the iPad's and if the UV is 3 or above children will need to clean their hands with wipes. Educators will then give the children Centre sunscreen to apply and hats will need to be worn during outdoor play. If children do not have their hats they must play in the sheltered (shaded) area. If the UV is 2 and below, there will be no need for children to apply sunscreen or wear hats outside. Please feel free to view our Sun Protection Policy as we are also members of the Cancer Council Sun Smart Policy. The Centre provides sunscreen for all children at a fee of \$2 per child each term of BASC, during vacation care families are charged \$1 per child for sunscreen. Educators will endeavor to remind children to use sunscreen whenever possible.

I will ensure that my child arrives with a hat and is wearing protective clothing. Should my child not have a hat or wear protective clothing, I understand my child will need to play in a shaded area, where there is no shade available my child will be required to play indoors.

Parent/ Carer Signature ..... Date.....

I give permission for staff to provide sunscreen for my child/ren during Before & After School Care and Vacation Care. There is a fee of \$2.00 per term for BASC families and \$1.00 for Vacation Care families.

**If no, parents/carers must provide their child/ren with their own sunscreen (kept in school bag)- clearly labelled with their child's full name.**

Parent/ Carer Signature ..... Date.....

**Personal Items:**

Personal video games, mobile phones, IPOD/s and any other personal electronic devices or toys are not permitted whilst attending BASC and Vacation Care. If children bring these to the Centre they will be confiscated and returned to the child upon pick up. If Parent/Carers would like their child to use any of the abovementioned whilst attending care, they must provide a permission note and the child will be permitted to engage in this activity for a short period of the session. Please remind your child that their friends will not be permitted to engage in this activity either with them or by observation.

Parent/ Care Signature ..... Date.....



**Anti-Bullying:**

By signing this Anti-Bullying we agree to:

- Treat all others at Holy Family Before and After School care with dignity and respect
- Helping my peers if they are being bullied
- Advising staff of any bullying behaviours
- Refrain from any behaviour that constitutes bullying, including, but not limited to: Name calling, hitting, threatening or intimidating, maliciously teasing and taunting, stealing or damaging others belongings, spreading rumours about others, or encouraging others to reject or exclude someone.

I understand that these behaviours are bullying behaviours and will not be accepted or tolerated by Holy Family Before & After School Care Staff and Parent Committee. We commit that I and/or my child/ren will not bully anyone from Holy Family Before & After School Care and will treat all others and their belongings with respect

If an occurrence of bullying has taken place, the parents of both parties will be informed and a behaviour management chart will be put in place for child/ren. If bullying continues a meeting will be held with Staff and Parent Committee in order to sort the problem out. If the problem still continues and no solution is working then either a suspension or expulsion will occur depending on severity with further discussion with Staff and Parent Committee.

Parent/ Carer Signature ..... Date.....

**Attendance Consents:**

I wish to enrol my child/ren in the Holy Family Before & After School Care and Vacation Care Centre. I understand that every care will be taken and therefore agree that Holy Family Before & After School Care and their governing body and staff are free from all responsibility in connection with my child/ren's participation I have agreed to enrol my child/ren in the Holy Family Before & After School Care Program. In applying for enrolment, I hereby acknowledge that I am wholly responsible for all fees payable to Holy Family BASC Inc in respect to my child/ren being in care, and I have read the parent information. I understand that whilst every care and precaution will be taken, Holy Family BASC Inc and its staff are not responsible for any injury to my child/ren or loss of their possessions whilst at the Centre or on an excursion. I am fully aware of the fee structure and my responsibilities in this regard. I give permission for Holy Family Before & After School Care Inc to hand over all of my contact details to a collection agency in the event of my fees falling into arrears.

Parent/ Carer Signature ..... Date.....

## MEDICAL DETAILS

Family Medicare Card Number:.....

Private Fund:.....Membership Number:.....

### Doctor's details

Name.....Phone No.....

Address.....

### Medication Form

If your child is medicated and needs their medication administered at the Centre you will need to complete a medication form and deed of indemnity form. Please see staff to obtain a copy of medication form. A letter from your doctor or action plan must be provided with all medication and medication forms. Each time medication is administered parents will need to sign medication form.

### IMPORTANT NOTE REGARDING ANAPHYLAXIS:

The Centre has children attending who are at risk of a severe, life threatening anaphylactic reaction. We ask that families do not send any peanut butter, coconut, chocolate or foods containing peanuts with their children to the Centre. We are a **"Nut Free Centre"**.

## AUTHORITY FOR EMERGENCY MEDICAL OR DENTAL TREATMENT

Although every care will be taken of your child while at the Centre, the staff can in no way be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the Parent/Carers before such treatment is sought. However should this prove impossible it will be necessary for authority to be given for the treatment to be undertaken.

I.....hereby give permission for the staff at the Centre to seek medical/ dental attention for my child in the event of an accident.

In case of an emergency, does the Centre have the authority to call an ambulance for your child?  YES  NO

I will accept financial responsibility for my child's medical / dental treatment.

I understand that relevant information on this form will be passed onto the hospital medical/ dental staff if required.

Parent/ Carer 1 Signature ..... Date.....

- You MUST sign a direct debit form and attach it to this form for your booking to be accepted. To obtain a direct debit form, please visit our website.**