

Rozelle Out Of School Hours Care & Vacation Care Registration Form 2008

CHILD/REN'S SURNAME:.....**COMMENCEMENT DATE**.....

	FIRST NAME/S:	MALE/FEMALE	DATE OF BIRTH	AGE
1.
2.
3.

HOME ADDRESS:.....**PC**.....

INFORMATION ON MOTHER/PARTNER (delete where inapplicable)

Full Name:..... Mobile:.....

Place of work:..... Work phone:.....

Occupation: Home Phone:.....

Email address:.....

(Statements, newsletters, notes, reenrolment & vacation care forms will be emailed)

INFORMATION ON FATHER/PARTNER (delete where inapplicable)

Full Name:..... Mobile :.....

Place of work:..... Work phone:.....

Occupation: Home Phone:.....

Email address:.....

(Statements, newsletters, notes, reenrolment & vacation care forms will be emailed)

Have you registered with The Family Assistance office for CHILD CARE BENEFIT with our service? YES / NO

EMERGENCY CONTACT & COLLECTOR (other than parents):

- 1 Telephone No:..... Relationship:
- 2 Telephone No:..... Relationship:
- 3 Telephone No:..... Relationship:

<u>DAYS ATTENDING CENTRE</u> (please circle)					
BEFORE SCHOOL CARE	Mon	Tues	Wed	Thurs	Fri
AFTER SCHOOL CARE	Mon	Tues	Wed	Thurs	Fri

CHILD/REN'S INFORMATION

FAMILY DOCTOR:..... PHONE NO:.....

FAMILY DENTIST:..... PHONE NO:.....

MEDICARE NO:..... EXP DATE:.....

IS YOUR CHILD IMMUNISED?..... IS THE IMMUNISATION UP TO DATE?.....

COURT ORDERS: YES / NO

Comment:.....

DOES YOUR CHILD/REN HAVE ANY DISABILITIES? YES / NO

If YES, please give your child's name and details:.....

DOES YOUR CHILD/REN HAVE ANY MEDICAL/ALLERGY PROBLEMS? YES / NO

If YES, please give child's name:.....

Type of medication?.....

When is it given?.....

ARE THERE ANY FOODS YOUR CHILD/REN SHOULD NOT EAT? YES / NO

If YES, please give child's name and details:.....

**DOES YOUR CHILD/REN SUFFER FROM ANY EMOTIONAL OR BEHAVIOURAL PROBLEMS,
WHICH SHOULD BE BROUGHT TO THE ATTENTION OF THE STAFF IN THE INTEREST OF
THE CHILD AND THE PROGRAM? YES/NO**

**ARE THERE ANY CRAFTS, GAMES OR SPORTS YOUR CHILD LIKES TO PLAY?
IS THERE A PARTICULAR FOOD YOUR CHILD LIKES TO EAT AFTER SCHOOL?
WHAT INTERESTS YOUR CHILD?**

PLEASE INDICATE WITH A CIRCLE WHICH OF THE FOLLOWING

APPLIES TO YOUR FAMILY (This information helps us complete the annual census on the service)

Two parent family Yes / No Both parents receiving pension Yes / No

Single parent family Yes / No Single parent receiving pension Yes / No

Both parents working Yes / No Child's country of birth:.....

One of two parents working Yes / No Mother's country of birth:.....

Single parent working Yes / No Father's country of birth:.....

Language/s spoken at home:.....

PARENT / GUARDIAN CONSENT SECTION

CONSENT FOR CHILD/REN TO ATTEND CENTRE:

I consent to my child/ren.....attending:

(Strike out paragraph marked * that does not apply)

- * The Before School Activity and Care Centre conducted at Rozelle Out Of School Hours Care between the hours of 7.15am and 9.15am daily, Monday to Friday, or as per nominated days;
- * The After School Activity and Care Centre conducted at Rozelle Out of School Hours Care between the hours of 3.00pm and 6.00pm daily, Monday to Friday, or as per nominated days.
- * The Vacation Care Activity and Care Centre conducted at Rozelle Out of School Hours Care between the hours of 7.30pm and 6.00pm daily, Monday to Friday, or as per nominated days.

I understand that all due care will be taken, and that the centre or the Supervisors will not be held responsible for any loss of or damage to property or injury occurring during the running of the Before and After School Care, and Vacation Care Activities and Care Centre.

.....
(Parent/ Guardian Signature)

.....
(Date)

I give permission for my child/ren to be observed or photographed/videoed by staff or Tafe students for study or publicity purposes. Yes No

CONSENT FOR CHILD/REN TO RECEIVE MEDICAL ATTENTION:

Do you object to the application of sunscreen/hat in the event that your child/ren has forgotten/misplaced their own? **Yes No**

Do you object to the application of antiseptic and band-aids for the treatment of minor injuries? **Yes No**

I consent to my child/ren receiving medical attention if necessary. Doctor's expenses to be borne by parent.

.....
(Parent/ Guardian Signature)

.....
(Date)

Information provided is private and confidential

NOTE: THE ROZELLE OUT OF SCHOOL HOURS CARE & ROZELLE VACATION CARE INC SERVICE CANNOT BE HELD RESPONSIBLE FOR WITHHELD OR INCORRECT INFORMATION

I ACKNOWLEDGE RECEIPT OF THE BEFORE, AFTER SCHOOL CARE & VACATION CARE INFORMATION BOOKLET AND HAVE READ AND AGREE TO BE BOUND BY THE INFORMATION AND POLICIES CONTAINED THEREIN.

.....
(Parent/ Guardian Signature)

.....
(Date)