

IMPORTANT BOOKING INFORMATION:

- If your or your children's personal information changes please advise the centre as soon as possible.
- Bookings can be made at the centre during administration times Monday to Friday 9.00AM—5.00PM
- 48 hours notice is required and full payment to confirm booking.
- No bookings will be accepted on the day of the program.
- Full payment is required to confirm each booking. Bookings do not proceed without full payment.
- 48 hours notice is required and full payment to confirm booking.
- Cancellations require 7 days notice in writing or a medical certificate.

SCHEDULE OF FEES:

Fulltime enrolment of children enrolled all days of the week - \$40 per day/per child (No excursion fee)

For all other bookings on selected days - \$40 per day/per child (In centre days)

- \$46 per day/per child (Excursion days)

	Week 1					Week 2					Week 4					Week 4					Week 5					Week 6					Week 7									
	Commencing					Commencing					Commencing					Commencing					Commencing					Commencing					Commencing									
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	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Child 1																																								
Child 2																																								
Child 3																																								

OFFICE USE ONLY

Enrolment form checked and fully completed? YES NO Comments: _____

Child Care Benefit information is registered and recorded at Kwinana Recquatic? YES NO Comments: _____

Parent/Guardians are notified that FULL PAYMENT OF CENTRE FEES confirms booking? YES NO

HAS THE PARENT RECEIVED/SIGNED THE FOLLOWING DOCUMENTS: Please circle

Parent Handbook	YES	NO	PLEASE SEND	DATE MAILED:
Privacy Statement	YES	NO	PLEASE SEND	DATE MAILED:
Holiday Program Brochure	YES	NO	PLEASE SEND	DATE MAILED:

HOW TO PRINT SIGN IN/OUT SHEET:

QikKids—Roll—Tools—Quarterly Sign I/O Sheets—Create for—Only this child—Arrow down to select child—Dates—Select dates for program ie Qtr 4 2/10/06-31/12/06) - From: Program dates ie (Monday) 2/10/06 to (Sunday) 15/10/06—Format: Quarterly Sheet 1—Preview—Print

THE FOLLOWING INFORMATION IS CONFIDENTIAL Corner of Gilmore and Chisham Avenue's, Kwinana WA
Phone 9439 0227

Full name: PARENT/GUARDIAN (1): _____ **CRN:** _____

Street: _____ **Suburb:** _____ **Postcode:** _____

HOME Phone: _____ **MOBILE Phone:** _____ **D.O.B** _____

EMAIL: _____

What are the current working arrangements of parents/ guardian (1) ? Please circle:

1. Working (including more than 15 hours voluntary work)
2. Looking for work
3. Studying/training only
4. Parent with a disability or caring for someone with a disability
5. Non of 1 to 4 apply

Place of Work: _____ **Work Hours:** _____ **to** _____ **WORK Phone:** _____

Work Address: _____

Full name: PARENT/GUARDIAN (2): _____ **CRN:** _____

Street: _____ **Suburb:** _____ **Postcode:** _____

HOME Phone: _____ **MOBILE Phone:** _____ **D.O.B** _____

EMAIL: _____

What are the current working arrangements of parents/ guardian (1) ? Please circle:

1. Working (including more than 15 hours voluntary work)
2. Looking for work
3. Studying/training only
4. Parent with a disability or caring for someone with a disability
5. Non of 1 to 4 apply

Place of Work: _____ **Work Hours:** _____ **to** _____ **WORK Phone:** _____

Work Address: _____

Who is authorised to collect child from the centre: Name: _____

Relationship to the child/children: _____

Are there any Family Court orders affecting custody of or access to the child? NO YES **If yes, please give details:** _____

Persons to contact in emergency, if above contacts are unavailable (please specify):

1 Name: _____ Phone: _____

Address: _____ Relationship to child: _____

2 Name: _____ Phone: _____

Address: _____ Relationship to child: _____

MEDICAL INFORMATION

My family doctor/medical centre is: _____ Phone: _____

Address: _____ Medicare No: _____

Are enrolled children's immunisation up to date? NO YES

Is there any medical or physical condition of your child/children? For example – special dietary needs; allergies; anaphylaxis; medical conditions such as ADHD, Epilepsy, Asthma etc. NO YES **If yes, please provide details:** _____

Is your child of Aboriginal or Torres Strait Islander decent? YES NO **Comments:** _____

Does the child have a need for additional assistance that is related to underlying long-term health condition or disability?

YES NO **Comments:** _____

1. **CHILD** CRN: _____ Date of birth: _____ Gender: M / F
Surname: _____ First name: _____ Second name: _____
Street: _____ Suburb: _____ Postcode: _____
Is this child fully immunised? **YES NO** If NO please ask and complete immunisation form
School: _____ Year: _____ Swimming level: _____

2. **CHILD** CRN: _____ Date of birth: _____ Gender: M / F
Surname: _____ First name: _____ Second name: _____
Street: _____ Suburb: _____ Postcode: _____
Is this child fully immunised? **YES NO** If NO please ask and complete immunisation form
School: _____ Year: _____ Swimming level: _____

3. **CHILD** CRN: _____ Date of birth: _____ Gender: M / F
Surname: _____ First name: _____ Second name: _____
Street: _____ Suburb: _____ Postcode: _____
Is this child fully immunised? **YES NO** If NO please ask and complete immunisation form
School: _____ Year: _____ Swimming level: _____

4. **CHILD** CRN: _____ Date of birth: _____ Gender: M / F
Surname: _____ First name: _____ Second name: _____
Street: _____ Suburb: _____ Postcode: _____
Is this child fully immunised? **YES NO** If NO please ask and complete immunisation form
School: _____ Year: _____ Swimming level: _____

I/we are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, release and have the Centre release the children. I have signed the Enrolment Form which contains current information, received a parent handbook and understand the terms and conditions of enrolment.

Parent/Guardian signature: _____ Date: _____

ACCIDENTS AND ILLNESS

We regret we are unable to care for sick children or children with contagious illnesses. Medicine will only be administered to children by leaders if it is prescribed by a doctor and parent authorisation is received on the day it is to be administered.

In the event of any accident or illness, I authorise the obtaining on my behalf of such medical or hospital treatment as my child/children may require, and agree to meet any expenses attached thereto. In the case of emergency I agree for my child to be transported by private vehicle/ambulance. I/we agree to pay expense incurred for medical treatment and transport.

Signature of Parent or Guardian (1) : _____ Date: _____

Signature of Parent or Guardian (2): _____ Date: _____

PROGRAM OF ACTIVITIES

I am willing for my child/children to participate in all activities offered in the Vacation Care Program. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/children to participate in a particular activity.

Signature of Parent or Guardian (1) : _____ Date: _____

Signature of Parent or Guardian (2): _____ Date: _____

EXCURSIONS

I do hereby give permission for _____ to travel by Public Transport, Private Charter Bus and/or the Centre's Bus on excursions during the Vacation Care Program. I agree it is my responsibility to familiarise myself with the area and the manner of the excursion and to advise the Centre in writing if I do not wish my child/ren to participate in the excursion. I understand that children may also walk with staff to a local excursion venue as part of the activity program.

Signature of Parent or Guardian (1) : _____ Date: _____

Signature of Parent or Guardian (2): _____ Date: _____

AUTHORITY TO PHOTOGRAPH

I agree for my child/ren to be photographed for advertising and promotional use. .

Signature of Parent or Guardian (1) : _____ Date: _____

Signature of Parent or Guardian (2): _____ Date: _____

PARENTS STATEMENT

The information given in this enrolment form is true and correct. I/we have read and signed the parent's/ guardians registration agreement.

Signature of Parent or Guardian (1) : _____ Date: _____

Signature of Parent or Guardian (2): _____ Date: _____

Failure to provide all the requested information will result in the non-acceptance of the child.