

BRIGHTON RECREATIONAL CENTRE  
**SCHOOL HOLIDAY PROGRAM ENROLMENT DETAILS 2018**

This form is to be completed by a parent or guardian who has lawful authority in relation to the child.

**Information about the child**

Family Name		Given Names	
Address		Date of Birth	/ /
Post Code:		Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Medicare Number:		CRN	

**Information about the child's parents or guardians**

Mother		Father	
Name		Name	
Address – as per child or		Address – as per child or	
Phone (H) (W)		Phone (H) (W)	
Mobile DOB / /		Mobile DOB / /	
Email		Email	
CRN		CRN	
Does the child live with this parent Yes <input type="checkbox"/> No <input type="checkbox"/>		Does the child live with this parent Yes <input type="checkbox"/> No <input type="checkbox"/>	
Guardian 1 (if applicable)		Guardian 2 (if applicable)	
Name		Name	
Address – as per child or		Address – as per child or	
Phone (H) (W)		Phone (H) (W)	
Mobile DOB / /		Mobile DOB / /	
Email		Email	
CRN		CRN	
Does the child live with this guardian Yes <input type="checkbox"/> No <input type="checkbox"/>		Does the child live with this guardian Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Other Persons to be notified – *MUST supply at least one alternative contact***

Please provide details of any other person who is to be notified of any accident, injury, trauma or illness when the parents or guardians cannot be contacted. You are authorising these people to collect and care (including consent to medical treatment and requesting or permitting the administration of medication) for the child following, accident, injury, trauma or illness.

Name	Name
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to the child	Relationship to the child

## Collecting the child from the children's service

Your consent is required for other people to collect the child from the children's service on your behalf. Please list the details of those people who can collect the child in the table below.

In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name	Name
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to the child	Relationship to the child

## Court orders relating to the child

Are there any court orders, parenting orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No  go to next section

Yes  bring the original court order/s for staff to sight and a copy to attach to this enrolment form

Please provide details of any other person who has lawful authority to:-

- authorise the taking of the child outside the premises by a staff member of the service (excursion/outside play)
- consent to the medical treatment or request or permit the administration of medication to the child
- collect the child from the service

Name	Name
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to the child	Relationship to the child

## Permission

**Do you give permission for your child to be photographed while at school holiday program and for the photographs to be displayed at the Centre and/or used in promotional material for the Centre. Yes  No**   
**Note: for individual photos, specific permission will be sought at the time.**

**Do you give permission for sunscreen to be applied to your child at the Centre Yes  No**

## Information for bodies which provide funding to this service

From time to time the Department of Human Services seeks information on the characteristics of families who use this children's service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is the family a single parent family?	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Other information

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, etc) this is as follows:


## Child's Immunisation Record

Has your child been immunised Yes  No

## Child's Health Record

Is a copy of the Child Health Record attached Yes  No

## Child's medical and health information

Name Doctor/Medical Service Phone

Address

Does the Child have any special needs No  Yes

If yes, the following Management procedures are to be followed (or a copy of the management procedure is attached)

Does the Child have any allergy or sensitivity No  Yes

If yes, the following Management procedures are to be followed (or **a copy of the ACTION PLAN is attached**)

Has your child been diagnosed as being at risk of anaphylaxis No  Yes

Has your child been prescribed an Epipen/Anapen (please circle) No  Yes

**If yes, please attach your child's Anaphylaxis Management Action Plan and risk minimisation plan.**

Does the Child have any other relevant medical conditions No  Yes

If yes, the following Management procedures are to be followed ( or a copy of the management procedure is attached)

Does the Child have any dietary restrictions No  Yes

If yes, the following restrictions apply

Languages other than English spoken at home

Religious, cultural or any other considerations that our carers need to be aware of

## Declaration and consent

I \_\_\_\_\_ (print full name)

Being a person with lawful authority of the child referred to in this form

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the medical treatment of the child, staff to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and that I will reimburse any necessary expenses incurred by the children's service.
- Authorise for the children's service to take the child on routine outings (excursions/outside play/fire drill)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

