

BRIGHTON RECREATIONAL CENTRE

SCHOOL HOLIDAY PROGRAM ENROLMENT DETAILS 2019

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: / /	Age:
		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Post Code:		CRN:	

CRN Benefits must be activated each holiday period through 'Approval' via your MyGov portal.

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"/>	
This parent is authorised to: <input type="checkbox"/> Manage this account <input type="checkbox"/> Make and change bookings <input type="checkbox"/> Consent to administration of medication to your child/ren <input type="checkbox"/> Consent to medical treatment of your child/ren <input type="checkbox"/> Approve an ambulance to collect your child/ren <input type="checkbox"/> Collect your child/ren from the care service premises <input type="checkbox"/> Provide consent for an Educator to take your child/ren outside the education and care service premises		This parent is authorised to: <input type="checkbox"/> Manage this account <input type="checkbox"/> Make and change bookings <input type="checkbox"/> Consent to administration of medication to your child/ren <input type="checkbox"/> Consent to medical treatment of your child/ren <input type="checkbox"/> Approve an ambulance to collect your child/ren <input type="checkbox"/> Collect your child/ren from the care service premises <input type="checkbox"/> Provide consent for an Educator to take your child/ren outside the education and care service premises	
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"/>	
This person is authorised to: <input type="checkbox"/> Manage this account <input type="checkbox"/> Make and change bookings <input type="checkbox"/> Consent to administration of medication to your child/ren <input type="checkbox"/> Consent to medical treatment of your child/ren <input type="checkbox"/> Collect your child/ren from the care service premises <input type="checkbox"/> Provide consent for an Educator to take your child/ren outside the education and care service premises		This person is authorised to: <input type="checkbox"/> Manage this account <input type="checkbox"/> Make and change bookings <input type="checkbox"/> Consent to administration of medication to your child/ren <input type="checkbox"/> Consent to medical treatment of your child/ren <input type="checkbox"/> Collect your child/ren from the care service premises <input type="checkbox"/> Provide consent for an Educator to take your child/ren outside the education and care service premises	

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:
This person is authorised to: <input type="checkbox"/> Manage this account <input type="checkbox"/> Make and change bookings <input type="checkbox"/> Consent to administration of medication to your child/ren <input type="checkbox"/> Consent to medical treatment of your child/ren <input type="checkbox"/> Collect your child/ren from the care service premises <input type="checkbox"/> Provide consent for an Educator to take your child/ren outside the education and care service premises	This person is authorised to: <input type="checkbox"/> Manage this account <input type="checkbox"/> Make and change bookings <input type="checkbox"/> Consent to administration of medication to your child/ren <input type="checkbox"/> Consent to medical treatment of your child/ren <input type="checkbox"/> Collect your child/ren from the care service premises <input type="checkbox"/> Provide consent for an Educator to take your child/ren outside the education and care service premises

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 <input type="checkbox"/> go to next section Yes <input type="checkbox"/> bring the <u>original</u> court order/s for staff to sight and a <u>copy</u> to attach to this enrolment form

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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>

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"/>

CHILD'S IMMUNISATION RECORD

Has your child been immunised	Yes <input type="checkbox"/> No <input type="checkbox"/>
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CHILD'S HEALTH RECORD

Is a copy of the Child Health Record attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
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CHILD'S MEDICAL AND HEALTH INFORMATION

Name Doctor/Medical Service	Phone
Address	
Does the Child have any special needs No <input type="checkbox"/> Yes <input type="checkbox"/>	
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 <input type="checkbox"/> Yes <input type="checkbox"/>	
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 <input type="checkbox"/> Yes <input type="checkbox"/>	
Has your child been prescribed an Epipen/Anapen (please tick) No <input type="checkbox"/> Yes <input type="checkbox"/>	
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 <input type="checkbox"/> Yes <input type="checkbox"/>	
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 <input type="checkbox"/> Yes <input type="checkbox"/>	
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:	
Other Information (eg excessive fears, favourite activities, etc):	

Declaration and consent

<p>I _____ (print full name)</p> <p>Being a person with lawful authority of the child referred to in this form</p> <ul style="list-style-type: none"> • 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) <p style="margin-top: 20px;">Signature _____ Date ____/____/____</p>
