BRIGHTON RECREATIONAL CENTRE

SCHOOL HOLIDAY PROGRAM ENROLMENT DETAILS 2021 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 □ F □	
Post Code:	CRN:	
Medicare number:		

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

INFURNIATION 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 □ No □	Does the child live with this parent Yes □ No □	
This parent is authorised to:	This parent is authorised to:	
☐ Manage this account	☐ Manage this account	
☐ Make and change bookings	☐ Make and change bookings	
☐ Consent to administration of medication to your child/ren	☐ Consent to administration of medication to your child/ren	
☐ Consent to medical treatment of your child/ren	☐ Consent to medical treatment of your child/ren	
☐ Approve an ambulance to collect your child/ren	☐ Approve an ambulance to collect your child/ren	
\square Collect your child/ren from the care service premises	☐ Collect your child/ren from the care service premises	
☐ Provide consent for an Educator to take your child/ren outside the education and care service premises	☐ Provide consent for an Educator to take your child/ren outside	
Guardian 1 (if applicable)	the education and care service premises Guardian 2 (if applicable)	
Name	Name	
Address – as per child or	Address – as per child or	
Address as per cliffe of	Address as per clind of	
Phone (H) (W)	Phone (H) (W)	
Mobile DOB / /	Mobile DOB / /	
Email	Email	
CRN	CRN	
Does the child live with this guardian Yes □ No □	Does the child live with this guardian Yes □ No □	
This person is authorised to:	This person is authorised to:	
☐ Manage this account	☐ Manage this account	
☐ Make and change bookings	☐ Make and change bookings	
☐ Consent to administration of medication to your child/ren	☐ Consent to administration of medication to your child/ren	
☐ Consent to medical treatment of your child/ren	☐ Consent to medical treatment of your child/ren	
☐ Collect your child/ren from the care service premises	☐ Collect your child/ren from the care service premises	
$\hfill\Box$ Provide consent for an Educator to take your child/ren outside the education and care service premises	☐ 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.

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:	This person is authorised to:		
☐ Manage this account	☐ Manage this account		
☐ Make and change bookings	☐ Make and change bookings		
☐ Consent to administration of medication to your child/ren	☐ Consent to administration of medication to your child/ren		
☐ Consent to medical treatment of your child/ren	☐ Consent to medical treatment of your child/ren		
☐ Collect your child/ren from the care service premises	☐ Collect your child/ren from the care service premises		
☐ Provide consent for an Educator to take your child/ren outside the education and care service premises	☐ Provide consent for an Educator to take your child/ren outside the education and care service premises		
parents in relation to the child or access to the child? No □ go to next section Yes □ 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 \Boxed No \Boxed 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 □ Yes □		
Is the family a single parent family?	No □ Yes □		
CHILD'S IMMUNISATION RECORD Has your child been immunised Yes No 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 m	anagement procedure is attached)
Does the Child have any allergy or sensitivity	No □ Yes □
If yes, the following Management procedures are to be followed (or <u>a copy of the A</u>	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 tick)	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 m	
and the following remaining proceedings and to be followed (of weap) of the fi	mingement procedure is unitariety
Does the Child have any dietary restrictions	No □ Yes □
If yes, the following restrictions apply	1,0 = 140 =
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Languages other than English spoken at home:	
G and I	
Religious, cultural or any other considerations that our carers need	I to be aware of:
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Other Information (eg excessive fears, favourite activities, etc):	
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	l 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 refer	rad to in this arralment form if s/ha
becomes unwell at the service;	red to in this enrollment form it s/he
 consent to the medical treatment of the child, staff to seek medical treatm 	ent for the child from a registered
medical practitioner, hospital or ambulance service; and that I will reimbu	
by the children's service.	
 Authorise for the children's service to take the child on routine outings (experience) 	excursions/outside play/fire drill)
Signature	Date/