

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 <input type="checkbox"/> F <input type="checkbox"/>	
Post Code:		CRN:	
Medicare number:			

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	

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>Signature _____ Date ____/____/____</p>
