

Berkeley Vale Vacation Care Enrolment Form.

Child/ren's Surname	Given Name	M/F	D.O.B	Child/ren's CRN No	Country of Birth

Parental information:

Mother

Father (if different address from mother please note)

Name.....

Name.....

Address

Address

.....

.....

Home phone.....

Home phone.....

Work phone.....

Work phone.....

Mobile phone.....

Mobile phone.....

Family CRN No:.....

Family CRN No :.....

Date of Birth.....

Date of Birth.....

Email Address of parent for invoices:.....(if available)

Emergency Contact Persons (please list someone other than parents).

Name.....

Name.....

Address.....

Address.....

.....

.....

Home phone.....

Home phone.....

Work phone.....

Work phone.....

Mobile phone.....

Mobile phone.....

Relationship to child.....

Relationship to child.....

Please list here all persons authorised to collect children (only those listed will be allowed, any changes are to be made in writing):

.....

Are there any family situations that we need to be made aware of such as restraining orders, parents separated etc?

If appropriate, court orders sighted, copy made Date.....

Please circle family status (all information kept by centre is strictly confidential)

Two parent family

One parent family

Both parents working

One parent working

Both parents studying/training

One parent studying/training

What language do you speak at home?.....

Please tell us if there are any religious/cultural requirements that need to be observed while your child is at our centre:

.....
.....

Is your child's immunisation up to date? Yes No

Medicare number..... **Family**

doctors name..... **Telephone number**.....

Does your child/children have any medical conditions/allergies etc?.....

.....

Is your child/children on any prescribed medications? If so, please list any side effects of medication that we may need to be aware of:

.....

.....

Does your child/children have any physical/sensory impairment that staff need to be aware of? If yes please complete enrolment form 'B'.

OOSH ENROLMENT FORM 'B' Special Needs Data

The following questions are intended to help with the successful inclusion of children with special needs at our centre.

Child's name Date from completed:.....

Do you think that your child would be able to participate at our centre with a ratio of one member of staff per 15 children? YES NO

If no, please ensure adequate details have been provided on this form to enable staff to be aware of all the considerations needed to provide care for your child, attaching further details as required.

Medical information

Describe any activities that your child should not do or will be restricted by because of health or medical reasons:

.....

Please give details of physical or sensory impairment to assist staff in successful interaction with your child:

.....

Does your child suffer from seizures YES NO

If yes please answer the following questions

a) Type of fit or seizure.....

b) Are there any warning signs?.....

c) How often do these seizures occur?.....

d) Please describe any distinguishing features of seizure.....

.....

e) How long do the seizures last?.....

f) What action should staff take when they occur?.....

Child's Interaction at the Centre

What activities does your child enjoy?.....

How does your child usually spend their free time?.....

Please describe how your child interacts with other children?.....

.....

Please describe how your child interacts with adults?.....

.....

Please describe any supervision/assistance that your child may need in the following areas:

a) general play.....

.....

b) organised activities.....

.....

c) excursions

d) other areas of care.....

.....

Child’s communication

Does your child fully understand verbal communication YES NO

If no, please give the following information to assist staff in communicating with your child.

a) level of understanding.....

b) how does your child communicate?.....

c) are there any special signs/sounds gestures used for every day communication such as toilet/drink/upset etc?.....

Does your child have any mobility problems? YES NO

If yes, please outline any implications this may have on the care of your child.....

.....

Child’s General Behaviour

Parents are asked to read a copy of the Centre’s behaviour management policy.

Do you have a behaviour management plan for your child? YES NO

If yes, please give details to assist staff.....

.....

Please describe anything specific that upsets your child.....

.....

What methods do you use to calm your child if they become overexcited or exhibit inappropriate behaviours?.....

.....

Is your child aggressive towards others YES NO

If yes, under what circumstances and how do you deal with it?.....

.....

Does your child wander or abscond? YES NO

If yes, please give details to assist staff.....

.....

Does your child recognise and know how to deal with common childhood dangers – i.e. road sense, stranger danger etc? YES NO

a) household dangers – i.e. hot or sharp objects? YES NO

b) are they fully independent in regards to toileting? YES NO

c) are they fully independent when eating/drinking? YES NO

d) are there any areas of personal hygiene where assistance is needed? YES NO

If yes to any of the above please give appropriate details to assist staff in supporting your child.....

.....

PLEASE READ THE FOLLOWING CAREFULLY AND TICK THE BOXES ONLY WHERE YOU AGREE:

I hereby authorise that Berkeley Vale Vacation Care Staff has my authority to allow my child/ren to take part in any activities organised by the Centre. I also give permission for my child/ren to participate in excursions from the Centre by foot within the local community. (Parents will need to sign a separate form for excursions not in the local area). Whilst I realise all possible care will be taken I accept full responsibility.

I further authorise Berkeley Vale Vacation Care Staff to seek such medical attention as may be necessary for my child/ren and give permission for anaesthetic to be given or any surgery to take place if I cannot be contacted. I also understand that I am responsible for all ambulance and any medical expenses that my child may require.

I give consent for my child/ren to be photographed whilst attending Vacation Care for Centre use only.

I give my consent for the photographs to be used for newspaper or public articles if required.

I give my consent for my child/ren to have SUN CREAM applied

I give my consent for my child/ren to be given a recommended dose of PANADOL if necessary.

I agree to let the Centre know as soon as possible if my child will not be attending on the specified day(s). I understand that failure to do so may result in Berkeley Vale Neighbourhood Centre Inc refusing future enrolments. I am also aware that my child is only entitled to 30 allowable absence days per financial year (July to June).

I would like to be emailed the Vacation Care Program (it will be sent as an Acrobat Reader file).

I have read and understood the conditions of the parent’s policies outlined in the information booklet and agree to abide by these policies.

I have other children attending another CCB approved Centre or care whilst my child/ren are at Berkeley Vale Vacation Care.

My signature below covers the ticked sections above:

Signature of parent/guardian:..... Date.....

I have read and understood the attached EC Credit Control basic clauses and understand that if I fail to pay any fees owing within 30 days after the school holiday period this enrolment applies to I am liable for all costs involved in collection of these fees.

Signature of parent/guardian:..... Date.....

(Please note failure to sign this clause will result in our refusal of your enrolment unless all fees are paid in advance (by cash, EFT or credit) prior to care commencing.)

1. Goods and/or Services

1.1 The Goods and/or Services shall be as described on the invoices, quotation, work authorisation, sales order or any other work commencement forms as provided by the Seller to the Buyer.

2. Price and Payment

2.1 The Price shall be as indicated on invoices provided by the Seller to the Buyer in respect of Goods and/or Services supplied.

2.2 Time for payment for the Goods and/or Services shall be of the essence and will be stated on the invoice, quotation, or any other order forms. If no time is stated then payment will be due seven (7) days following the date of the invoice.

2.3 The Price shall be increased by the amount of any GST and other taxes and duties which may be applicable, except to the extent that such taxes are expressly included in any quotation given by the Seller.

3. Default & Consequences of Default

3.1 Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of two and one half percent (2.5%) per calendar month (and at the Seller's sole discretion such interest shall compound monthly at such a rate) after as well as before any judgment.

3.2 If the Buyer defaults in payment of any invoice when due, the Buyer shall indemnify the Seller from and against all the Seller's costs and disbursements including on a solicitor and own client basis and in addition all of the Seller's nominees costs of collection.

4. Title

4.1 It is the intention of the Seller and agreed by the Buyer that property in the Goods shall not pass until:

(a) the Buyer has paid all amounts owing for the particular Goods; and

(b) the Buyer has met all other obligations due by the Buyer to the Seller in respect of all contracts between the Seller and the Buyer, and that the Goods, or proceeds of the sale of the Goods, shall be kept separate until the Seller shall have received payment and all other obligations of the Buyer are met.

5. Privacy Act 1988

5.1 The Buyer agrees for the Seller to obtain from a credit-reporting agency a credit report containing personal credit information about the Buyer in relation to credit provided by the Seller.

5.2 The Buyer agrees that the Seller may exchange information about Buyer with those credit providers named in the Application for Credit account or named in a consumer credit report issued by a reporting agency for the following purposes:

(a) to assess an application by Buyer;

(b) to notify other credit providers of a default by the Buyer;

(c) to exchange information with other credit providers as to the status of this credit account, where the Buyer is in default with other credit providers; and

(d) to assess the credit worthiness of Buyer.

5.3 The Buyer consents to the Seller being given a consumer credit report to collect overdue payment on commercial credit (Section 18K(1)(h) Privacy Act 1988).

5.4 The Buyer agrees that Personal Data provided may be used and retained by the Seller for the following purposes and for other purposes as shall be agreed between the Buyer and Seller or required by law from time to time:

(a) provision of Goods and/or Services;

(b) marketing of Goods and/or Services by the Seller, its agents or distributors in relation to the Goods and/or Services;

(c) analysing, verifying and/or checking the Buyer's credit, payment and/or status in relation to the provision of Goods and/or Services;

(d) processing of any payment instructions, direct debit facilities and/or credit facilities requested by Buyer; and

(e) enabling the daily operation of Buyer's account and/or the collection of amounts outstanding in the Buyer's account in relation to the Goods and/or Services.

5.5 The Seller may give, information about the Buyer to a credit reporting agency for the following purposes:

(a) to obtain a consumer credit report about the Buyer; and or

(b) allow the credit reporting agency to create or maintain a credit information file containing information about the Buyer.