

Burnside Vacation Care
ENROLMENT FORM

FAMILY NAME:.....
CHILD'S NAME BIRTHDATE.....
CHILD'S NAME BIRTHDATE.....
CHILD'S NAME BIRTHDATE.....
ADDRESS.....
PHONE No.....
LANGUAGE(s) SPOKEN AT HOME.....

NAME OF PARENT OR GUARDIAN

- 1. MOTHER**.....
ADDRESS.....
HOME PHONE NUMBER.....
PLACE OF WORK..... WORK PHONE.....
- 2. FATHER**.....
ADDRESS.....
HOME PHONE NUMBER.....
PLACE OF WORK..... WORK PHONE.....

**PLEASE LIST ALL THE PERSONS WITH AUTHORITY TO COLLECT
CHILD FROM CENTRE AND THEIR PHONE NUMBERS**

NAME.....RELATIONSHIP TO
CHILD.....
PHONE (mob).....PHONE (work).....
PHONE (home).....

NAME.....RELATIONSHIP TO
CHILD.....
PHONE (mob).....PHONE (work).....
PHONE (home).....

**EMERGENCY CONTACTS AUTHORISED TO COLLECT CHILD/
CHILDREN (other than parents)**

NAME.....RELATIONSHIP TO
CHILD.....
PHONE (mob).....PHONE (work).....
PHONE (home).....

CUSTODY (to be completed if custody is an issue for the family).

If parents are separated/divorced:

Does the child have contact with the other parent? YES/NO

Is anyone legally denied access to the child? YES/NO

Any other relevant information?

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MEDICAL INFORMATION

Child's Name.....
Special Medical Conditions.....
Allergies.....
Special Food/Dietary Requirements.....
Child's Doctor.....Ph.....

MEDICAL CONSENTS

- I agree that the staff of the service may administer simple first aid to my child/ children if the need arises.
- I consent to providing a medication plan and to conforming with the OSHC Centre's medication policy when sending medication for my child/children. I will confer with the Director or delegate before sending medication.
- If, while your child is in care at the Burnside OSHC Centre emergency attention is required, this will be provided in the first place by a registered practitioner, or, if more appropriate, by the Woman's and Children's Hospital. In such emergency cases every effort will be made to contact the parents prior to treatment.
- In the even of an accident or severe illness, as deemed by the Burnside OSHC staff I consent to my child/children being transported to hospital by ambulance. I understand that I will be held liable for medical/hospital/ ambulance expenses incurred during treatment of my child.

PARENTS SIGNATURE..... DATE.....

CUSTODY ISSUES

Are there any custody issues we should know about YES NO (please circle)

Details

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CONSENT NOTICES

To give your consent tick the corresponding boxes below:

- I am aware that if my child is "sick" they may not attend the program.
- I give permission for my child/children to go on short walking excursions away from the centre under the supervision of Burnside OSHC Staff.
- I agree not to allow my child/children to bring inappropriately rated games, DVDs, etc.

- I give permission for my child/children to be photographed while at the centre and for the photo to be used for promotional purposes.
- I have seen the planned program and I authorise my child/children to participate in these activities and excursions using a character bus driven by a qualified driver.
- I consent to my child/children watching PG rated movies/videos under adult supervision.

PARENTS SIGNATURE..... DATE.....