

Connells Point BASC and Vacation Care RE-ENROLMENT FORM 2021

Commencement Date (Completed by Parent/Guardian)	/	/ 2020
Annual Registration Fee	\$ 20 per child	\$ 30 per family
Day & Date Received by Educator		
Nominated Supervisor/Responsible Person Signature		Date

CHILD INFORMATION

CHILD 1

First Name		Surname	
Date of Birth		Gender	
Child's CRN		(please circle) Year K 1 2 3 4 5 6	

CHILD 2

First Name		Surname	
Date of Birth		Gender	
Child's CRN		(please circle) Year K 1 2 3 4 5 6	

CHILD 3

First Name		Surname	
Date of Birth		Gender	
Child's CRN		(please circle) Year K 1 2 3 4 5 6	

Please specify if any of the following applies to your child(ren)			
Child 1	Child 2	Child 3	
<input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cultural/ Dietary Requirements _____ <input type="checkbox"/> Other Allergies _____			
(If your child suffers from Asthma or Anaphylaxis a CURRENT Action Plan and medication must be given to the centre)			

BOOKINGS

Child 1	Please Circle Type of Booking		Permanent		Casual
Please √ appropriate box	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care					
After School Care					

Child 2	Please Circle Type of Booking		Permanent		Casual
Please √ appropriate box	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care					
After School Care					

Child 3	Please Circle Type of Booking		Permanent		Casual
Please √ appropriate box	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care					
After School Care					

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1 (Account & CRN Holder/ Claiming CCS)	Parent/Guardian 2
Name		
CRN		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child		
Email Address		
Home Address		
Home Number		
Mobile		
Work Number		
Occupation		
Employment Status	<input type="checkbox"/> Full Time/ Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Studying <input type="checkbox"/> Not currently working	<input type="checkbox"/> Full Time/ Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Studying <input type="checkbox"/> Not currently working
Authorisations	<input type="checkbox"/> Emergency <input type="checkbox"/> Administer medication <input type="checkbox"/> Collection of Child from centre <input type="checkbox"/> Transportation to/from Centre <input type="checkbox"/> Give permission for a child to attend an excursion	<input type="checkbox"/> Emergency <input type="checkbox"/> Administer medication <input type="checkbox"/> Collection of Child from centre <input type="checkbox"/> Transportation to/from Centre <input type="checkbox"/> Give permission for a child to attend an excursion

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

	Contact No 1	Contact No 2
Name		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child		
Home Number		
Mobile		
Address		
Authorisations	<input type="checkbox"/> Emergency <input type="checkbox"/> Administer medication <input type="checkbox"/> Collection of Child from centre <input type="checkbox"/> Transportation to/from Centre <input type="checkbox"/> Give permission for a child to attend an excursion	<input type="checkbox"/> Emergency <input type="checkbox"/> Administer medication <input type="checkbox"/> Collection of Child from centre <input type="checkbox"/> Transportation to/from Centre <input type="checkbox"/> Give permission for a child to attend an excursion

PARENT AGREEMENT

(Please tick each individual circle below to confirm acknowledgment)

- I am aware of the annual registration fee of \$20.00 per child or \$30.00 per family (GST free).
- I understand that I am responsible to pay my fees 2 weeks in advance if I have a permanent booking or on the day of care if I have a casual booking.
- I understand that all bookings are subject to availability.
- In applying for enrolment, I hereby acknowledge that I am wholly responsible for all fees payable to Connells Point Before and After School Care, in respect to my child being in care.
- I understand that it is my responsibility to contact Family Assistance Office (FAO) to apply for Child Care Subsidy and a Customer Reference Number (CRN).
- I am aware that CCS does not apply to the Annual Registration or Bond fees.
- I understand that I must sign my child in/out of the service upon drop off/collection on the iPad.
- I am aware that my child will be enrolled at the centre until the end of the year.
- I have read the Family Handbook and agreed to abide by the Centre's policies and Procedures.
- I understand that whilst every care and precaution will be taken, Connells Point Before & After School Care are not reliable for any loss or damage to my child(ren)'s possessions whilst at CPBASC or on an excursion.
- I understand that the ratio of carers to children, in accordance with the CPBASC Policy, is the following: 1:15 whilst at CPBASC (CPPS Grounds), 1:8 on excursions and 1:5 for any swimming activities.

I confirm that all information I provided on this enrolment form is current and accurate.

Parent/Guardian Name	
Parent/Guardian Signature	
Date	