BRACKNELL PRIMARY VACATION CARE
ENROLMENT FORM
[Reference: Centre Based Care Standards: Standard 15.4 d) i) a. and b.]

Child Details

Childs Full Name: ____________________________________________________________

Date of Birth: ___________________________ Gender: MALE FEMALE

Residential Address: __________________________________________________________

__________________________________________________________

Child’s CRN from Centrelink: __________________________________________

Days requiring care: Monday □ Tuesday □ Wednesday □ Thursday □ Friday □

Time required: Full Day 8.30am to 5.30pm □ Half Day 8.30am to 1.00pm □ Half day 1.00pm to 5.30pm □

Casual booking □ Preferred Hours________________________________________

Parent/Guardian Details:

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<th>Full Name:</th>
<th>Parent/Guardian</th>
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<td>Home Contact Number:</td>
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<td>CRN from Centrelink:</td>
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Persons Authorised as Emergency Contact and to Collect Child

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<tr>
<th>Name</th>
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Child’s Medical Practitioner’s (this may include the child’s dentist)

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Parent Permissions

I, .................................. do/do not give permission for my child to receive emergency medical services ..........(Initials)

I, .................................. do/do not give permission for my child to receive emergency hospital services ..........(Initials)

I, .................................. do/do not give permission for my child to receive ambulance services ..................... (Initials)

Updated 21/12/2011

BPOSHC
PHOTOGRAPHS AND DISPLAYS

Occasionally we take photographs of children undertaking craft activities, group games etc, for displays, evidence of practice and newsletters. The photographs are only used for the purpose of our school newsletters and for the purposes of Evidence of Practice for the Accreditation Process. If you would prefer your child’s photograph not to be taken or included, please notify Administration or state clearly on this form.

Consent to Publications

I give consent for photographs that include my child to be published in school or service publications.  ☐ Yes ☐ No

I give consent for photographs that include my child to be published on the school internet site and in other electronic publications.  ☐ Yes ☐ No

I give consent for photographs that include my child to be published in other Department of Education publications, such as websites, reports and brochures.  ☐ Yes ☐ No

I give consent for samples of work by my child to be published in print publications within school programs such as the newsletter and yearbook, if he/she agrees for it to be used.  ☐ Yes ☐ No

I give consent for samples of work by my child to be published on an internet site and in other electronic publications within school programs, if he/she agrees for it to be used.  ☐ Yes ☐ No

Consent to the media

I give consent for my child to be photographed, filmed or interviewed, and their given name, surname, school and age to be published by newspaper, radio and television in stories about the service and activities.  ☐ Yes ☐ No

Child’s name: ________________________________________________

Signed: ______________________________________________________ (Parent/Carer)
CHILD INFORMATION

(Reference: Centre Based Care Standards: Standard 15.1.4b)

Child’s Full Name ____________________________________________________________

Date of Birth __________/__________/_________

Primary language spoken by the child, or the child’s family (where the child has not yet learned to speak) ____________________________________________________________

Details of Allergies

Please detail the allergy and the action required. Note: please supply a medical action plan with Doctor’s instructions, as required.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Other relevant medical history/detail

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Immunisation

☐ I have provided the centre with a Statutory Declaration stating that my child has not been immunised.

☐ I have provided the centre with my child’s immunisation record

☐ I undertake to inform the centre of immunisation updates.

Special Requirements

Please note any special requirements for your child, including cultural, religious or any other special needs.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Court Orders

☐ There are no court orders in place in relation to my child

☐ There is a court order in place and I have provided the details to the centre

Name of Parent/Guardian ______________________________

Signature: __________________ Date: __________________

Note: The centre shall retain enrolment records and child information records for at least six years, unless an incident occurs as a result of any of the matters listed above, in which case all of the child’s enrolment and information records shall be retained until that child turns 25 years of age, consistent with the requirements of the Tasmanian Limitation Act 1974.