

Child's full name (3):		Child's full name (4):	
Date of Birth	Male/Female	Date of Birth	Male/Female
Address:		Address:	
Child's CRN Number:	Year at school eg: Yr 1	Child's CRN Number:	Year at school eg: Yr 1
Allergies YES NO	Asthma YES NO	Allergies YES NO	Asthma YES NO
Medical condition YES NO	Medication YES NO	Medical condition YES NO	Medication YES NO
Does this child have any additional or specific needs that we should be aware of which may require support? YES NO		Does this child have any additional or specific needs that we should be aware of which may require support? YES NO	
If yes to above, please explain: eg Epipen, Asthma Plan etc. (please attach plan)		If yes to above, please explain: eg Epipen, Asthma Plan etc. (please attach plan)	
Please note any infectious illness your child has eg: Chicken pox, measles, mumps etc:		Please note any infectious illness your child has had eg: Chicken pox, measles, mumps etc:	
Are there any specific instructions regarding cultural practices:			
PARENT/GUARDIAN DETAILS (this must be the person whose reference number is listed above)			
Surname		First name	Date of Birth
CRN Number		Relationship to child	
Street address		Suburb	Post Code
Mobile phone		Home phone	Work phone
Email		Place of Employment	
Is this person authorised to collect your child/ren? YES NO			
PARENT/GUARDIAN DETAILS			
Surname		First name	Date of Birth
CRN Number		Relationship to child	
Street address		Suburb	Post Code
Mobile phone		Home phone	Work phone
Email		Place of Employment	
Is this person authorised to collect your child/ren? YES NO			

EMERGENCY CONTACT DETAILS (must be over 18 years old)					
Please nominate 2 adults (other than the parent/guardian listed above) to contact in case of emergency:					
Surname	First name		Relationship to child		
Street address	Suburb		Post Code		
Mobile phone	Home phone		Work phone		
Is this person authorised to collect your child/ren? YES NO					
Surname	First name		Relationship to child		
Street address	Suburb		Post Code		
Mobile phone	Home phone		Work phone		
Is this person authorised to collect your child/ren? YES NO					
BACKGROUND INFORMATION					
Does your child attend another program?	Yes	No	Name of Program:		
Are you an Aboriginal or Torres Strait Islander Family?	Yes	No	Do you give permission for your children to be photographed during the program?	Yes	No
Do you give permission for your child to watch PG rated movies under the supervision of Staff during the program?	Yes	No	Are there any court orders that affect any of the children listed on this enrolment application? (Please attach documents)	Yes	No
What is the primary language spoken at home?			Cultural background		
CHILD CARE BENEFIT (CCB) (Please Tick)					
I would like to claim (CCB) as reduced fees. Please Note: You must register with the FAO on 13 61 50.					

MEDICAL INFORMATION					
Name of Family Doctor:			Phone Number:		
Is your child/ren immunised? YES NO			Parents signature:		
Immunisation records to be provided					
BOOKING INFORMATION					
Do you require a Casual Booking? YES NO			Do you require a Permanent Booking? YES NO		
			Commencement Date:		
If you require a Permanent booking please tick the days you would like your child to attend the program					
			After School Care		
Child's Name	Mon	Tue	Wed	Thu	Fri
Child 1					
Child 2					
Child 3					
Child 4					
ACCOUNTS (please tick box)					
Name of person responsible for payment of account			I would like to receive my account by mail <input type="checkbox"/>		
I would like to receive my account by email <input type="checkbox"/>			Email address:		
PARENT STATEMENT FORM					
If you have a Current Assessment Notice from Family Assistance Office and there are siblings listed on this Assessment Notice and those siblings attend another approved Long Day Care, Family Day Care or School Age Care program, please fill out the details of the other siblings listed and the name of the program so the higher percentage of CCB can be applied to your fees.					
	Child 1	Child 2	Child 3	Child 4	
Surname					
Given Name					
Date of Birth					
Other program name					
How many of your children attend approved Long Day Care, Family Day Care or School Age Care Programs or any combination of these services in the same week? ()					
REFERENCE BASE					
Why did you choose this program for your child/ren?					
What was your initial source of information on the centre?					
Yellow Pages () White Pages () Friend () Another Parent ()					

Internet ()	Signage on Location ()	Other ()	Specify:
PARENT/GUARDIAN DECLARATION			

I the undersigned:

1. I/we agree to pay all fees and charges by the due date for any account rendered. I/we understand that in the event of financial hardship, special arrangements may be made on application to the Director. I/we understand additional costs may be incurred if referred to a Debt Recovery Agency.
2. I/we understand that the booking will be cancelled if the account remains outstanding and will be forwarded to a Debt Recovery Agency.
3. I/we agree to indemnify Communities@Work and any person associated with the program in relation to any claim for damages as a result of an accident or injury to my child unless it is the direct result of negligence on the behalf of Communities@Work or associated persons.
4. In the event of an accident or illness requiring emergency medical treatment, I authorise Communities@Work staff to seek emergency medical treatment for my child should this be considered necessary. I agree to meet any medical and ambulance expense incurred.
5. I/we give permission for the administration of a bronchodilator using an inhaling device if my child should suddenly collapse and/or have difficulty in breathing.
6. I/we understand that a minimum of one weeks notice, in writing, is required prior to withdrawing my child from the program or one week fees will be charged in lieu of notice.
7. I/we understand that a late fee of \$20.00 per child for every fifteen minutes will be charged for children picked up after 6:00pm.
8. The information I have provided on this form are correct.

Parent/guardian signature:	Date:
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OPTIONAL

9. I consent to my child/ren being the subject of observations for program development.
Parent Signature _____
10. I give permission for my child/ren to be photographed or videoed during various activities for Quality Assurance purposes.
Parent Signature _____
11. I give permission for my child/ren to participate in excursions from the program within the local community. Families will be informed separately of any excursions not in the local area.
Parent Signature _____

IMPORTANT! – Please note that you will be charged for the days you book. In the event that you do not use your booked days (due to changed plans, sickness, etc) you are still required to pay for your booking unless seven days notice in writing has been given to the Director.