

St Catherine Laboure Before and After School Care – A Division of KCCC P/L
ACN: 097 080 352 ABN: 16 097 080 352
GyMEA Bay Rd, NSW 2227
PO Box 301 GyMEA NSW 2227.
Tele:0413 998 458 or 02 9545 4556
www.kirraweechildcare.com.au E-mail kccc@kirraweechildcare.com.au



ENROLMENT FORM

Child's Given Name: _____

Child's Family Name: _____



**Please attach a photo of your child.
(Head and Shoulders)**

St Catherine Laboure Before and After School Care – A Division of KCCC P/L
 ACN: 097 080 352 ABN: 16 097 080 352
 Gymea Bay Rd, NSW 2227
 PO Box 301 Gymea NSW 2227.
 Tele:0413 998 458 or 02 9545 4556
www.kirraweechildcare.com.au E-mail kccc@kirraweechildcare.com.au



FAMILY CRN: _____ **CHILD CRN:** _____

Child's Given Name:..... Child's Family Name:.....

DOB.... /... /... Address: Sub. PC.....

Home Telephone: Bill Fees To:

Primary Language: Cultural Identity.....

Is there anyone who is legally prohibited from having contact with or collecting the child? Yes No.

If yes legal documentation must be submitted to the Centre:.....

Required Starting Date: / / Are you eligible for CCB? Yes No

Monday Before After Tuesday Before After Wednesday Before After Thursday Before After Friday Before After

Child Sex: M F Child Care benefit: % Commencement Date: / / .

School Attending:.....

Parent 1 Name: Family Name:

Address: Sub. PC.....

Home Telephone: Mobile Telephone: E-mail:

Parent Work Details: Employer: Occupation:.....

Work Telephone: Hours: Full / Part time Employment:.....

Parent 2 Name: Parent's Family Name:.....

Address: Sub. PC.....

Home Telephone: Mobile Telephone: E-mail:

Parent Work Details: Employer: Occupation:

Work Telephone:..... Hours:..... Full / Part time Employment:

Immunisation: Please supply evidence of Immunisation: Yes No

Medical Details: a) Is your child on regular medication or have any disabilities, food difficulties or allergies Yes No If yes please give details:

.....

b) Relevant Medical History:

.....

c) Any particular cultural background or tradition to observe:.....

.....



Doctor / Dentist Details:

Family Doctor's Name: Telephone: Release child to Doctor: Yes No
 Address.....Sub.....P.C.....
 Family Dentist's Name: Telephone: Release child to Doctor: Yes No
 Address.....Sub.....P.C.....
 Medicare No: Private Health Particulars:

FIRST AID MATERIALS:

When the centre staff administers first aid do you want them to use these products on your child?

Persona SPF 30+ sunscreen lotion: Yes No Savlon Antiseptic Powder: Yes No
 Savlon Antiseptic Cream: Yes No Stingose for Stings and Bites: Yes No
 Band –Aid Plastic: Yes No Elastoplast Band – Aid: Yes No
 Elastic Adhesive Plaster: Yes No

If your child uses different brand it must be provided by parent and kept at the Centre with your child name. (Please name brand if any.)

Person Authorised to collect the child instead of Parents.

1. Full Name.....Relation.....Tel (h):..... Tel (w):.....
 Address.....Sub. P.C..... Mobile:Pickup: Yes No
 2. Full Name.....Relation.....Tel(h):.....Tel (w):
 Address.....Sub. P.C..... Mobile:.....Pickup Yes No

Emergency Details:

I authorise the following people to have access, collect my child or to be contacted in case of emergency:

1. Full Name.....Relation.....Tel (h):.....Tel (w)
 Address.....Sub. P.C..... Mobile:Pickup: Yes No
 2. Full Name.....Relation.....Tel (h):.....Tel (w):
 Address.....Sub.....P.C.....Mobile:Pickup: Yes No

The Centre will not allow children to go with adults unless names are written on this list. You can add or delete names at any time.

In the event of an **Emergency** including rising temperature above **37.5** centigrade, illness or accident concerning my child the Centre will try to contact me or other person(s) authorised by me. If parent and all Authorised persons on the emergency list are not contestable, the Centre will keep the child comfortable and the Centre will immediately contact the ambulance.

Parent Signature Date.....

I read the Centre's Media policy and have no objection to my child's activities group photos to be published on the

Centre's web site: Yes No Signature:

St Catherine Laboure Before and After School Care – A Division of KCCC P/L
ACN: 097 080 352 ABN: 16 097 080 352
Gymea Bay Rd, NSW 2227
PO Box 301 Gymea NSW 2227.
Tele:0413 998 458 or 02 9545 4556
www.kirraweechildcare.com.au E-mail kccc@kirraweechildcare.com.au



Excursion note: Due to changes in regulation and insurance policy, the centre does not provide out of centre excursions as from 2003.

Please note: filling this form does not guarantee a place for the child until:

1. Parents read our handbook and policies.
2. Parents sign and return with the enrolment form the page titled Mutual Obligation (page 5) of the handbook.
3. Enrolment fee of \$40.00, one week bond plus one weeks fees in advance are paid.

Failing to pay the fees on time gives the Centre the authority to give the place to the next child on the list without notice.

Enrolment fee paid: Yes No Bond paid: Yes No One week fees in advance paid: Yes No
I will be paying the fees in advance: Weekly: Fortnightly: Monthly:

Declaration

I/We the undersigned _____ of _____
NAME ADDRESS

Declare that the **information** given on this form at the time of enrolment is accurate to the best of my/our knowledge.

I/we are aware also that:

1. I/We required to pay my/our child weekly fees regularly one week in advance.
2. The Centre has the right to restrict the method of payment of fees to **cash only** in the event of a cheque bouncing.
3. One week of full rate fees are held at all times. Please read bond conditions and the Centre's handbook.
4. Fees are payable for holidays, public holidays, pupil free days, sick absence or any kind of absence.
5. Full fees are payable once the child's Commonwealth allowable absence is consumed.
6. Not paying fees for two successive weeks results in withdrawal of the service without notice.
6. I/We received the Centre handbook, and understand enrolment is not complete without completing an enrolment form, signing the mutual obligation form included in the handbook and returning them with payment to the Centre.

Parent Name _____

Signature: _____ Date: / /200

Office use only:

Commencement Date: / / 200 Commonwealth CCB: Yes No Priority No:.....