



BLIGH PARK BEFORE AND AFTER SCHOOL CARE

A Project of BLIGH PARK COMMUNITY SERVICES INC.
1 Guardian Cr., Bligh Park NSW 2756
PH 02 4572 7119 FAX 02 4572 0447

ACCREDITED CHILD CARE SERVICE

CHILD'S DETAILS:

Child's full name: D.O.B

Child's reference Number (CRN Centrelink).....

Date to start:

What School does your child attend?

Place of birth: Religion:

Ethnicity: Aboriginal/Torres Strait Islander

Language spoken at home:

Court orders: (if any)

HEALTH:

Name of Family Doctor Medicare No

Address: Ph

Name of Family Dentist

Address: Ph

Has your child/ren been immunised for all childhood diseases? Yes/No

Please provide evidence of immunisation, eg blue book

(In the event of an outbreak of a vaccine preventable disease all unimmunised children must be excluded from the centre during the outbreak)

Does your child have allergic reactions, eg food, medicine, grass, bees, face paint etc.

Should staff be aware of any behaviour difficulties? Eg: ADD, ADHD, ODD or Anxiety.....

Does your child visit specialists? Eg speech.

Any special medical condition?

Does your child take any regular medication, including behavioural management medication at home, please record these?

GENERAL INFORMATION:

Does your child participate in festivals/celebrations? Yes/No..... If no please give details

Child's food likes and dislikes

Does your child have any special interests/hobbies?

Does your child have any siblings? Are these children in Child Care? (Please provide names and ages)

DAYS REQUIRED:

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PLEASE TICK BOX	AM					
	PM					

PLEASE READ AND SIGN:

PHOTO / FILM PERMISSION NOTE

I give permission to Bligh Park OOSH staff to use photos of my child, taken on the premises or excursion, taken by the staff or other children for promotional activities and displays. I authorise the staff at the Centre to allow photos/film of my child to be taken on the premises and excursions.

SAFETY HOT WEATHER POLICY

I give permission to Bligh Park OOSH staff to provide 30+ Sun cream to my child I also understand and agree that my child needs to wear a hat during outside play.

PARACETAMOL PERMISSION

I..... give permission to Bligh Park OOSH staff to administer paracetamol to my child, if after I am contacted by staff to inform me of the condition of my child. I also give permission for the above listed contactable persons to give permission to allow staff to administer paracetamol.

LOCAL OUTINGS/EXCURSIONS:

I..... give permission to Bligh Park OOSH staff to take my child on local excursions, eg park, shops. Staff will at all times inform parents before the excursion. I also permit staff to take my child to school for extra school activities when requested.

SCHOOL BUS PERMISSION:

I.....give permission to Bligh Park OOSH staff to board my child/ren on nominated school bus according to bus time table.

.....
Signature of Parent / Guardian

.....
Date

PARENT DETAILS:

PARENT ONE	PARENT TWO
First name:	First name:
Last name:	Last name:
*DOB (Compulsory)	*DOB (Compulsory)
Parent reference no: (CRN Centrelink)	Relationship to child/ren: (eg, Father/Step Father)
Relation to child/ren:	Home address:
Home address:
Home phone:	Home phone:
Mobile:	Mobile:
Ethnicity:	Ethnicity:
Language Spoken:	Language Spoken:
Marital Status:	Marital Status:
Occupation:	Occupation:
Work name:	Work name:
Work address:	Work address:
.....
Work phone:	Work phone:

* DOB and CRN are compulsory for Child Care Benefit purposes.

Please inform staff immediately if these contact details change

IDENTIFICATION PROVIDED:

Other (Drivers Licence, Health Care Card):	
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Would you like to volunteer your time to Bligh Park OOSH? , Eg cooking, craft

.....

How did you hear about Bligh Park OOSH: Friends Family School Advertising

Other _____

EMERGENCY CONTACTS:

In the event that you are unavailable, who may act on your behalf and collect your child/ren from the Centre. Please provide two alternative contacts:

It is important that you inform these people that they have been chosen as an emergency contact .

- CONTACT ONE

Name

Address

.....

Phone no. (Home)

(Work)

(Mobile)

Relation to child/ren

- CONTACT TWO

Name

Address

.....

Phone no. (Home)

(Work)

(Mobile)

Relation to child/ren

- Please inform staff immediately if these details change

The staff will not allow your child/ren to go with adults unless names are written on this form. If staff are not familiar with these contacts identification must be provided, eg Drivers License.

If the parent/s or the emergency contact listed cannot be reached I authorise the staff to seek medical, dental or hospital treatment and/or an ambulance

Signature of Parent / Guardian

Date

.....

.....

ACKNOWLEDGMENT FORM

I the parent/guardian agrees that the information provided in this application is true and correct and will be relied upon by the Childcare Centre.

The parent/guardian agrees to notify the carer immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within 7 days of the date of such change.

Terms of payment are strictly within seven (7) days.
A cancellation fee may apply at the discretion of childcare centre.

The parent/guardian agrees to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agents fees, court costs and legal fees reasonably incurred by Childcare Centre.

In the case of a default the parent/guardian acknowledges that any enrolment information specifically required for purpose of debt recovery and identification of individuals in default may be forwarded to Legal & Commercial Recoveries for legal recovery action.

I understand that in case of a default on payment for childcare fees, enrolment details may be listed on the National Default Registry for period of six (6) years and 30 days or until paid. This information may be accessed by other care providers at the time of enrolment.

The parent/guardian acknowledges that care may be refused in the case of default.

.....
Signature of Parent/Guardian/.../.....
Date of Birth

.....
Signature of Parent/Guardian/.../.....
Date of Birth

.....
Name of Child/Children

.....
Dated