

Parent/Guardian Details

[1] Parent/Guardian Details [Account Holder]

Surname:

Middle Name:

First Name:

Relationship to Child:

Family CRN:
[CRN = Customer Reference Number].
 [You will be charged Full Fee (No Government CCB Assistance) if NO or an UNRECOGNISED parent CRN is provided].

Parent's D.O.B: [DD/MM/YY]
[You will be charged Full Fee (No Government CCB Assistance) if NO or an UNRECOGNISED parent DOB is provided].

Gender: Female Male

Billing Address:

Suburb:

Postcode:

Home Tel. [if Different]:

Mobile Telephone:

Work Telephone:

E-Mail:
Tick the box above if you would like to receive statements via e-mail.

[Optional Choice] Please tick if you would like to receive written correspondence in a language other than English.
 [Specify Language Below].

[2] Parent/Guardian Details

Surname:

Middle Name:

First Name:

Relationship to Child:

Gender: Female Male

Address [if Different]:

Suburb:

Postcode:

Home Tel. [if Different]:

Mobile Telephone:

Work Telephone:

E-Mail:
[Optional Choice] Please tick if you would like to receive written correspondence in a language other than English.
 [Specify Language Below].

Child summary

School Age Children

Child [a]:

Child [b]:

Child [c]:

Additional Children

Children who attend Long Day Care/ Family Day Care or In Home Care

Child [a]

Child [b]

Medical Contact Details

Privacy Statement: The Queensland Police Citizens' Youth Welfare Association values our members and the individuals who interact with and support us and will continue to protect the personal information which you intrust to us.
 Child Enrolment Form: Updated March 2010

Emergency Contact Detail

Please nominate two people over the age of 18, other than the parent[s], authorised to collect your child[ren] and two people who we can call in an emergency.
 These may be the same people for both instances. Please list in the order you would like them to be contacted.

[1] Contact

Authorization: Collect child[ren] Emergency Call

Surname:

First Name:

Home Address:

Suburb:

Postcode:

Home Telephone:

Mobile Telephone:

Relationship to Child:

[2] Contact

Authorization: Collect child[ren] Emergency Call

Surname:

First Name:

Home Address:

Suburb:

Postcode:

Home Telephone:

Mobile Telephone:

Relationship to Child:

[3] Contact

Authorization: Collect child[ren] Emergency Call

Surname:

First Name:

Home Address:

Suburb:

Postcode:

Home Telephone:

Mobile Telephone:

Relationship to Child:

[4] Contact

Authorization: Collect child[ren] Emergency Call

Surname:

First Name:

Home Address:

Suburb:

Postcode:

Home Telephone:

Mobile Telephone:

Relationship to Child:

When seeking medical treatment, increasingly health professionals are

requesting child care services provide the following information before treating a child. Please assist us provide timely treatment by providing the necessary information.

Medicare Number:

Name of Health Fund:

Doctor's Surname:

First Name:

Surgery Address:

Suburb:

Postcode:

Surgery Telephone:

Parent/Guardian Involvement

We encourage parents/guardians to be involved in our programs. If you have any skills or hobbies you would like to share with the children in our care please list them below.

General Permission [Please PRINT full names, tick the appropriate boxes and initial each term and condition to signal your agreement.]

Parent Name:

The parent/guardian of the following children:

Child 1 Name:

Child 3: Name

Child 2 Name:

Child 4: Name

- I have read, understand and agree to abide by the conditions as stated in the latest edition of the Parent Handbook.
- Agree to familiarize myself with the programs and inform staff if I do not wish for my child[ren] to participate in a particular activity.
- [If applicable] understand my child[ren] will be transported by bus or walk to and from school and excursions and I understand that when fitted, my child will be required to use a seat belt. Children under 7 will be provided with a booster seat in a vehicle with 12 or less seats.
- For services on school sites, I give permission for staff to escort my child/ren to and from the classroom. I understand that older children will walk to and from the classroom by themselves.
- Give permission for staff to apply sunscreen [30+]
- Consent to PCYC staff providing a) first aid, or where appropriate, b) administering such emergency medical treatment as is reasonably necessary c) seeking medical attention, and that I will reimburse any necessary expenses incurred by the Service.
- Agree to collect or make arrangement for collection of my child[ren] if he/she becomes unwell at the service.
- Agree to inform the School Age Care Service of other children attending Long Day Care/ Family Day Care/ In home care or any other service where CCB is provided. I must notify the School age care service of any child care changes that may occur.
- I understand that CCB is payable for only 42 allowable absence each year and authorise the PCYC to record an allowable absence on any day my child[ren] is/are enrolled but does not attend, unless I provide a valid reason [according to Government requirements].
- Agree to pay for all fees [including excursion fees] of the days my child is successfully enrolled, regardless of whether my child is enrolled but does not attend. I agree that 48 hours notice of non-attendance must be given otherwise I will be charged for the booked sessions.
- Understand that fees are due and payable one week in advance at all times, and I may be required to enter into a payment plan using our prescribed third party company Ezi Debit, if my fees are not paid by the due date or if I get in arrears.
- Understand that my child[ren]'s care can be cancelled if my fees fall into arrears by more than 7 days and I agree to pay all outstanding costs, including legal expenses, incurred by the service to collect payment of outstanding fees.
- Agree to pay one week's gap fee upfront upon enrolment for BSC and ASC and fees as requested upfront for VAC care prior to my child commencing attendance.
- Understand that in the event my child[ren] is sent home with a suspect infectious illness a medical clearance/certificate must be provided on return of my child[ren] to the service.
- [If applicable] give permission for my child[ren] to play, under supervision, on the school-oval and/or local park.
- Should staff arrive at school to collect my child[ren] and the child[ren] is/are not in the designated area and I have not informed the service of my child[ren]'s absence agree that a \$2.00 will be charged to my account for each telephone call made to discover the whereabouts of my child[ren].
- Understand that my child[ren] maybe required to leave the service because of priority of access considerations as detailed in section 6.3, pgs 67-68, of the *Child Care Service Handbook 2007-2008* (Australian Government, Dept. of Families and Community Services).

Parent/Guardian Signature

Parent Signature:

Date:

PRINT Name: