



**PCYC QUEENSLAND:
SCHOOL AGE CARE ENROLMENT FORM**

Please complete this form if you wish to enrol your child (ren) into our School Age Care program. Please ensure all information is correct and where appropriate, corresponds exactly with information held by Centrelink. Missing information and/or unrecognised information will result in you receiving no fee assistance through the Government's Child Care Benefit scheme. Please question any point you are unclear about with the service's coordinator.

Key Enrolment Information – Child 1

First Name:
 Middle Name:
 Last Name:
 Child CRN:

(Example 322 323 611A (CRN = Customer Reference Number) – (You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child CRN is provided.)
 Child's D.O.B / / dd/mm/yy Priority of Access

(You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child D.O.B is provided. Please refer to your paper work from Centrelink for your priority of access number, alternatively contact Centrelink

PCYC Membership # To be enrolled all children must be PCYC members

Gender: Female Male

Indigenous Status NOT Aboriginal **OR** Torres Strait Islander
 Aboriginal **AND** Torres Strait Islander
 Aboriginal **NOT** Torres Strait Islander
 Torres Strait Islander **NOT** Aboriginal

Religious/Cultural Requirements Does your child have any religious/cultural requirements?

If your child does have a cultural/religious requirement please provide passport size photo of your child
 I authorize my child's photograph to be taken and used at the service, understanding I will be informed if it will be used for media purposes.

Swimming Ability Can't Swim Good Swimmer
 Poor Swimmer Excellent Swimmer

Dietary Requirements Does your child have any special dietary requirements? Provide information below

If your child does have special dietary requirements please provide a passport size photo of your child.

Supplementary Enrolment Information

School Start Date / / (Approximate Date is sufficient)

School Attends:

City/Town of Birth:

Nationality:

Language spoken at home

Parenting Orders

Parenting Orders, previously know as Court Orders (Prior to Family Law Ac 1996) can include Parenting Plans, Parental Responsibility, Plans, Residence Orders and Contact Orders.

If you are separated / divorced, who has legal custody of your child?

Parent 1 :Name

Parent 2 :Name

Both

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

Yes (complete below) No

Parent 1 Access Arrangements

Full Time Arrangement Details:

Limited

Parent 2 Access Arrangements

Full Time Arrangement Details:

Limited

Health Details

Immunisation Status

Please mark this box if your child's immunisation status is up to date
 If your child's immunisation status is not up to date your eligibility to receive Government fee assistance through CCB may be affected

Allergies - If necessary continue on separate paper & provide a written treatment plan if one is available.

Does your child suffer from any allergies?

If yes please provide passport size photo of child
 No Yes (Specify below)

To assist us look after your child should they have an allergic reaction whilst in our care please list the allergies your child has, the symptoms of the reaction and how you would like us to treat the reaction.

Allergy 1.

Allergy Description:

Allergy Treatment:
 Complete a medication form if you require staff to administer medication on your behalf

Allergy 2.

Allergy Description:

Allergy Treatment:
 Complete a medication form if you require staff to administer medication on your behalf

Asthma

Does your child suffer from Asthma?

If Yes, please provide child passport size photo
 No Yes (Specify below)

To assist us to look after your child should they have an Asthma attack whilst in our care please list the symptoms and how you would like us to treat the reaction. Please also provide details of any Asthma medication taken.

Symptoms:

Treatment:

Medication Taken:
 You must complete a medication form if you require staff to administer medication on your behalf.

Other Medical Conditions

Does your child suffer from any of the following medical conditions?

If yes please provide a passport size photo
 A D D A D H D Aspergers Syndrome
 Autism Epilepsy Learning Difficulty
 Phobias Physical Disability Intellectual Disability
 Heart Problems Sensory Impairment Behaviour Disorder

Other:

If you have indicated your child has a medical condition, please describe the condition and how you would like us to treat the condition.

Condition 1.

Description:

Treatment: You must complete a medication form if you require staff to administer medication on your behalf

Condition 2.

Description:

Treatment: You must complete a medication form if you require staff to administer medication on your behalf

Programs

Please tick which School Age Care program you would like to enrol your child into, remembering not all programs may be available at this service

BSC ASC VAC Teen Program

Booking Details

Please indicate which days you require care. See coordinator for Vacation Care booking details.

Before School Care

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After School Care

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care to start on: / /

Additional Booking Information:

SCHOOL AGE CARE ADDITIONAL CHILD ENROLMENT FORM

Please request additional enrolment forms from coordinator if you are enrolling more than two children into the PCYC School Age Care Service.

Please complete this form if you wish to enrol your child (ren) into our School Age Care program. Please ensure all information is correct and where appropriate, corresponds exactly with information held by Centrelink. Missing information and/or unrecognised information will result in you receiving no fee assistance through the Government's Child Care Benefit scheme. Please question any point you are unclear about with the service's coordinator.

Key Enrolment Information – Child 2

First Name:

Middle Name:

Last Name:

Child CRN:

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Child's D.O.B / / dd/mm/yy Priority of Access

(You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child D.O.B is provided. Please refer to your paper work from Centrelink for your priority of access number, alternatively contact Centrelink.

PCYC Membership # To be enrolled all children must be PCYC members

Gender: Female Male

Indigenous Status NOT Aboriginal OR Torres Strait Islander
 Aboriginal AND Torres Strait Islander
 Aboriginal NOT Torres Strait Islander
 Torres Strait Islander NOT Aboriginal

Religious/Cultural Requirements Does your child have any religious/cultural requirements?

If your child does have a cultural/religious requirement please provide passport size photo of your child

Photos -yes I authorize my child's photograph to be taken and used at the service, understanding I will be informed if it will be used for media purposes.

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Dietary Requirements Does your child have any special dietary requirements? Provide information below

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School Start Date / / (Approximate Date is sufficient)

School Attends:

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If you are separated / divorced, who has legal custody of your child?

Parent 1 Name:

Parent 2 Name:

Both

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

Yes (complete below) No

Child/ren residence details indicated in Parent/Guardian Details Section

Parent 1 Access Arrangements

Full Time Arrangement Details:

Limited

Parent 2 Access Arrangements

Full Time Arrangement Details:

Limited

Health Details

Immunisation Status

Please mark this box if your child's immunisation status is up to date
 If your child's immunisation status is not up to date your eligibility to receive Government fee assistance through CCB may be affected

Allergies - If necessary continue on separate paper & provide a written treatment plan if one is available.

Does your child suffer from any allergies?

If yes please provide passport size photo of child

No Yes (Specify below)

To assist us look after your child should they have an allergic reaction whilst in our care please list the allergies your child has, the symptoms of the reaction and how you would like us to treat the reaction.

Allergy 1.

Allergy Description:

Allergy Treatment:
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Allergy Description:

Allergy Treatment:
Complete a medication form if you require staff to administer medication on your behalf

Asthma

Does your child suffer from Asthma?

If Yes, please provide child passport size photo

No Yes (Specify below)

To assist us to look after your child should they have an Asthma attack whilst in our care please list the symptoms and how you would like us to treat the reaction. Please also provide details of any Asthma medication taken.

Symptoms:

Treatment:

Medication Taken:
You must complete a medication form if you require staff to administer medication on your behalf.

Other Medical Conditions

Does your child suffer from any of the following medical conditions?

If yes please provide a passport size photo

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BSC ASC VAC Teen Program

Booking Details

Please indicate which days you require care. See coordinator for Vacation Care booking details.

Before School Care

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After School Care

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care to start on: / /

Additional Booking Information:

Parent/Guardian Details

Parent 1: Details – Must be Account holder and person who is registered with FAO

First Name:

Middle Name:

Last Name:

Relationship to child: D.O.B / /

Family CRN:

(Example 322 323 611A [CRN = Customer Reference Number] – (You will be charged FULL FEE [No Government CCB assistance] if NO or UNRECOGNISED child CRN is provided.)

Are you registered to receive **CCB**? Yes No

Where have you elected your **CCR** (Childcare Rebate) to be paid to:

This PCYC SAC Service – preferred option Bank Account

(You will be charged FULL FEE [No Government CCB assistance] if NO or UNRECOGNISED child D.O.B is provided. Please refer to your paper work from Centrelink for your priority of access number, alternatively contact Centrelink. CCR is Childcare Rebate 50%

Gender: Female Male

Address:

Suburb: Postcode:

Billing Address:

Write AS ABOVE if same as residential address.

Does Child/ren reside at this address? Yes No

Home Tele:

Mobile Tele:

Work Mobile:

Email

Would you like to receive the following via email?

Accounts Service Information Newsletters

Please tick if you would like to receive this information in a language other than English: (specify language below)

Parent 2: Details:

First Name:

Middle Name

Last Name:

Relationship to child:

Parent D.O.B / / Gender F M

Address:

Does Child/ren reside at this address? Yes No

Home Tele:

Mobile Tele:

Work Mobile:

Email:

Emergency Contact Order Please indicate order in which you would like staff to make contact in case of emergency:

Parent 1

Parent 2 If applicable

Additional Contact 1

Additional Contact 2

Child Summary

School Age Care 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)

Child (c)

Privacy Statement: The Queensland Police Citizen's 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 entrust to us.

Additional Emergency Contact Details

Please nominate those who are authorised to collect or to be contacted in case of emergency in order of preference. Tick one or both boxes to nominate contact authorisations.

Details for Contact 1: Emergency Contact Authorised Pickup

First Name:

Last Name:

Home Address:

Home Tele:

Mobile Tele:

Work Tele:

Relationship to Child

Details for Contact 1: Emergency Contact Authorised Pickup

First Name:

Last Name:

Home Address:

Home Tele:

Mobile Tele:

Work Tele:

Relationship to Child

Details for Contact 3: Emergency Contact Authorised Pickup

First Name:

Last Name:

Home Address:

Home Tele:

Mobile Tele:

Work Tele:

Relationship to Child

Details for Contact 4: Emergency Contact Authorised Pickup

First Name:

Last Name:

Home Address:

Home Tele:

Mobile Tele:

Work Tele:

Relationship to Child

Medical Contacts

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:

Health Fund (if applicable)

Doctors Surname

First Name

Surgery Address

Post code

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 Permissions:

Please print full names, tick the appropriate boxes and initial each term and agreement. **Please be aware where a signature, initials or indication that agreement has not been read will result in your child's enrolment not being processed.**

Parent Name: (The parent/guardian of the following children)

Child 1 Name: Child 2 Name:

Child 3 Name: Child 4 Name:

- | <input checked="" type="checkbox"/> Terms | Initial |
|--|----------------|
| <input type="checkbox"/> I have read and understand and agree to abide by the conditions stated in the latest edition of the Parent Handbook | _____ |
| <input type="checkbox"/> 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 | _____ |
| <input type="checkbox"/> 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 a seat belt. Children under 7 will be provided with a booster seat in a vehicle with 12 or less seats | _____ |
| <input type="checkbox"/> Give permission for staff to apply sunscreen (30+) If my child has an allergy, I agree to provide suitable sunscreen for my child | _____ |
| <input type="checkbox"/> Consent PCYC staff providing: a) First Aid, or where appropriate, b) administering such emergency medical treatment as is reasonable necessary; c) seeking medical attention, and that I will reimburse any necessary expenses incurred by the service. | _____ |
| <input type="checkbox"/> Agree to collect or make arrangements for collection of my child (ren) if he/she becomes unwell at the service. | _____ |
| <input type="checkbox"/> 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 changes that may occur. | _____ |
| <input type="checkbox"/> Consent for PCYC School Age to share/attain information with my child('s) School Administration and staff on issues pertaining to my child | _____ |
| <input type="checkbox"/> 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). | _____ |
| <input type="checkbox"/> Agree to pay 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. | _____ |
| <input type="checkbox"/> Understand that fees are due and payable a minimum of one week in advance at all times, and I may be required to enter into a payment plan using our prescribed third party company iDebit, if my fees are not paid by the due date or if I get in arrears | _____ |
| <input type="checkbox"/> Understand that my child (ren) care can be cancelled if my fees fall into arrears by more then 7 days and I agree to pay all outstanding costs, including legal expenses, incurred by the service to collect payment of outstanding fees. | _____ |
| <input type="checkbox"/> Agree to pay a minimum of one week's gap fee upfront upon enrolment for BSC and ASC and fees are requested a minimum of two weeks upfront for VAC care prior to my child (ren) commencing attendance. | _____ |
| <input type="checkbox"/> Understand that in the event my child (ren) is sent home with a suspected infectious illness a medical clearance/certificate must be provided on return of my child (ren) to the service | _____ |
| <input type="checkbox"/> (If applicable) give permission for my child (ren) to play, under supervision, on the school-oval and/ or local park. | _____ |
| <input type="checkbox"/> 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) absence, agree to pay a \$2.00 fee will be charged to my account for each telephone call that is made to discover the whereabouts of my child (ren) | _____ |
| <input type="checkbox"/> Understand that my child (ren) maybe required to leave the service because of priority access considerations as detailed in section 6.3 – pages 67-68 of the Child Care Service Handbook 2010-2011 (Australian Government, Dept of Families and Community Services). | _____ |

Parent/Guardian Signature

Parent Signature: Date:

Print Name:

Induction Information

Please check to ensure that you have received all the relevant information when enrolling your child into our services.

- Parent Handbook Session Times Fees and Cost PCYC Membership All About Me Booklet
- iDebit Application Service Newsletter SAC Booking Form QA Information Booklet