HALL-THORPE SPORTS VACATION CARE ENROLMENT FORM BUNKERS HILL

315 Bunkers Hill School Road, Westbrook Qld 4350 Ph: 07 4638 7965
PO Box 11262 Centenary Heights Qld 4350 Website: www.hallthorpesports.com.au
Mob: 0438 764 752 Fax: 07 4638 7585 Email: admin@hallthorpesports.com.au

CHILD'S DETAILS	
Child's Full Name:	
Child's Address:	
Name child is known by:	
Commencement Date:	Child's Age at Enrolment:
Centrelink Customer Reference Number:	
Child's Date of Birth:	Gender:
Child's Country of Birth:	
Cultural Background: ☐ Aboriginal ☐Aboriginal and Torres Strait Islander ☐ Torres Strait Islander ☐Other	
Language/s used at home:	
Child's Medicare Number:	Expiry Date:
Do you have other children attending other Child Care? Yes/No If so how many_____	

PARENT/CARER 1 DETAILS (PARENT WHO IS LINKED WITH CENTRELINK)	
Full Name:	
Centrelink Customer Reference Number:	
Relationship to Child:	
Home Phone: ( )	Mobile:
Email Address:	
Date of Birth:	
Address:	Post Code:
Occupation:	Work Phone:
Organisation/Employer:	
Work Address:	Post Code:
Nationality:	Cultural Background:
Religion:	

PARENT/CARER 2 DETAILS	
Full Name:	
Relationship to Child:	
Home Phone: ( )	Mobile:
Email Address:	
Date of Birth:	
Address:	Post Code:
Occupation:	Work Phone:
Organisation/Employer:	
Work Address:	Post Code:
Nationality:	Cultural Background:
Religion:	
Comments:	

ATTENDENCE REQUIRED (PLEASE CIRCLE DAYS & ADD WEEK COMMENCING DATE)					
WK 1. Monday	Tuesday	Wednesday	Thursday	Friday	(Week commencing……..)
WK 2. Monday	Tuesday	Wednesday	Thursday	Friday	(Week commencing……..)
WK 3. Monday	Tuesday	Wednesday	Thursday	Friday	(Week commencing……..)
WK 4. Monday	Tuesday	Wednesday	Thursday	Friday	(Week commencing……..)
WK 5. Monday	Tuesday	Wednesday	Thursday	Friday	(Week commencing……..)
WK 6. Monday	Tuesday	Wednesday	Thursday	Friday	(Week commencing……..)
WK 7. Monday	Tuesday	Wednesday	Thursday	Friday	(Week commencing……..)
WK 8. Monday	Tuesday	Wednesday	Thursday	Friday	(Week commencing……..)

AUTHORISED NOMINEE/ EMERGENCY CONTACT 1 (DO NOT INCLUDE PARENT/S NAME/S)	
Full Name:	This person is authorised to carry out the following responsibilities for my child(please tick)
Relationship to child:	
Address:	Consent to medical treatment/authorise administration of medication
Home Phone:	Authorise an educator to take the child outside the education and care service premises
Work Phone:	
Mobile:	
Signature:	Collect the child from the education and care service

AUTHORISED NOMINEE/ EMERGENCY CONTACT 2 (DO NOT INCLUDE PARENT/S NAME/S)	
Full name:	This person is authorised to carry out the following responsibilities for my child(please tick)
Relationship to Child:	
Address:	Consent to medical treatment/authorise administration of medication
Home Phone:	Authorise an educator to take the child outside the education and care service premises
Work Phone:	
Mobile:	
Signature:	Collect the child from the education and care service

Please ensure you have ticked the appropriate authorities for each of your nominated emergency contacts	
Parent/Carer 1 Signature:	Parent/Carer 2 Signature:

CARE ARRANGEMENTS:
Is there anyone legally denied access to the child? Yes If yes a copy must be provided. No
CULTURAL CONNECTIONS AND FAMILY TRADITIONS
Does your family observe any religious or cultural practices that are significant to your child?
Do you celebrate any cultural or religious traditions? How do you celebrate these?
What family traditions do you celebrate?

MEDICAL INFORMATION		
Child's Full Name:		
Does your child regularly experience any of the following? Please provide details. If yes an individual action/medical plan by an authorised medical practitioner may be required.		
KNOWN ALLERGIES ☐NO ☐YES	What causes the allergy?	
	Mild Severe Anaphylactic **(EPIPEN must be provided the service at all times child is in care)**	
	Symptoms:	
	Please provide details of any allergy management plans	
	Action Plan attached: ☐ NO ☐ YES **(A current year action plan from a medical practitioner together with a current photo is required)**	
DIETARY RESTRICTIONS ☐NO ☐YES	Special dietary restrictions(provide details) ☐Medical ☐Personal Choice	
INTOLERENCES ☐NO ☐YES	What causes the intolerance?	
	Mild Severe	
	Symptoms:	
	Current Action plan: (provide details)	
ASTHMA ☐NO ☐YES	Mild Severe (A current action plan needs to be provided)	
	What symptoms does your child present with when experiencing asthma?	
	Asthma plan provided? ☐No ☐Yes (updated plan required when there is a change)	
IMMUNISATION STATUS	Is your child's immunisation up to date? ☐Yes ☐No	
Does your child take medication on a regular basis? ☐NO ☐YES	For what conditions?	
Does your child present with any additional needs or have a diagnosed disability? ☐NO ☐YES	Provide details: (attach doctors certificate, written diagnosis or other relevant medical information)	
Any other relevant health management information? ☐NO ☐YES	Provide details:	
MEDICAL CONTACT DETAILS		
Child's Doctor: Address:	Phone Number:	
Child's Dentist: Address:	Phone Number:	
Paediatrician: Address:	Phone Number:	

MEDICAL CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

- I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/we give permission for staff to obtain any medical, hospital and/or ambulance service in case of an accident or emergency involving my/our child. I/We understand that any cost associated with such treatment is my/our responsibility to pay and that every effort will be made to contact me/us in the event of an illness or accident.
- I/We understand that the service is unable to care for children who are sick or who have a contagious illness. I/We acknowledge that a medical clearance may be required before my/our child is able to return.
- I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person and the dosage to be given.
- Prescribed medication, including asthma an anaphylaxis, will only be administered when it is accompanied by written instruction form a medical practitioner, and is in its original container and a medical administration authorisation form has been complete.
- I/We agree to complete a medical administration authorisation form when our child requires medication.
- I/We give permission for first aid qualified staff to administer first aid and/or medication as/when required by our child.

Parent/Carer 1 Signature……..Date:……..

Parent/Carer 2 Signature……..Date:……

PERMISSIONS
I/We give permission for my/our child to have 30+ sunscreen/insect repellent applied as required. If no please provided an alternative. ☐YES ☐NO
I/We give permission for images of my/our child to be used for service newsletters, service noticeboard displays, day books, portfolios, digital photo frames etc. I/We also understand my/our child's surname will not be displayed with these images. ☐YES ☐NO
I/We give permission for my/our child's image to be used for promotional purposes and service displays (including social media). I /We understand that my/our child's name will not in any way be used. ☐YES ☐NO

Parent/Carer 1 Signature…… Date:……

Parent/Carer 2 Signature…… Date:……

ENROLMENT AGREEMENT
Upon signing this agreement I/We understand we are giving consent to the following
• I/We agree to keep my/our child from attending the service should they be suffering from any infectious disease as recognised by the National Health and Medical Research Council (NHMRC). I/we accept that the "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases," from the NHMRC will be enforced. • I/We agree to our child being observed by staff and students to assist in developing activity programs. • I/We agree to notify Hall-Thorpe Sports of any changes to information provided on this enrolment form. • I/We agree to provide up to date Medical Management and Action Plans to Hall-Thorpe sports and understand that Hall-Thorpe Sports can refuse to care for my/our child if this is not done. • I/We agree that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/We fail to do this then I/We will be responsible for full fees. • I/We agree to inform Hall-Thorpe Sports of any absence of my/our child as soon as possible and understand there may be fees associated with changing bookings. • I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law. • I/We give permission for Hall-Thorpe Sports to liaise with school administration staff to obtain contact details in an emergency. • I/We give permission for Hall-Thorpe Sports to liaise with my/our child's teacher and/or Principle when relevant to the well-being of my/our child. • I/We give permission for my/our child to watch PG rated movies, programs and games while at the service. • I/We understand that it is necessary to personally sign my/our child in and out from the service. A person who has not been authorised on the enrolment form to collect my/our child will need written permission before being able to collect the child.
Parent/Carer 1 Name: Signature: Date:
Parent/Carer 2 Name: Signature: Date: