



# Croydon Out of School Care Inc.

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## **ENROLMENT FORM 2012**

(CHILD'S PAGE- 1 page per child)

\*Child's CRN: .....

(If not previously provided)

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Sex: M / F Date of Birth: \_\_\_\_\_ School grade in 2012: \_\_\_\_\_

Languages Spoken / Cultural Background: \_\_\_\_\_

Child's hobbies and interests: \_\_\_\_\_

Court Orders (if any): \_\_\_\_\_

**DAYS REQUIRED** (please tick permanent bookings (below) **OR** the casual box) . Please note that your child's permanent bookings in term 4 will roll over to 2011. Any additional/different Before and After School Care requests will go on the waiting list (in order of application).

Casual for now: ☐

Starting date requested: \_\_\_\_\_ / \_\_\_\_\_ / 2012 **OR** Week: \_\_\_\_\_ Term: \_\_\_\_\_ 2012

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

### **HEALTH INFORMATION:**

1) Has your child been immunised? \_\_\_\_\_ Evidence provided: \_\_\_\_\_

2) Does your child have any allergies? \_\_\_\_\_

2 a) Reaction & Treatment required: \_\_\_\_\_

3) Is your child asthmatic? (circle) Y / N 3 a) Mild / Moderate / Severe 3 c) Outline of treatment:

4) Does your child have any other medical, food related or behavioural conditions we should know of? Y / N

4 a) Details: \_\_\_\_\_

5) Is your child on any special medication? Y / N 5 a) \_\_\_\_\_

**PLEASE NOTE THAT FOR SEVERE HEALTH CONDITIONS OR LIFE THREATENING ILLNESS, YOU WILL NEED TO COMPLETE AN ADDITIONAL PAGE TO THIS ENROLMENT FORM. SEE THE DIRECTOR FOR DETAILS.**

**ENROLMENT FORM 2011- PARENT INFORMATION**    \*Required

**MOTHER/GUARDIAN:**

\*Family CRN: .....  
(If not previously provided)

\*Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Family Name: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*Post Code: \_\_\_\_\_ \*Home phone: \_\_\_\_\_

\*Mobile phone: \_\_\_\_\_ \*Date of birth: \_\_\_\_\_  
(if available) (D.O.B is legally required for CCB purposes)

Languages spoken/Cultural Background: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Name & Department: \_\_\_\_\_

Work address: \_\_\_\_\_

\*Work phone: \_\_\_\_\_ \*Email address: \_\_\_\_\_  
(if available)

**FATHER/GUARDIAN:**

Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Family Name: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*Post Code: \_\_\_\_\_ \*Home phone: \_\_\_\_\_

\*Mobile phone: \_\_\_\_\_ \*Date of birth: \_\_\_\_\_  
(if available) (D.O.B is legally required for CCB purposes)

Languages spoken/Cultural Background: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work address: \_\_\_\_\_

Work phone: \_\_\_\_\_ \*Email address: \_\_\_\_\_  
(if available)

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**Medical Information** (required in the case of an emergency)

Doctor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

\*Medicare Number: \_\_\_\_\_

Ambulance / Private Insurance Fund number: \_\_\_\_\_

**PLEASE TURN OVER**

## ENROLMENT 2011- PICK UP AUTHORITY / EMERGENCY CONTACTS \*Required

Please note: AT LEAST 2 EMERGENCY CONTACTS ARE REQUIRED (NOT PARENTS)

**\*Person 1:** (please ensure at least 2 emergency contacts are located locally)

\*Full Name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Home phone: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_ \*Relationship to child: \_\_\_\_\_

**\*Person 2:** (please ensure at least 2 emergency contacts are located locally)

\*Full Name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Home phone: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_ \*Relationship to child: \_\_\_\_\_

**Person 3:**

Full Name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Home phone: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_ \*Relationship to child: \_\_\_\_\_

**Person 4:**

Full Name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Home phone: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_ \*Relationship to child: \_\_\_\_\_

**Note:** At least 2 pick up/contact names (**not parents**) must be completed before enrolment can be accepted.

Please ensure these persons are willing and able to collect your child/ren in the event of an emergency and have photo identification to show staff on arrival.

Coscare staff will not permit your child/ren to go with any person whose name is not on this form. Parents must notify staff verbally or in writing before a pick up/ contact person arrives at the centre. They may be asked to show identification.

The information provided in this enrolment form is strictly confidential and will be stored securely. Only management will have access to these confidential records.

### AGREEMENT:

- ♦ I authorise staff at Coscare to allow the above named persons access to my child/ren.
- ♦ If the parent/s or pick up/contacts listed cannot be reached, I authorise Coscare staff to obtain any necessary medical, dental or hospital treatment and/or an ambulance or administer Panadol to my child when sick. I agree to meet the expenses incurred.
- ♦ I give permission for my child to watch "G" and or "PG" rated movies and play "G" OR "PG" rated Computer Games whilst at Coscare.
- ♦ I understand that the centre cannot accept children suffering from any medical condition which could exclude them from school, e.g. infectious diseases such as measles or parasitic infestations such as head lice.
- ♦ I give permission for Coscare to take photos of my child/ren participating in activities for display at the centre/ in the Coscare newsletter.
- ♦ I agree to pay all fees by the due date (being 1 week in advance) and abide by the policies and procedures as outlined in the Coscare Policies Handbook. I understand that my child's place may be forfeited due to non-payment of fees for 4 weeks, misconduct of parent/s and/or child/ren and continual late pick up of my child.
- ♦ I understand that I will be charged \$10 for each week that my account is overdue.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_