

**CARLTON GARDENS PRIMARY SCHOOL KIDS CLUB OSHC PROGRAM ENROLMENT  
FORM – BEFORE, AFTER SCHOOL & VACATION CARE SERVICE Ph: 96635528  
Mobile:0432060492**

<b>DETAILS OF CHILD</b>		
First Name.....		
Preferred First Name .....		
Surname.....		
Male	Female	(please circle)
Date of Birth.....		
Is the child of Aboriginal or Torres Strait Islander decent? YES NO (please circle)		
Languages spoken.....Main language spoken.....		
Any special issues in relation to your child e.g. religion, food, etc.?.....		
.....		
Does either parent/guardian have a disability? YES NO (please circle)		
Childs School.....		
Grade.....Teacher.....		

<b>1. DETAILS OF PARENT/GUARDIAN</b>	<b>2. DETAILS OF PARENT/GUARDIAN</b>
Name.....	Name.....
Address.....	Address.....
.....	.....
Telephone (Home).....	Telephone (Home).....
(Work).....	(Work).....
(Mobile).....	(Mobile).....
<b>Email</b> .....	<b>Email</b> .....
Occupation.....	Occupation.....
Languages spoken.....	Languages spoken.....
Does the child live with this parent/guardian? YES/NO	Does the child live with this parent/guardian? YES/NO

<b>OTHER RESIDENCY ARRANGEMENTS</b>	
(Please give details)	Telephone (Home).....
Name.....	(Work).....
Address.....	(Mobile).....
.....	

**ACCOUNT DETAILS – invoice to be sent to:**

(Please circle)

Parent/Guardian 1..... Parent/Guardian 2.....

**TABLE OF FEES (PER SESSION)**

**All Families are eligible for Commonwealth Child Care Benefit (CCB):**

You must contact Centrelink (13 61 50) with the Service/Provider numbers given below as soon as possible to ensure you are charged at the subsidised rate. Fees are subject to change at short notice. If CRN details are not provided, and you require copies of invoices and receipts at the end of the financial year, a Fee of \$50.00 is required to be paid *before* that information will be supplied.

**PLEASE GIVE ALL 3 NUMBERS TO CENTRELINK.**

**Do you have another child/ren in Care for which you receive CCB? Y N**

**If Yes – How many? 1 2 3**

.....

Morning Care Fee: (Service/Provider # 406960145A)  
\$6.00 PER CHILD / PER SESSION

Afternoon Care Fee: (Service/Provider # 555008099B)  
\$11.00 PER CHILD / PER SESSION

Holiday/Vacation Care: (Service Provider # 555011046T)  
\$28.00 PER CHILD / PER SESSION  
\*Excursions/incursions will attract an additional Fee.

Last Day of Term Care:  
\$15.00 PER CHILD / PER SESSION

Curriculum Day Care:  
\$28.00 PER CHILD / PER SESSION  
\*Excursions/incursions will attract an additional Fee.

**Enrolment Fee: all Families will be charged \$10.00 upon the processing of this Form**

**Dishonored Cheque Fee: For any cheque provide to the Kids Club that should bounce, a Fee of \$30.00 will be charged. From then on only cash or Bank cheque will be accepted for payment of Fees.**

**Payment in two weekly advance. No Refunds.**

**TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE**

**PERMANENT BOOKINGS**

**BEFORE CARE**

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

**AFTER CARE**

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

**Vacation care Booking Forms are sent out with the Vacation Care Program**

**CASUAL/EMERGENCY CARE**

Please tick if you will require casual care only

**OTHER INFORMATION**

Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural information etc.

.....  
.....

**FAMILY DOCTOR**

Doctor's Name.....Phone.....

Name of Practice.....

Address.....

Medicare Number.....

Do you have Private Medical Insurance? .....

Do you subscribe to an Ambulance Service? YES NO (please circle)

If yes, please state the Ambulance Subscription Number and Category

.....

**MEDICAL INFORMATION**

How would you describe your child's health?.....

Is he/she under any medical treatment?.....

Has he/she had any history of illness? Please give details.....

Allergies.....

Medical Conditions.....

Medical Plan.....

Other.....

Asthma      YES              NO                      (please circle)

Asthma Medication/Treatment.....

Do you have an Asthma Plan?              YES              NO                      (please circle)

Are there any known triggers?.....

Has your child been immunised?              YES              NO                      (please circle)

**MEDICAL DECLARATION:**

In the event of illness or injury to my child/ren whilst at the program, I authorise the program staff in charge, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf, as are deemed necessary by a qualified medical practitioner. Such consent includes use of an ambulance, anaesthetics, blood transfusions and operations. I / We will incur all costs related to such arrangements.

Signed Parent / Guardian

Date:





**SUNSCREEN CONSENT**

I give permission for my child to have a 30+ sunscreen applied as per the service's Sun Smart Policy.

YES                                      NO                                      (Please circle)

**POLICY AND PHILOSOPHY STATEMENT**

I agree to abide by all policy and philosophy guidelines of the service.

YES                                      NO                                      (Please circle)

**PARENT/GUARDIAN SIGNATURE/S**.....

.....

**DATE** .....

**PRIVACY NOTIFICATION**

**The Kids Club OSHC Program uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.**

**KIDS CLUB FAMILY ENROLMENT FORM**

**For Primary School Age Children**

**Carlton Gardens Primary School**

**215 Rathdowne Street Carlton, 3053**

**Ph: 9663 5528**

**Mobile: 0432060492**