

**TRINITY COLLEGE BLAKEVIEW VACATION CARE
ENROLMENT FORM**

CHILDREN DETAILS

Surname: _____

Children's Names:

1. _____ Sex M/F D.O.B _____ CRN _____

2. _____ Sex M/F D.O.B _____ CRN _____

3. _____ Sex M/F D.O.B _____ CRN _____

4. _____ Sex M/F D.O.B _____ CRN _____

Address: _____ Postcode _____

School that children attend _____

ENROLLING PARENT/GUARDIAN DETAILS

1. NAME _____ D.O.B _____ CRN _____

Address: (if different to above) _____ Postcode _____

Phone: HOME _____ WORK _____

MOBILE _____ EMAIL: _____

Name / Address of Workplace: _____

Contact Priority

CHILD CARE ELSEWHERE:- I am claiming Childcare Benefit at another Approved Child Care Service (includes LDC, FDC, OSHC, IHC, OCC) for this many children

OTHER PARENT/GUARDIAN

2. Name: _____ Relationship to child _____

Address: (if different to above) _____ Postcode _____

Phone: Home _____ wk/mobile _____

Name/Address of Workplace: _____

Contact priority

EMERGENCY CONTACTS (If parents are unable to be contacted)

1. Name: _____ Relationship to child _____

Address: _____ Postcode _____

Phone: Home _____ wk/mobile _____

Name/Address of Workplace _____

2. Name: _____ Relationship to Child _____

Address: _____ Postcode _____

Phone: Home _____ wk/mobile _____

Name/Address of Workplace _____

Other Adults authorised to collect Children: (indicate relationship to child if not shown above)

1. _____ 2. _____

CUSTODY ISSUES (if applicable)

If parents are separated/divorced:

Do the children have contact with other parent? _____

Is anyone legally denied access to the children? _____

MEDICAL INFORMATION

Doctor's name: _____ Phone: _____

Practice Name and Address: _____

Any medical information or other relevant information regarding each child:

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Allergies				
Disabilities				
Emotional/behavioural Problems				
Special Diet				
Serious Illness				
Asthma or use of Puffers				
Medication (dosage/time)				
Other medical				
Cultural/religious Requirements				
Is up to date with immunisations				

Ambulance cover

Yes/No

CONSENTS

- I give permission for my child/ren to participate in supervised short walks/visits to a local park/playground/shop as part of Vacation Care. **Yes/No**
- I give permission for my child/ren to utilise the facilities at Trinity College, including playgrounds, outside courts, ovals etc. **Yes/No**
- Photographs of my child/ren taken while at Vacation Care may be used at the discretion of the Vacation Care Director. **Yes/No**
- I consent for Vacation Care Staff to apply sun block to my child/ren if required. **Yes/No**
- I give permission for Vacation Care staff to administer simple first aid to my child/ren if the need arises. **Yes/No**
- I give permission for my child/ren to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury. **Yes/No**
- I give permission for my child/ren to watch PG movies at the discretion of the Director **Yes/No**

PARENT DECLARATION: I understand that:

- I agree to pay the required fee for my child's booked vacation care hours and accept the policies and rules of the service.
- A current notice from Family Assistance Office stating my eligibility for child care benefit is required, or the standard fee will apply.
- Each child must be signed in and out each day on the Attendance Sheet.
- If an illness or accident occurs, the parent will be contacted as soon as possible. However, in the event of my child/ren requiring urgent medical treatment, I authorise the care providers and staff to obtain appropriate medical assistance and agree to pay all medical and transport costs incurred on behalf of my child/ren.
- We endeavour to keep the Trinity College Vacation Care a happy and safe environment for children. To do so we must ask that children in our care adhere to our behavioural rules. Children who frequently exhibit unacceptable behaviour may be excluded from the program.
- The supervision and care of children is strictly limited to the hours care is provided. See handout for operating hours.
- The Vacation Care service must be notified if my children are to be collected by someone that is not nominated on this form.
- The Vacation Care service must be notified of any cancellations or changes to bookings **at least 48 hours prior to the change.**
- The Vacation Care service reserves the right to refuse a child access to the service on the basis of overdue or outstanding accounts.
- I will undertake to notify the service of any changes to details on this form.
- In consideration of the College providing a credit facility, I/we agree to pay any debt collectors expenses incurred, or to be incurred, and to agree to pay interest at a rate equal to the credit card rate offered by the National Bank in effect from time to time on all arrears amounts. If legal action is taken for enforcement of recovery of monies thereof this would be taken out under the jurisdiction of a court in the State of South Australia.
- The Applicant hereby acknowledges and agrees that the College is entitled to undertake all and any necessary enquiries, investigations and assessments to ensure the accuracy of the information provided above; and further, that such information, as verified, may be used by the College, and any authorised agent, employee, or subcontractor engaged by the College, for the purpose of reviewing, vetting, monitoring, and if necessary, actioning the Applicant's use and performance in the operation of the Account/Credit facility, including recovery of any outstanding account balance.

I certify that all the information given on this form is true, accurate and correct. I further certify that I have read and agree to adhere to the policies, guidelines and rules regarding the Trinity College Vacation Care Service.

Signature: _____ Date: _____

Print Name: _____