Annandale After School Centre Inc

25 Johnston Street ANNANDALE NSW 2038 ABN 32 354 817 498 Tel: 02 9519 8180 Email: aasc@bigpond.com

Enrolment Form 2023

Child's given names:			Child's far	nily name:		
Date of birth: Co	ountry of birth			S	chool year	in 2023
Child's CRN	🗆 Ma	ale 🗆 F	emale C	hild's Cultu	ral Backgro	ound
Is the child of Aboriginal/Torres Stra	it Islander orig	gin?	No 🗆 Abo	original 🗆 T	orres Strai	t Islander
(Please note that this information will be	ent to Departme	ent of Hum	an Services)			
Days child will be attending:	Start date:					
BEFORE SCHOOL	☐ Mon	☐ Tue	\square Wed	\Box Thurs	□ Fri	☐ Casual (no fixed day)
AFTER SCHOOL	☐ Mon	☐ Tue	\square Wed	☐ Thurs	□ Fri	☐ Casual (no fixed day)
Do you have other children who regu	larly attend ar	approved	d child care	service (plea	ase circle)?	Yes/No
If yes, please supply child/ren's name)					
Parent/guardian information	BILLING	MAST	ER (Per	son claiı	ming C(<u>CS)</u>
CARER 1: Name			R	elationship to	o child:	
Home Phone:			Mobile			
D.O.B	Countr	y of Birth			CR	N:
Address:						
Are you currently: (Please circle)	Working	Seeking	Work	Studying/	training Di	sabled/disabled carer Other:
Occupation:			Employe	r:		
Work Phone:	E-mail:					
Parent/guardian information						
CARER 2: Name			R	elationship to	o child:	
Home Phone:			Mobile			
D.O.B	Countr	y of Birth			CR	N:
Address:						
Are you currently: (Please circle)	Working	Seeking	Work	Studying/	training Di	sabled/disabled carer Other:
Occupation:	•••••		Employe	r:	•••••	
Work Phone:	E-mail:					
Emergency contact information administration of medication, transportation						nild, consent to medical treatment, authorise ort in case of an emergency.
Phone (H):			Pho	ne (H): ne (W):		
				, ,		

Relationship to child:

Relationship to child:

Attach Child's

Photo here

hild or take them outside the service.			Mobile
			Mobile
Any changes must be n	nade in writing.		Mobile
			Mobile
		Name	Mobile
Is anyone prohibited fro	om having contact with or collecting	g you child? Y/N.	
			ents separated, etc? Please give details.
			····-
Family status (plea	ase circle)		
Two parent family	Single Mother/female guardia	n Single Father/male gu	uardian
Shared custody	Both grandparents	Single grandparent	
Primary language spoke	en at home:	Other language(s) spoke	n at home:
Please tell us of any rel	igious/cultural requirements that ne	ed to be observed:	
s there anything else w	ve should know about your child?		
Medical information	<u>n</u>		
ís your child's immunis	sation up to date?: Y / N		
Medicare number:		Private medica	al insurance:
Family doctor's name:			Telephone
Does your child have a	ny medical conditions/food sensitivi	ities/allergies or dietary requ	irements? Y/N
applicable			inimisation plan prepared by the child's doctor, i
	ny physical/sensory impairments we		Y/N
s your child on any pre			Y/N
In the event of an accidereatment is sought. Sho	ent or illness requiring emergency r	nedical treatment every effor ll be necessary for authority	rt will be made to contact parents before such to be given for the treatment to be undertaken.
ambulance for my child	d in the event of an accident, or any this form will be passed to hospital	other means of transportatio	seek medical attention or transportation by n in case of an emergency. I understand that accept liability for medical, dental, hospital,
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Photography/videos							
There are a number of reasons the centre takes photographs/videos of the children, including: Providing visual documentation for families to see what their child does throughout the day, to assist with evaluations. Photographs might be posted on our HubHello platforms which accessible only for the parents of this centre.							
☐ I consent to my child being photographed/videoed while they are at the centre or on an excursion.							
DVDs/Videos/Television							
Video, DVDs and/or TV may be used as part of the Aftercare program, or during adverse weather conditions. Staff will ensure that material is suitable for children (especially younger children) and will supervise viewing. TV and videos/DVDs will only be viewed that have a G or PG rating.							
☐ I give permission for my child to watch G and PG rated TV and videos/DVD							
First Aid / Sunblock							
Staff may be required to administer first aid, including Band-Aids and Antiseptic cream. When required, staff will also provide sunblock to children before outdoor play activities.							
☐ I give permission for my child to have Band-Aids and Antiseptic cream applied.							
☐ I give permission for my child to have sunblock supplied to them.							
Notification of Arrival and Departure of children at the Centre I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the Centre I give permission for my child to attend music, drama, language or art lessons while at before or after school care, within the school grounds, at the discretion of the nominated supervisor or responsible person							
Changes to details provided in this enrolment must be made in writing.							
This form must be accompanied by:							
• Annual registration fee of \$15 per child (non-refundable)							
• Fee bond of \$50 per family (refundable at end of the year, subject to settlement of all fees)							
• 2 weeks fees in advance (permanent bookings). Casual bookings must pay on the day of attendance.							
To complete this enrolment, parents/guardians must complete and sign the following:							
I am the parent/legal guardian of the child whose name appears on this form. I agree to abide by the policies and procedures of the Centre, a summary of which I have received, read and understood. I acknowledge that I am liable for all fees and charges that apply to the attendance of this child at the Centre. The information I have provided in this enrolment is to the best of my knowledge correct and I am totally responsible for its accuracy. I will inform the Centre immediately in writing if there are any changes to the information provided by me.							
Signature of parent/guardian: Date:							
Name of parent/guardian (please print):							

YOUR CHILD'S LIKES, DISLIKES, PREFERENCES AND INTERESTS

In preparing the Aftercare program, we aim to accommodate the needs and interests of all children. We'd appreciate if you'd provide some additional information about your child to help us in our programming.

You may like to discuss this with your child, and for those that have attended Aftercare in the past, record any aspects of the program or activities that they particularly liked or disliked.

Food
A nutritious snack is served every day at Aftercare (including fruit and vegetables), but we're always looking for ideas for new menu items. Perhaps you have some suggestions?
Art and craft activities Does your child have a particular interest or skill that we should be aware of? Do you have any suggestions for new activities?
Games and sport We have organised physical activities every day, including organized sport on three days each week. Are there any sports or games that your child is particularly interested in?
Special occasions & family cultural background We always try to acknowledge children who have birthdays at Aftercare, but there may be other occasions of cultural or other significance that we could include in our program.
Other Please provide details of any other likes or dislikes, as well as suggestions for new activities.
PARENTS AND CARERS
Do you have any skills or knowledge that you'd be happy to share with the children at Aftercare?
If you have any skills or interests that you'd like to share, we'd love you to visit the Centre, e.g. – music, cooking, knitting, painting, weaving, gardening, woodwork, photography, drama, sport, singing, language or cultural activity.
Do you have a trade or skill that we could call on – electrician, plumber, computer specialist, HR, marketing?