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| Attach Child’s Photo here  |

**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 2025**

Child's given names: ……………………………………. Child’s family name: …………………………………….

Date of birth:………………. Country of birth……………………………… School year in 2025 ……………….

Child’s CRN…………………………...  Male  Female Child’s Cultural Background………………………………….

Is the child of Aboriginal/Torres Strait Islander origin?  No  Aboriginal  Torres Strait Islander

(Please note that this information will be sent to Department of Human Services)

**Days child will be attending:** Start date: ……………………………………………...

**BEFORE SCHOOL**  Mon  Tue  Wed  Thurs  Fri  Casual (no fixed day)

**AFTER SCHOOL**  Mon  Tue  Wed  Thurs  Fri  Casual (no fixed day)

Do you have other children who regularly attend an approved child care service (please circle)? Yes/No

If yes, please supply child/ren’s name…………………………………………………………………………

#  Parent/guardian information BILLING MASTER (Person claiming CCS)

**CARER 1**: Name …..…………………………………………….. Relationship to child: ………………….………....

Home Phone:………………………………………….. Mobile …………………………………………

**D.O.B**. ………………………… Country of Birth……………….. CRN:………………………………….

Address: ………………………………………………………………………………………………………………………………...

**Are you currently**: (Please circle) Working Seeking Work Studying/training Disabled/disabled carer Other:………….

Occupation: ………………………………… Employer:…………………………………………………………….

Work Phone: ……………………… E-mail:…………………….………………………… **Parent/guardian information**

**CARER 2**: Name …..…………………………………………….. Relationship to child: ………………….………....

Home Phone:………………………………………….. Mobile …………………………………………

**D.O.B**. ………………………… Country of Birth……………….. CRN:………………………………….

Address: ………………………………………………………………………………………………………………………………...

**Are you currently**: (Please circle) Working Seeking Work Studying/training Disabled/disabled carer Other:………….

Occupation: ………………………………… Employer:…………………………………………………………….

Work Phone: ……………………… E-mail:…………………….………………………… **Emergency contact information** List 2 people authorised (not parents/guardians) to collect the child, consent to medical treatment, authorise administration of medication, transportation of child by an ambulance service or any other means of transport in case of an emergency.

 Name: ……………………………………………………………… Name: ……………………………………………………………….. Address: …………………………………………………………… Address: ……………………………………………………………...

Phone (H): ………………………………………………………… Phone (H): …………………………………………………………

Phone (W): ……………………………………………………….. Phone (W): …………………………………………………………

Phone (Mob): …………………………………………………….. Phone (Mob): ………………………………………………………

Relationship to child: …………………………………………… Relationship to child: ………………………………………………

List all persons authorised to collect your Name…………………………………….Mobile…………………………….
child or take them outside the service. Name…………………………………….Mobile…………………………….
Any changes must be made in writing. Name…………………………………….Mobile…………………………….
 Name…………………………………….Mobile…………………………….
 Name…………………………………….Mobile…………………………….

Is anyone prohibited from having contact with or collecting you child? **Y / N**.

Are there any family situations that we need to aware of such as restraining orders, parents separated, etc? Please give details.

…………………………………………………………………………………………………………………………………………….

If appropriate, court orders sighted, copy made Date: .............................………………-…………………………………….

**Family status** (please circle)

Two parent family Single Mother/female guardian Single Father/male guardian

Shared custody Both grandparents Single grandparent

Primary language spoken at home: ……………………………Other language(s) spoken at home: ………………………….

Please tell us of any religious/cultural requirements that need to be observed:

…………….………………………………………………………………………………………………………………………………

Is there anything else we should know about your child? …………………………………………………………………………

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**Medical information**

Is your child’s immunisation up to date?: **Y / N**

Medicare number: …………………………………………… Private medical insurance: ………………………………….

Family doctor’s name: ………………………… Address: …………………………………………… Telephone…………………….

Does your child have any medical conditions/food sensitivities/allergies or dietary requirements? **Y / N**

*If Yes please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child’s doctor, if applicable* …………….………………………………………………………………………………………………………………………………

Does your child have any physical/sensory impairments we need to be aware of? **Y / N**

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Is your child on any prescribed medications? Y **/ N**

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Religious requirements in case of an accident: …………………………………………………………………………………………..

In the event of an accident or illness requiring emergency medical treatment every effort will be made to contact parents before such treatment is sought. Should contact prove impossible, it will be necessary for authority to be given for the treatment to be undertaken. Parents/guardians are asked to complete and sign the following:

I, .......…..............………………….. give permission for staff to administer First Aid or seek medical attention or transportation by ambulance for my child in the event of an accident, or any other means of transportation in case of an emergency. I understand that relevant information on this form will be passed to hospital/ medical staff if required. I accept liability for medical, dental, hospital, ambulance or other costs incurred.

Signature of parent/guardian:........................................…………………… Date:........................................

**Photography/videos**

Our Centre takes photographs of the children only to provide visual documentation. Photographs might be posted on our HubHello platforms and as a slide show on the iPad near the sign in/out tablets which is accessible only for the parents/carers of this centre.

 I consent to my child being photographed/videoed while they are at the centre

## 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 be collected/delivered to or from another service within the Annandale Public School grounds (Pre-school/Kindergarten)
* 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?

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## 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?

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## 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?

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## 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.

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## Other

Please provide details of any other likes or dislikes, as well as suggestions for new activities.

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## 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.

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**Do you have a trade or skill that we could call on – electrician, plumber, computer specialist, HR, marketing?**

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