

PCYC QUEENSLAND: SCHOOL AGE CARE ENROLMENT FORM



Please complete this form if you wish to enroll you child[ren] into our School Age Care program. Please ensure all information is correct and, where appropriate, corresponds exactly with information held by Centrelink. Missing information and/or unrecognized information will result in you receiving no fee assistance through the Government's Child Care Benefit scheme. Please question any point you are unclear about with the service's Co-ordinator.

Key Enrolment Information

Surname:

Middle Name:

First Name:

Child CRN:

[CRN = Customer Reference Number].
[You will be charged Full Fee (No Government CCB Assistance) if NO or an UNRECOGNISED child CRN is provided].

Child's D.O.B.:

Priority of Access:

[You will be charged Full Fee (No Government CCB Assistance) if NO or an UNRECOGNISED child D.O.B. is provided].
[Please refer to your paperwork supplied by Centrelink for your Priority of Access Number. Alternatively contact Centrelink].

Gender: Female Male

Photos -yes I authorize my child's photograph to be taken and used at the service, understanding I will be informed if it will be used for media purposes.

no

Home Address:

Suburb:

Postcode:

Home Telephone:

PCYC Membership:

To be enrolled in our School Age Care service your child must become a Member of the PCYC.

Programs

Please tick which School Age Care programs you would like to enroll your child onto, remembering not all programs maybe available at this service.

Before School Care Vacation Care
 After School Care Teen Program

Supplementary Enrolment Information

The following information is required to enable us to complete legislated government returns outlining who uses our service.

Start School Date: [DD/MM/YY] [An approximate date is sufficient.]

City/Town of Birth:

Nationality:

[Optional choice] Please tick if the child is of Aboriginal or Torres Strait Islander decent.

School Attends:

Parenting Orders

Please tick if there are any current **Parenting Orders** that pertain to this child. Please forward a copy of necessary paperwork to the service.
Parenting Orders, Previously known as Court Order [prior to Family Law Act 1996] can include: Parenting Plans, Parental Responsibility Plans, Residence Orders, and Contact Orders.

Health Details

Immunisation Status

Please mark this box if your child's immunisation status is up to date.
If your child's immunisation status is not up to date your eligibility to receive Government fee assistance through CCB may be affected.

Allergies

Does your child suffer from any allergies?
If yes, please provide child passport size photo

No Yes [Specify Below]

To assist us look after your child should they have an allergic reaction whilst in our care please list the allergies your child has, the symptoms of the reaction and how you would like us to treat the reaction.

Allergy [1]:

Allergy Description:

Allergy Treatment:

If necessary continue of separate paper & provide a written treatment plan if one is available.

Allergy [2]:

Allergy Description:

Allergy Treatment:

If necessary continue of separate paper & provide a written treatment plan if one is available.

Asthma

Does your child suffer from Asthma?
If yes, please provide child passport size photo

No Yes [Specify Below]

To assist us look after your child should they have an Asthma attack whilst in our care please list the symptoms and how you would like us to treat the reaction. Please also provide details of any Asthma medication taken.

Symptoms:

Treatment:

Medication Taken:

If necessary continue of separate paper & provide a written treatment plan if one is available.

Other Medical Conditions

Does your child suffer from any of the following medical conditions?
 If yes, please provide child passport size photo

- | | |
|--|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behaviour Disorder |
| <input type="checkbox"/> Aspergers syndrome | <input type="checkbox"/> Intellectual disability |
| <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Sensory Impairment | <input type="checkbox"/> Other [Specify Below] |
| <input type="checkbox"/> Autism | <input type="text"/> |

If you have indicated your child has a medical condition, please describe the condition and how you would like us to treat the condition.

Condition [1]:

Description:

Treatment:

If necessary continue of separate paper & provide a **written treatment plan** if one is available.

Condition [2]:

Description:

Treatment:

If necessary continue of separate paper & provide a **written treatment plan** if one is available.

Additional Requirements

Swimming Ability

As water based activities can form part of our programs please indicate your child's swimming ability.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Can't Swim | <input type="checkbox"/> Good Swimmer |
| <input type="checkbox"/> Poor Swimmer | <input type="checkbox"/> Excellent Swimmer |

Dietary Requirements

Does your child have any dietary requirements?

If yes, please provide child passport size photo

- No YES [Specify Below]

Details (if applicable):

Religious/Cultural Requirements

Does your child have any religious/cultural requirements?

If yes, please provide child passport size photo

- No YES [Specify Below]

Details (if applicable):

Home Language:

Additional Information

Is there any other information we ought to know to enable us to offer quality care to your child?

Booking Details

School Child Attends

Please indicate the number of Before School or After School Care places you require for a particular day.

Mon Tue Wed Thur Fri

Before School Care

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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After School Care

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Care to Start On:

Addition Notes About Booking

Vacation Care – please complete the vacation care booking sheet to note actual sessions required. Excursion permission forms are required for all excursions.