



Whitfords After School and Vacation Care

Enrolment Package

Privacy Statement

- The Whitfords After School and Vacation Care is located at Fleur Freame Pavillion, Cnr Marmion Ave and Forrest Rd, MacDonald Oval, Padbury, is required to collect and use personal and health information about families within the attached enrolment form.
- This information is required to ensure the health and safety of your child whilst in our care, and to meet legislative requirements set down in:
 - Commonwealth Child Care Program Handbook (Child Care Service Act 2007)
 - Children and Community Services (Child Care) Regulations 2006
 - Community Services (Outside School Hours Care) Regulations 2006
 - Education and Child Care Services National Regulations 2011
- The information you give is used by those Centre staff who need to access the information to meet the above requirements, and may also be disclosed to the following authorities:
 - Child Care Services Board Licensing Officers
 - Department of Communities (Child Care Act 2007)
 - Department for Child Protection (Children and Community Services Act 2004)
 - Childcare Compliance Officers
- All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure.
- You are entitled to access personal and private information kept about you and your family on request, and may ask for inaccurate information to be up-dated or corrected.
- Failure to provide the required information will result in non-acceptance of your child's enrolment.
- You may contact the Whitfords After School and Vacation Care on :

Phone: 9401 2191

Mobile: 0419 921 108

Fax: 9402 5245

Email: manager@padburychildcare.com.au

Post: P.O Box 370, Hillarys, W.A 6025

The Whitfords Vacation Care is sponsored by Padbury Education & Childcare Centre Ltd, located at 21 Giles Ave, Padbury, Phone: 9307 3421

Vacation Care Bookings:

A Booking Form is provided with every Vacation Care Program. Please note that you will be charged for all booked days regardless of attendance. This includes absences due to illness, holiday etc.

PLEASE DETACH AND KEEP THIS STATEMENT FOR FUTURE REFERENCE

PERMANENT BOOKING FORM

Enrolling Parent Name: _____

Contact No: _____

Proposed Start Date: ___/___/___

CHILD (1) INFORMATION

Name of Child: _____ Male Female D.O.B. ___/___/___Type of Care Required: After School Care Vacation Care

Days of Care Required: Monday Tuesday Wednesday Thursday Friday

CHILD (2) INFORMATION

Name of Child: _____ Male Female D.O.B. ___/___/___Type of Care Required: After School Care Vacation Care

Days of Care Required: Monday Tuesday Wednesday Thursday Friday

CHILD (3) INFORMATION

Name of Child: _____ Male Female D.O.B. ___/___/___Type of Care Required: After School Care Vacation Care

Days of Care Required: Monday Tuesday Wednesday Thursday Friday

Payment of Fees Policy

Upon enrolment and following the commencement of the first week of care, the following fees will be deducted from your Credit / Debit card :

- ✓ A non-refundable **\$10.00 administration fee.**
- ✓ An **Advance fee of \$100 per child.** This serves as a bond and is refunded when 2 weeks notice is given to withdraw the child from the Centre.
- ✓ The calculated amount of child care fees owing for that first week of care.

Thereafter childcare fees must be paid (1) one week in arrears by direct debit from a Credit Card or Visa Debit Card. Via email, the Office will provide a dated receipt each week, in accordance with Commonwealth Guidelines.

Parents pay for a PLACE, therefore payment is required whether your child attends or not. You are therefore required to pay when your child is sick, or for any casual absence during regular booked times. Normal fees are also payable for public holidays.

If you wish to change your permanent booked day/s, you should contact the Centre as soon as possible. We will try to meet your needs but cannot guarantee availability on alternative days. We are unable to swap days due to other permanent bookings.

(Please refer to the Parent Handbook or the Centre Policy Manual for the Childcare Fees. The Policy Manual is available for inspection on request.)

Signature: _____
(Enrolling Parent/Guardian)

Date: ___/___/___



Whitfords After School and Vacation Care

Parent's/Guardian's Registration Agreement

1. I/We have viewed the Whitfords After School and Vacation Care (hereinafter called "the Centre") and consent to the enrolment of the admitting child/ren (hereinafter referred to as "the Child/ren")
2. I/We acknowledge having received and read the Centre's Parent Handbook and we understand we will be notified of changes to Policies, Procedures or the Parent Handbook.
3. I/We agree to comply with all government requirements in relation to the Centre and its service.
4. I/We agree that in the case of accident or injury, medical care may be sought and given to my child/ren. In the event that I/we cannot be contacted, I/we agree to meet any expenses incurred. In the case of an emergency where the medical care sought may include the calling of an ambulance as determined by the Management and/or staff at the Centre, I/we authorise the Centre to contact an ambulance and send my child/ren to hospital. I/we agree to meet the expense of an ambulance.
5. I/We agree to pay the weekly fee by **Direct Debit from a Credit Card or Visa / Master Debit Card** on the due day as determined by the Centre's payment requirement or as agreed by the Centre (refer to the Direct Debit Request and Direct Debit Service Agreement in section 3 of this enrolment package).
6. I/We are aware that fees may need to be adjusted from time to time with due notice given to parents.
7. Upon enrolment at the Whitfords After School and Vacation Care, I/We agree to pay an initial administration fee of \$10.00.
8. Upon enrolment at the Centre, I/We agree to pay an advance fee of \$100.00 per child. This amount will be credited to my account when my child ceases to attend the centre.
9. I/We agree to pay the fees one (1) week in arrears.
10. I/We are aware that it is my responsibility to maintain a current Income Assessment for Child Care Benefit purposes.
11. I/We are aware that any failure to pay due fees within five (5) working days of the due date may result in cancellation of care, at the Centre's discretion. Consequently I/We would be liable for debt collection fees, legal costs, stamp duties or any other expenses incurred by the Centre in respect of this agreement on demand.
12. I/We are aware that *fourteen days (14)* notice in writing of the cancellation of care must be given. Fees will continue to be charged for the notice period. Child Care Benefit cannot be claimed if the child ceases attendance during the notice period, therefore full fees will be charged during the notice period.
13. I/We understand that a system of payment for late departures operates at the Centre to cover overtime payments due to staff. I/We are aware that we are obliged to drop off and pick up the child/ren as negotiated with the Centre. Any late collection will result in a fee being imposed.
14. I/We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The Centre agrees to give the parent reasonable notice of its intention to exercise this right. The priorities are as follows:
 - First Priority: Children at risk of serious abuse or neglect.
 - Second Priority: Children whose parents satisfy the work/training/study test under section 14 of the Family Assistance Act.
 - Third Priority: Any other child.
15. I/We understand that from time to time families, who are requesting excursion days of care only, may be put on a waitlist to ensure priority of care for higher priority fulltime children.
16. I/We agree to inform the Co-ordinator of any changes that may affect the priority for care or which may affect the amount of fees to be paid.

Initial : _____ 

17. I/We are willing to make other arrangements for the care of the child/ren if requested by the Centre.
18. I/We are aware that the Centre applies Cancer Foundation 30+ sunscreen to all children and that if we choose for the child to use alternative brands or strengths of sun protection, we will provide the sunscreen.
19. (a) I/We are aware that fees for Public Holidays and Pupil Free days are payable if the day is a usual day of attendance.
 (b) I/We are aware that fees are payable for days where absences are taken, including holidays, to ensure the child/ren's place at the Centre.
 (c) I/We are the Centre closes for the period between Christmas and New Year, fees will not be charged to families while the Centre is closed. The Centre re-opens on the first business day after New Years day. For all other weeks of the year fees are payable for all families attending the Centre.
20. I/We are aware that my child/ren will be excluded from care at the Centre if they have contracted a contagious disease or condition which may prejudice the health of others. I understand that my/our child/ren will be accepted back into the Centre upon provision of a "clearance certificate" for the child from a medical practitioner, however if there is a doubt or dispute Centre policy will override a medical certificate.
21. I/We are aware that if my/our child/ren have not been immunised, that during an outbreak of a vaccine preventable disease, or in the absence of proof of earlier contact with the disease, the child will be excluded from the Centre. I/We understand that the child/ren will be accepted for further care by the Centre after receipt of medical advice that the infectious period has passed. *Homoeopathic immunisation is not recognised as a reliable source of immunisation.*
22. I /We understand that homoeopathic medicines or lotions are not recognised as a reliable source of medication and will not be administered by staff. (National Health and Medical Research Council Guidelines). If the parent wishes their child/ren to have these, alternative arrangements to apply or be given must be made by the parent. If the parent is not satisfied with the Centre Policy alternative care arrangements for the child/ren will have to be found.
23. I /We understand that if required, *Only* medications prescribed by a Doctor will be administered to my child whilst they are in attendance at the Centre. Refer to point (25) of this agreement.
24. I / We do understand that the following exclusions to the above mentioned medications apply as the Centre uses the following products for sun protection and to treat minor conditions if required. I / We give permission for the Centre to administer any of the listed products to my / our child/ren if necessary:
- 1) The Council of Australia's '**Everyday Sunscreen**' SPF 30+ broad spectrum water resistant sun screen for the staff and children over 3 years.
 - 2) **Antiseptic Wound Cleaning Swabs** - to clean the skin area where a small cut or abrasion has occurred.
 - 3) **Savlon Cream** - to treat bites, stings, cuts and abrasions once the area has been cleaned, before applying a dressing.
25. I/We are aware that should my/our child require medication whilst attending the Centre it will only be administered by a qualified staff member if:
- ✓ *It is prescribed by a Doctor and has the original pharmacist's dispensing label, or accompanying letter from the child's Doctor, detailing the child's name, name of medication, dosage, frequency, the way it is to be administered, date of dispensing and expiry date.*
 - ✓ *Medication will only be given in the time frame specified on the label for the recommended period, not exceeding the expiry date.*
 - ✓ *The parent/guardian has completed and signed an "authority to give medication form" on the day on which the medication is to be administered.*
26. I/We are aware that the Centre may require a medical certificate or health management plan in the event of the child being diagnosed with an allergy, condition or impairment.
27. I /We understand that when collecting the child/ren from the Centre, that it is my/our responsibility to collect the child's medication and take it home each day. I /We also understand that if the medication is an Asthma reliever or Anaphylactic (epi-pen) medication that is left on the premises, it is my/our responsibility to ensure it has not exceeded the expiry date.



Initial : _____



28. I/We understand that the Centre staff do not have the required training to administer/apply any treatment that would require nursing/healthcare training to do so. I/We are aware that it is our responsibility to find alternative ways of administering/applying such treatments.
29. I/We understand that the Centre has an inclusive philosophy in regard to children with special needs but may exercise its obligation to meet the needs of all children in its care by maintaining a balance between children with typical and atypical development.
30. I/We agree to share or pass on any information relating to any special needs or medical conditions the child may have.
31. I/We agree that should my/our child/ren require support from a bilingual worker to assist Centre staff to meet the needs of my child/ren, I/we give permission for the Centre to arrange professionals from other agencies to become involved in assisting with that support.
32. I/We agree to arrange for professionals from other agencies involved in the care and support of children, to assist Centre staff to meet the needs of my child if necessary.
33. The Centre reserves the right to terminate this agreement when, at its discretion, it considers that to do so would be in the interest of the child/ren and/or the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund payments in credit.
34. I/We have read this Contract and received relevant information including the Parent Handbook, detailing the service offered by this Centre for the care of:

Name of Child/ren: Child (1) _____
 Child (2) _____
 Child (3) _____

I/We agree to abide by the conditions of use of the Centre and this Contract.

Signature of Enrolling Parent/Guardian (1) 	Print Name	/ / Date
Signature of Parent/Guardian (2) 	Print Name	/ / Date
Signature of Centre Representative	Print Name	/ / Date



Fleur Freame Pavilion
 Cnr Marmion Ave & Forrest Rd,
 MacDonald Oval, Padbury W.A 6025
 Ph: 9401 2191 Fx: 9402 5245
 ABN : 78086992145



DIRECT DEBIT AUTHORITY

(Credit or Visa / Master Card)

Centre ID Number: 9771

Family ID Number : _____
 (Office Use Only)

(Parent) **Surname:** _____ **Given Name:** _____
 (Please Print) (Please Print)

Insert Details of Credit Card	<p>(Card Type) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa / Master Debit Card</p> <p>Card Holder Name : _____</p> <p>Card Number : _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ </p> <p>Card Expiry Date : ____/____</p> <p>Card Signature : _____ </p>
Payment Details	<p>I would like my accounts directly emailed to me weekly. My private & secure email address is :@.....</p> <p>Debits are to be based on amounts invoiced weekly and charged the week following care.</p>
Declaration	<p>I hereby register with ChildCare EasyPay (CEP) & authorise CEP and/or my Child Care Service Provider (CCSP) to process payments from my nominated account in accordance with this Parent Registration Form (PRF), Direct Debit Service Agreement (DDSA) & the Terms & Conditions (TC) at www.childcareeasypay.com.au. By signing this TRF, I confirm the information above is true & correct, that I have read, understand & agree to be bound by the PRF, DDSA & TC. I understand that this arrangement will remain in place until such time as it is cancelled by me, my CCSP or CEP.</p> <p>Signed : _____  Date: ____/____/____</p>

(Please Turn Over for the Direct Debit Service Agreement)



Whitfords After School and Vacation Care

Fleur Freame Pavilion
Cnr Marmion Ave & Forrest Rd,
MacDonald Oval, Padbury W.A 6025
Ph: 9401 2191 Fx: 9402 5245

ABN : 78086992145

Direct Debit Service Agreement

Our Commitment to You

Drawing arrangements:

- Each week, the amount owing will be drawn after the centre has received notice from Centrelink of your child care payments. This day may vary from week to week.
- We will not change the frequency of drawing arrangements without your prior approval.
- We reserve the right to cancel the **Padbury Education and Childcare Centre Ltd** care arrangements if (2) two drawings are returned unpaid by your nominated Credit Card or Debit Card provider or an alternative method of payment has not been received. All Debt Collection, legal costs, stamp duties or any other expenses incurred by the Centre in respect of this agreement, shall be paid by you on demand.
- We will keep all information pertaining to your nominated account at your credit card provider, private & confidential.

Your rights:

- You may terminate the **Padbury Education and Childcare Centre Ltd** drawing arrangements when the centre receives in writing, fourteen (14) calendar days notice of the cancellation of care. (refer to point 12 of the Parent's / Guardian Registration Agreement)
- You may request change to the drawing amount of **Padbury Education and Childcare Centre Ltd** drawings by contacting us and advising your requirements by completing a new Direct Debit Authority form.
- Where you consider that a drawing has been initiated incorrectly you should take the matter up directly with **Padbury Education and Childcare Centre Ltd**.

Your Commitment to us

Your responsibilities:

- It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due invoiced date.
- It is your responsibility to advise us if the Credit Card or Debit Card account nominated by you to receive the **Padbury Education and Childcare Centre Ltd** drawings is transferred or closed.
- It is your responsibility to arrange a suitable alternative payment method if the **Padbury Education and Childcare Centre Ltd** care arrangements are cancelled by either party.
- It is your responsibility to notify the centre if your Credit Card or Debit Card is lost, stolen or expired.

Initial: _____



PARENT(S) / GUARDIAN(S) - NAMES / ADDRESSES / INFORMATION***Enrolling Parent / Guardian (1)***

Surname: _____ First Names: _____

Date of Birth : ____/____/____

Address: _____ Post Code: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

Email Address (Hm): _____ (Wk): _____

Place of work or study: _____

Work or Study Address: _____

Post Code: _____

Days/ Hours of work or study: _____

Information required for Census:

Country of Birth: _____ Language(s) spoken: _____

Aboriginal or Torres Strait Island background YES NO Is work / study undertaken by this person paid or voluntary? PAID VOLUNTARY ***Parent / Guardian (2)***

Surname: _____ First Names: _____

Date of Birth : ____/____/____

Address: _____ Post Code: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

Email Address (Hm): _____ (Wk): _____

Place of work or study: _____

Work or Study Address: _____

Post Code: _____

Days/ Hours of work or study: _____

Information required for Census:

Country of Birth: _____ Language(s) spoken: _____

Aboriginal or Torres Strait Island background YES NO Is work / study undertaken by this person paid or voluntary? PAID VOLUNTARY Do either (or both) parents/guardians have a disability? YES NO

If YES what type of disability? _____

If YES which Agency (if any) is the parent / guardian involved with? _____

I/We are aware that the person/s named here as the legal enrolling parent/guardian are the authorised parties to enrol, change and cancel enrolment, and to nominate who will collect the child from the Centre.Signature of Enrolling Parent/Guardian (1) _____  Date ____/____/____Signature of Parent/Guardian (2) _____  Date ____/____/____

EMERGENCY CONTACT PERSONS

Persons to be contacted in case of Emergency, Authorised to take the child from the premises and who can Authorise Consent.

The Persons must be of :

- ✓ Over 18 years old.
- ✓ Good Health.
- ✓ Easily Contactable.
- ✓ Within Close Proximity to the Centre.
- ✓ Capable of dealing with Emergencies.



Emergency Contact Person (1) (other than the child's parents / guardian)

* Please ensure that you ask this persons permission to be an emergency contact.

Surname: _____ First Names: _____

Address: _____ Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile ph: _____

Place of work or study: _____

Address: _____ Postcode: _____

Days/hours usually available: _____

Relationship to the child: _____

I also nominate this person above to be an 'Authorised Consent Person' who can:

- Authorise the consent to medical treatment for my/our child/ren.
- Authorise the administration of medication for my/our child/ren.
- Authorise an educator to take my/our child/ren outside the Centre.

Signature of Enrolling Parent/Guardian (1)

Print Name

____/____/____
Date

Emergency Contact Person (2) (other than the child's parents / guardians)

* Please ensure that you ask this persons permission to be an emergency contact.

Surname: _____ First Names: _____

Address: _____ Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile ph: _____

Place of work or study: _____

Address: _____ Postcode: _____

Days/hours usually available: _____

Relationship to the child: _____

I also nominate this person above to be an 'Authorised Consent Person' who can:

- Authorise the consent to medical treatment for my/our child/ren.
- Authorise the administration of medication for my/our child/ren.
- Authorise an educator to take my/our child/ren outside the Centre.

Signature of Enrolling Parent/Guardian (1)

Print Name

____/____/____
Date

AUTHORISED NOMINEES - (persons authorised to collect the child/ren from the Centre)

PERSON (1) whom will collect the child (Other than Parents/Guardians or Emergency Contact persons)

Surname: _____ First Names: _____
Address: _____ Postcode: _____
Home Ph: _____ Work Ph: _____ Mobile Ph : _____

PERSON (2) whom will collect the child (Other than Parents/Guardians or Emergency Contact persons)

Surname: _____ First Names: _____
Address: _____ Postcode: _____
Home Ph: _____ Work Ph: _____ Mobile Ph : _____

REGISTERED MEDICAL PRACTITIONER OR SERVICE: _____

Address: _____

Postcode: _____
Telephone No(s): _____ OR _____
Medicare No: _____ Ambulance No: _____
Private Health Fund: _____ Health Fund No: _____

* Please ensure your Doctor has been advised that he/she may be consulted and has your permission to treat the child.

For your information, please note:

In the event of an Anaphylactic or Asthma Emergency Situation - Emergency 1st Aid procedures will be followed, this may include the administration of


Adrenaline (Epi-Pen JNR or Epi –Pen)




OR Ventolin.



IN THE EVENT OF AN EMERGENCY, ILLNESS OR ACCIDENT (WHEN UNABLE TO CONTACT PARENTS/GUARDIANS OR EMERGENCY CONTACTS / AUTHORISED CONSENT PERSON) I/WE CONSENT TO MEDICAL OR HOSPITAL ATTENTION BEING SOUGHT FOR THE CHILD. I/WE AGREE TO PAY ANY EXPENSES INCURRED FOR MEDICAL TREATMENT AND TRANSPORT.

Signature of Enrolling Parent/Guardian (1)  _____ Print Name _____ / / /
Date

Signature of Parent/Guardian (2)  _____ Print Name _____ / / /
Date

Signature of Centre Representative _____ Print Name _____ / / /
Date

Failure to provide the above information will result in the non-acceptance of the child.

CHILD CARE BENEFIT & CHILD CARE REBATE

To ensure that you are linked to our Centre through the Child Care Management System (CCMS) and to have Child Care Benefit (CCB) and/or the Child Care Rebate (CCR) applied to your fees, you must contact the Family Assistance Office (FAO) to confirm that they have the correct name and date of birth for both the parent and child/ren who are registered.

Please complete the following information accurately to ensure that yours and your child/rens CRN is linked to our Centre and to enable you to receive CCB & CCR:

Person registered for CCB & CCR with FAO (details must be EXACTLY as per FAO Records)

Name: _____

CRN (customer reference number): _____

Enrolling child/ren registered for CCB & CCR with FAO (details must be EXACTLY as per FAO Records)

- ☺ Child (1) Name: _____ CRN : _____
- ☺ Child (2) Name: _____ CRN : _____
- ☺ Child (3) Name: _____ CRN : _____

3. My child has attended another service during the current financial year. Yes No

4. I have a child / children attending another service. Yes No

If you require further information on CCB or CCR please go to their website <http://www.familyassist.gov.au> or contact the FAO on 136150 between 8am and 8pm (local time) Monday to Friday.



AUTHORISATION TO TRANSPORT CHILD TO AND FROM SCHOOL

(Complete only if Applicable)

I give authorisation for my Child (1) _____
 Child (2) _____
 Child (3) _____





To be transported in the Centres Vehicles to and/or from the school specified below. I understand that I will be asked for my written Authority for any excursion outside those noted below.

	Name of School	Address of School	Parent Signature
Child (1)			
Child (2)			
Child (3)			

PROGRAM OF ACTIVITIES


I am willing for my child/ren to participate in all activities offered in the Child Care Centre. I understand and agree that it's my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/ren to participate in particular activities.


Signature of Parent/Guardian (1)  _____
Date

Signature of Parent/Guardian (2)  _____
Date

VACATION CARE EXCURSIONS


I/We understand that the Centre reserves the right to exclude my child/ren from an excursion if they pose a safety, health or wellbeing risk to themselves, other children and/or teachers.


Signature of Parent/Guardian (1)  _____
Date

Signature of Parent/Guardian (2)  _____
Date

LOCAL EXCURSIONS


I give my permission for my child/ren to participate in local excursions organised by the Centre (e.g: to local park). I understand and agree that it's my responsibility to familiarise myself with the area and manner of the excursion and to advise the Centre in writing if I do not wish my child/ren to participate in a particular excursion. An Excursion Authority Form will be required for all other outings.


Signature of Parent/Guardian (1)  _____
Date

Signature of Parent/Guardian (2)  _____
Date

PHOTOGRAPHY


I give my permission for my child/ren to be photographed for the purpose of publicity and/or promotions for the Centre. I give my permission for my child/ren to be photographed during daily activities, and understand that group photographs may be viewed and distributed to other families at the discretion of the Centre.


Signature of Parent/Guardian (1)  _____
Date

Signature of Parent/Guardian (2)  _____
Date

STUDENT OBSERVATIONS

I give my permission for my child/ren to be subject to individual observation by students on accredited training programmes in the Centre.

Signature of Parent/Guardian (1)  _____
Date

Signature of Parent/Guardian (2)  _____
Date

OFFICE USE:

- ✓ Enrolment 100% completed by enrolling parent/guardian Yes No
- ✓ Enrolment received and entered into computer : ____/____/____
- ✓ Received copies of Child Immunisation and Birth Extract Yes No
- ✓ *If applicable* – The child/rens Health Care Needs have been communicated to the staff caring for the child and the Medical / Health Management Plans have been received. Yes No

Comments : _____



INFORMATION ABOUT THE CHILD

* Please complete one of these forms for each enrolling child in the family.

CHILD'S NAME AND ADDRESS:

Surname: _____ First Names: _____

Date of birth: ___/___/___ Male Female

* Please provide the Centre with a copy of the child's Birth Certificate.

Address: _____ Postcode: _____

Child lives with: Parent 1 Parent 2 Both Other (Please detail below)

Reason for Care (to confirm priority of access): Work Study Other (Please detail below)

Cultural Background: _____ Language(s) spoken: _____

Is there any special consideration with regard to cultural or religious customs? Yes No

If YES please comment: _____

CUSTODY OF CHILD:

1. Have any court orders, parenting orders or parenting plans been made regarding your child?

Yes No

If **YES**, please provide the following:

Details relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child: _____

2. If **NO**, are there any disputes concerning custody of the child? Yes No

Please provide details: _____

* Please attach copies of relevant Court orders and/or documentation that include the child's residence or the child's contact with a parent or other person.

DIETARY RESTRICTIONS FOR THE CHILD

Does your child have any Dietary Restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If Yes, please indicate the reason for this : Medical <input type="checkbox"/> (go to next page)</p> <p>Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Other _____</p> <p>What are the foods or substances your child must avoid? _____</p> <p>_____</p> <p>_____</p> <p>* Please discuss this further with the staff who will be caring for your child.</p>		



Child's Name: _____

SPECIFIC HEALTH CARE NEEDS OF THE CHILD



* Please provide the Centre with a copy of the child's Immunisation Record.

Allergies



For people with mild to moderate allergies who need to avoid certain allergens.

Does your child have any Allergies? This includes food allergies.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, you will need to complete and return the Centre's:		
<ul style="list-style-type: none"> ✓ Emergency Action Plan for Allergic Reactions (by Medical Practitioner) ✓ Individual Allergic Reactions Management Plan (by Parent/Guardian) 		

Anaphylaxis



For people who have severe allergic reactions and require adrenaline eg: EpiPen.

Is your child at risk of Anaphylaxis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, you will need to complete and return the Centre's:		
<ul style="list-style-type: none"> ✓ Emergency Action Plan for Anaphylaxis (by Medical Practitioner) ✓ Individual Anaphylaxis Management Plan (by Parent/Guardian) 		

Asthma



For people who have Asthma.

Does your child suffer from Asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, you will need to complete and return the Centre's:		
<ul style="list-style-type: none"> ✓ Asthma Management Plan (by Parent/Guardian in consultation with Medical Practitioner) 		

Medical Conditions



For example Cerebral Palsy, Autism, Global Developmental Delay, Diabetes, ADHD etc.

Does your child have any medical condition that may require additional attention from staff while attending our Centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, you will need to complete and return the Centre's:		
<ul style="list-style-type: none"> ✓ Medical Management Plan (by Parent/Guardian) & ✓ Provide the Centre with any written information from the child's Medical Practitioner / Therapists relating to the child and their condition. 		

Medication



If your child requires regular medication.

Does your child require regular medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, you will need to complete the Centre's:		
<ul style="list-style-type: none"> ✓ Medical Management Plan (by Parent/Guardian) as it has a section for 'Ongoing Medications' that your Medical Practitioner or Health Professional must complete. 		

Does your child have any specific health care needs ?	Yes <input type="checkbox"/> (please specify below)	No <input type="checkbox"/>
<hr/> <hr/> <hr/>		
* Please attach further information if required.		