



South Liverpool Out of School Hours KidsCare Inc

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ENROLMENT FORM

for

VACATION CARE

You **must** answer **all questions** - please print & use a black or blue biro

You'll need to fill in separate forms for each child

Child's Surname	First Name
Child's CRN	
Is this child of Aboriginal or Torres Strait Islander?	

D.O.B		1 st day at this centre		1 st day at school	
Religion					

Bookings: When do you require care for this child? (Please tick)

	Mon	Tue	Wed	Thu	Fri
Vacation Care					

Waiting List - Optional: When do you require care for this child? (Please tick)

Week 1	Mon	Tue	Wed	Thu	Fri
Vacation Care					

Week 2	Mon	Tue	Wed	Thu	Fri
Vacation Care					



PARENT / GUARDIAN'S INFORMATION: -

Title	Surname	First Name	D.O.B

Are you of Aboriginal or Torres Strait Islander Descent?

YES/NO

Address:

	State		Postcode
Home Phone		Mobile Phone	
Email			

Employer:

	Work Phone	
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Partner:

Title	Surname	First Name	D.O.B

Are you of Aboriginal or Torres Strait Islander Descent?

Address:

	State		Postcode
Home Phone		Mobile Phone	
Email			

Employer:

	Work Phone	
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What is your family CRN?		
Will your Child Care Rebate (CCR) go directly to the service centre	Yes	No

Please ensure that all your details are up to date and active with **CENTRELINK**.

In order to be eligible to receive **SUBSIDISED CARE**.

If we don't receive the **required information** from **CENTRELINK** we will have, **NO ALTERNATIVE**, but to charge you the **FULL RATE** for any care provided.



In case of emergency, please give the names of persons we can contact, (other than parents or guardians).

Contact 1		Phone	
Contact 2		Phone	

Doctor		Phone	
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Medicare Number			
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Ambulance Subscriber?		Number	
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In the event of the parent / guardian or nominated persons being uncontactable, would you accept our arrangements, for emergency treatment, medical, hospital or ambulance? YES NO

Are there any restrictions, custody or access matters that would effect who can pick up your child / children? YES NO

Please give details:

Immunisation & Health:

Is your child fully immunised?	YES/NO	Is it completely up to date?	YES/NO
Please attach an Immunisation History Statement			
Does your child suffer from Allergies?	YES/NO	If Yes, please detail below your child's allergy, side effects, treatment and action:	
Does your child have a diagnosed disability or special needs?	YES/NO	If so, please identify and detail below.	



Does your child take prescribed medication or treatment on a regular basis?	YES/NO	If so, please detail below and seek a medication form from staff.	
Does your child suffer from anaphylaxis?	YES/NO	If so, please detail below	
Does your child suffer from asthma?	YES/NO	If so, please detail below:	
Does your child have any special dietary or cultural restrictions?	YES/NO	If so, please detail below:	
PLEASE ensure you have filled out all information regarding your child.			

In the event of an accident or illness requiring medical treatment, or Panadol / Neurofen / Claritin to be administered every effort will be made to contact parents before such treatment takes place. However, on the chance that this should prove impossible, it is necessary for authority to be given in advance.

I _____, the undersigned give permission for the staff of SLOOSH Kidscare to seek medical / ambulance attention for my child / children under their care, in the event of an accident or emergency and I agree to pay such costs as may be incurred.

Signature of Parent / Guardian _____ Date _____



Transportation:

I _____ give permission for my child/ children to travel in the mini-van provided by SLOOSH Kidscare between the centre and the local schools. I understand that, if the van is unavailable for any reason, the SLOOSH Kidscare will provide alternative transport, usually by taxi.

I will pay only for the SLOOSH Kidscare transport fare, not the taxi fare.

In giving my permission, I understand that the SLOOSH Kidscare, its staff & management, will undertake every reasonable care and precaution for the safety and wellbeing of the children travelling, however, they will not be held responsible for accidents or other events which may occur and which are beyond their control.

Signature of Parent / Guardian _____ Date _____

Additional Home Transport

If you require a pickup or drop off service for before or after school care, the cost will be \$2.50 each way per child.

To access this service, you must fall within our transport service area. Please speak to management to see if you are eligible for this service.

Please tick the days when transport is required.

	Mon	Tue	Wed	Thu	Fri	Total Cost
Morning						
Afternoon						

Swimming

I _____ give permission for my child/ children to go for a spontaneous swim if weather and staff ratios permit this.

Photo / Social Media Permission:

I _____ DO / DO NOT give staff permission for my child's image / photograph to be used on SLOOSH KIDCARE Facebook page, website and other related community social media events.

Signature of Parent / Guardian _____ Date _____



Late Fee:

I understand that a late fee of \$15.00+ GST will be charged for each 15minutes, after closing time, of 6.30pm and that continued lateness after three warnings may result in the cancellation of my child's placement.

I have read and understood the information above.

Signature of Parent / Guardian _____ Date _____

Fees Policy:

We aim to provide quality service that is affordable. Fee levels will be set by management each year on completion of an annual budget and according to the centres required income.

Fees are reviewed each term based on attendance and the centre's ability to meet the running costs.

Parents/ caregivers will be given at least 2weeks notice of any changes in the fees.

Payment of fees is an initial \$50.00 bond per child or \$100 per family is to be paid for care before the child/ children's name can be placed on the enrolment list. This bond is **non-refundable**. Fees must be paid weekly or fortnightly, and must be paid in full by end of each school term. Casual and emergency care must be paid for on the day of care. Fees are to be paid for the days the child is **booked** into the centre, including times when the child is absent due to illness or holidays and for public holidays.

CCB is paid for sick days and up to 42days allowable absences per session per year, and for public holidays.

2weeks prior notice in writing is to be given to the Co-ordinator for any changes to the days of care or cancellation of care unless parent is current user of the service and an account can be given.

If no notice is given fees are to be paid.

Fees can be paid to staff from Monday- Friday between 3pm- 6pm.

Please see Co-ordinator to make any alternative arrangements.

A dated receipt will be provided for each payment.

I have read and understood the information above.

Signature of Parent / Guardian _____ Date _____

ALL FEES ARE PAYABLE WEEKLY EITHER BY BANK TRANSFER OR IN CASH

