

# JANNALI EAST BEFORE & AFTER SCHOOL CARE PROGRAM INC.

ABN: 82 641 384 248

P.O. BOX 338, Jannali. 2226

Contact Mobile: 0435-996-806

E-mail: jebasc@hotmail.com

## Enrolment Form

Please tick appropriate box.

Re-enrolment      FAMILY SURNAME: \_\_\_\_\_

New Enrolment      MEDICARE NUMBER: \_\_\_\_\_

Child/Children Immunised:       Yes       No  
Sighted by: \_\_\_\_\_      Date: \_\_\_\_\_

**Please Add Current Individual Photo here:**

**CHILD 1**

**CHILD 2**

**CHILD 3**

**CHILD 1**      Full Name: \_\_\_\_\_      Grade in 2016: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Age: \_\_\_\_\_      Sex: M / F

Child's CRN: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_

**CHILD 2**      Full Name: \_\_\_\_\_      Grade in 2016: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Age: \_\_\_\_\_      Sex: M / F

Child's CRN: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_

**CHILD 3**      Full Name: \_\_\_\_\_      Grade in 2016: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Age: \_\_\_\_\_      Sex: M / F

Child's CRN: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_

# JANNALI EAST BEFORE & AFTER SCHOOL CARE PROGRAM INC.

Commencement Date or Start Date Required: \_\_\_\_\_

PERMANENT DAYS OF ATTENDANCE: (please place child's number in appropriate box/boxes)

Session	Time	Mon	Tue	Wed	Thu	Fri
Morning	6.30 – 8.30am					
Afternoon	3.00 – 6.00pm					

Casual (please circle): YES/NO

## FAMILY INFORMATION (Please complete all sections)

Please circle the relevant categories below.

2 Parent  
Family

1 Parent  
Family

Both Parents  
Working

1 Parent  
Working

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Names: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Parent's Occupations: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Work Numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Mobile Numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Parent's date of birth: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Parent Name Registered  
with Centrelink: \_\_\_\_\_

Parent CRN: \_\_\_\_\_

**NOTE:** Please notify the Coordinator if the child's parents are separated.

Is there anyone who is prohibited from having contact with or collecting the child/children? YES/NO

If yes, please specify: \_\_\_\_\_

If yes, details of any court orders must be provided.

DETAILS OF PARENTAL CUSTODY: \_\_\_\_\_

(Where applicable, details of any court orders must be provided)

Details of any cultural or religious requirements which we should respect and know about:

## EMERGENCY CONTACT:

Person/s Authorised to pick up child/children instead of Parents in case of an emergency:

Name	Phone	Relationship to child or parent
_____	_____	_____
_____	_____	_____
_____	_____	_____

# JANNALI EAST BEFORE & AFTER SCHOOL CARE PROGRAM INC.

## CHILD'S /CHILDREN'S MEDICAL DETAILS

Does your child have any medical conditions: Yes  No  If yes, please give details.

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_

Is your child on regular medication: Yes  No  If yes, please give details.

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_

Does your child have any disabilities: Yes  No  If yes, please give details.

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_

Does your child have any allergies and has your child been diagnosed as at risk of anaphylaxis:  
Yes  No  If yes, please give details.

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_

Please note that any food or insect bite allergies require the appropriate action plan form completed by a doctor, to be submitted with this enrolment form. Any changes to your child's individual health information must be provided to the service immediately. Children may not attend the service until the management plan and if necessary, EpiPen are provided.

Any dietary requirements or additional needs required:

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_

## MEDICAL PRACTITIONER DETAILS:

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## CONSENT FORM

- I wish my child to attend Jannali East Before & After School Care Program Inc.
- I understand that all care will be taken by the staff and the centre will not be held responsible for any loss or damage to property or injury incurred during the running of the program.
- I have read and understood the Parent Information Sheet and agree to abide by all centre policies.
- I am aware of the fee structure and my responsibilities in this regard.
- I give permission for medical attention to be sought if necessary and I agree to meet any expenses arising for such medical attention.
- I authorize the approved provider, nominated supervisor or an educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and transportation of the child by an ambulance service.
- I consent for my child to be photographed or videoed for publicity purposes.
- I understand it is my responsibility to be aware of and abide by the centre's policies.

**PLEASE NOTE: THIS SECTION MUST BE SIGNED BY THE APPLICANT**

I \_\_\_\_\_ hereby apply to become a member of the above-named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# JANNALI EAST BEFORE & AFTER SCHOOL CARE PROGRAM INC.

CHILD'S/CHILDREN'S NAME(S)[1]..... [2] .....

[3].....

## PLEASE CIRCLE

- I authorise my child/ren to apply sunscreen at the centre. YES / NO
- I authorise my child/ren to apply insect repellent at the centre. YES / NO
- I authorise the staff at JEBASC to apply band aids. YES / NO

## Code of Conduct (Children)

We expect children attending Jannali East Before & After School Care Centre to abide by the Centre Rules and respect the staff and other children at the centre.

Any disciplinary measures used are age-appropriate and all incidents are managed in accordance with the centre's Behaviour Guidance Policy.

Should a child's behaviour cause problems for staff members or other children, parents will be notified by the Coordinator, and their child's behaviour will be monitored. The incident will be recorded. Should the inappropriate behaviour be repeated or there is no improvement in the child's general behaviour, a written warning will be issued. On the third written warning, the child's placement at the centre will be terminated.

An incident causing injury to other children or staff **may** result in immediate cancellation of the child's booking, for the remainder of the term. Re-enrolment will be reviewed. The balance of the fees paid for that week will be refunded.

## Permission for Observations

It is a legal requirement that OOSH Service staff keep adequate records and 'only collect information required for the purpose of the organization's function' (Privacy Act). Child observations are one type of record that a centre has a legal requirement to keep. As part of Quality Assurance, services keep written observations of children to assist with programming, planning and subsequent evaluation of their program, thus ensuring that the children's needs are being met. From different types of observations, staff will be able to program activities which reflect individual / group needs, interests and abilities. Observations also assist with behaviour management. These records are confidential. Parents may view their own child's observation records. No member of staff or Management Committee may give information on matters relating to children to a person other than the parent / guardian.

## Code of Conduct (Parents)

We expect parents/guardians using the centre and other authorised adults dropping off or collecting children from the centre, to behave appropriately by:

- showing respect for the staff, children and other adults at the centre
- observing the 'no smoking' notices
- following centre policies and procedures at all times
- under no circumstances confronting other parents' children at the centre
- not asking our educators to babysit your children after hours, as this presents a conflict of interests. We are happy to assist you to find babysitters if possible.

Please note that the person signing this form must ensure that all other authorised adults on your enrolment form are aware of the above requirements.

I understand and agree to the above:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

# CHILD PROFILE

Full Name: .....

Nickname: (if any) .....

Date of birth: .....

Age next birthday: .....

Do you have any brothers or sisters? Yes No

If Yes, what are their names: .....

How old are they: .....

What languages are spoken at home? .....

Are there any religious or cultural events that are important to your family? Yes No

If yes, please provide details  
.....  
.....

## What is your favourite:

Foods: ..... Indoor Activity: .....

Colours: ..... Outdoor Activity: .....

TV Shows: ..... Games/Toys: .....

Music: ..... Sport: .....

## What don't you like:

Foods: ..... TV Shows: .....

What are you scared of? .....

Is there anything else that you don't like or that upsets you? .....

## What do you like to do when:

You are with your family: .....

You are with your friends: .....

You are by yourself: .....

The information on this form will enable staff to get to know your child and plan a program to meet their individual needs.

Date completed: ..... / ..... / .....

# **JANNALI EAST BEFORE & AFTER SCHOOL CARE PROGRAM INC.**

## **Parent Information**

Our centre is located in the grounds of Jannali East Public School. We provide before and after school care. Breakfast and afternoon tea are provided at no additional cost. Drinking water is available at all times.

### **Contact Details**

Phone Contact:

Mobile: Centre Co-ordinator 0435-996-806 Administration: 0416-041-269

Committee President: Mr Ross Wallis

E-mail: [jebasc@hotmail.com](mailto:jebasc@hotmail.com)

### **Times**

The Centre is open from Monday to Friday during school terms.

Morning Session 6.30am – 8.30am

Afternoon Session 3pm – 6pm

The Centre is closed during school holidays, on Public holidays and on Pupil Free Days.

### **Fees**

Annual Administration Fee per family is \$40.00

Permanent Bookings

AM \$14.00 / child

PM \$17.00 / child

Casual Bookings

AM \$16.00 / child

PM \$19.00 / child

Late fees are \$25.00 every fifteen minutes or part there of after 6pm

### **Child Care Benefit / Child Care Rebate**

Please provide us with your CRN and your child/children's CRN if you wish to claim Child Care Benefit and/or Child Care Rebate.