

BERNIE MULLANE SPORTS COMPLEX – VACATION CARE
APPLICATION FOR ENROLMENT OF CHILD/REN

Subject to Approval by Supervisor

The following information is confidential. Please ensure that you notify us of any changes of address or phone numbers. **Your child/ren is NOT accepted as enrolled unless this form is accompanied by full payment.**

Date: ___/___/___ Name of school child/ren attends: _____

CHILD/RENS DETAILS:

Surname	Given Name	Centrelink CRN	Date of birth	Age	Male/Female
1.					
2.					
3.					

Note: If you wish to claim a Childcare Rebate you must supply the individual CRN numbers for each child and also the parent CRN number and date of birth. Rebate is means tested and determined by the Australian Government, and is not guaranteed.

PARENT/GUARDIAN 1

Full Name: _____ Parent D.O.B _____
 Preferred Name: _____ Centrelink CRN: _____
 Residential Address: _____
 Work Address: _____
 Phone: (work) _____ (home) _____ (mobile) _____ (email) _____

PARENT/GUARDIAN 2

Full Name: _____
 Preferred Name: _____
 Residential Address: _____
 Work Address: _____
 Phone: (work) _____ (home) _____ (mobile) _____

Are there any Family Court orders affecting custody of, or access to the child/ren? YES / NO

If yes, please give details and a copy must be provided:

OFFICE USE ONLY:

CCB %: _____ **Date Paid:** ___/___/___

Payment Method:

Cash _____ **Cheque** _____ **C/Card** _____ **Eftpos** _____

Staff Signature: _____

SWIMMING ABILITY – If Attending Swimming Excursions

Please rate your child’s swimming ability as follows:

Child’s Name:	A. Competent	B. Beginner	C. Non-Swimmer
Child’s Name:	A. Competent	B. Beginner	C. Non-Swimmer
Child’s Name:	A. Competent	B. Beginner	C. Non-Swimmer

SUN SMART POLICY

All children are expected to bring a hat for outside play. If a child does not bring a hat they will be provided with one from our shop and a charge of \$10 will apply.

EMERGENCY CONTACT (Name of 2 people who may be contacted at any time if parent/guardians unavailable)

1. Full Name: _____ (r/ship) _____
Phone: (work) _____ (home) _____ (mobile) _____
2. Full Name: _____ (r/ship) _____
Phone: (work) _____ (home) _____ (mobile) _____

FAMILY DOCTOR

Name: _____ Medicare No: _____
Phone: _____ Clinic Address: _____

MEDICAL INFORMATION

Are there any medical or physical conditions from which your child/ren suffers that need to be brought to the attention of the Supervisor? Does your child have a disability? Do we need to pay attention to any particular need or behaviour? Please give details:

CHILD 1	CHILD 2	CHILD 3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We regret that we are unable to care for **sick children** or children with **contagious illnesses**. **PLEASE NOTE:** If your children are on any medication you will need to complete an **‘Authority to Give Medication Form’**.

ATTENDANCE

Please tick below the days you anticipate your child/ren will be attending the centre each week

Week beginning Monday 19th December 2011

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Child 1	Not Available	Not Available			
Child 2	Not Available	Not Available			
Child 3	Not Available	Not Available			

Week Beginning Monday 2nd January 2012

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Child 1	Not Available				
Child 2	Not Available				
Child 3	Not Available				

Week Beginning Monday 9th January 2012

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Child 1					
Child 2					
Child 3					

Week Beginning Monday 16th January 2011

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Child 1					
Child 2					
Child 3					

Week Beginning Monday 23rd January 2011

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Child 1				Not Available	Not Available
Child 2				Not Available	Not Available
Child 3				Not Available	Not Available

AUTHORISATION TO COLLECT YOUR CHILD/REN

In order that staff know exactly who is authorised to collect your child/ren from the **BERNIE MULLANE SPORTS COMPLEX** please complete the following.

Please note that we will not (under any circumstances) allow any person to collect your child/ren other than those listed below. Alternate arrangements will only apply where proper notification from you in writing is received on that particular day. Please include parent's names on the list.

1. Name of person: _____ Relationship: _____

2. Name of person: _____ Relationship: _____

3. Name of person: _____ Relationship: _____

PARENT'S SIGNATURE: _____

CONDITIONS

By enrolling my child/ren in the BERNIE MULLANE SPORTS COMPLEX Vacation Care Program, I agree to the following conditions:

1. I hereby agree that for excursions that are within walking distance from the centre the Vacation Care Leaders have permission to escort/walk my child/ren to and from the venue.
2. In the event of accident or illness suffered by my child/ren, the organisers of the **BERNIE MULLANE SPORTS COMPLEX** Vacation Care Program are authorised to obtain, on my behalf, such medical assistance as my child/ren may require and I agree to reimburse the organisers for any expense incurred.
3. Although every care will be taken, **BERNIE MULLANE SPORTS COMPLEX** Staff and Program Leaders are free from all responsibility for accidents or loss of property in connection with any child's participation.
4. **BERNIE MULLANE SPORTS COMPLEX** reserves the right to suspend or expel children from the Vacation Care Program for misbehaviour that is deemed inappropriate. NOTE: in the event of suspension or expulsion from the Program, it is the parents' responsibility to have the child collected immediately. No monies will be refunded for days paid for the remainder of that week following suspension or expulsion from the Program.
5. **BERNIE MULLANE SPORTS COMPLEX** reserves the right to refuse any person entry to the Vacation Care program as decided by **BERNIE MULLANE SPORTS COMPLEX** Management.

DECLARATION

I declare that the information above is complete and accurate, and I have read, understood and agree to the conditions outlined above.

I understand and agree that all times my child/ren shall be at my own risk and I will not hold Belgravia Leisure or its staff liable for any personal injury which may result to my child or loss of property except for any liability by Belgravia Leisure if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied.

Parent sign: _____

Date: ____/____/____

Print Name: _____y