1. I/We agree to notify the Coordinator/Responsible person on the day itself, in writing or by telephone, the name of any other person, other than those already nominated on the Enrolment Form, whom I/we have authorised to collect our child/ren from Wellers Hill State Primary - School Age Child Care Service.

2. I/We agree to notify the Coordinator of any changes to information provided on the Enrolment form.

3. I/We understand and accept that, if, in the case of sudden illness or an accident, the parents cannot be contacted, the Coordinator/Responsible person, as agent for the parents, shall have discretionary power to seek and provide immediate medical attention, including administration of life saving medication (e.g. Epipen or Ventolin), to call an ambulance thus removing the child from the centre, but shall be under no obligation to do so. (Refer to sections Illness, Medication and Emergency Procedures of Family Handbook for information of procedures).

4. I/We authorise the Coordinator/Responsible person, in the case of sudden illness or accident, to seek and provide any medical attention that my/our child/re should require, including administration of life saving medication (e.g. Epipen or Ventolin) and I/We agree to meet any expenses incurred.

5. I/We authorise the Coordinator to use/share the health and other personal information provided by us in connection with the services, delivering the program and complying with the centre’s duty of care to children, employees and other persons.

6. We authorize the Centre to share any relevant information as required by law.

7. I/We agree in the case of our child/en contacting an infectious/contagious disease to inform the service immediately and withhold the child/ren from attending the centre for the minimum period of exclusion recommended by QLD Department of Health or by a doctor. (For more information see infection diseases policy, Parents Handbook or visit www.health.qld.gov.au)

8. I/We agree to provide our child/ren with sunscreen and suitable hat to ensure sun protection in accordance with the Center’s Sun Protection Policy. In case we fail to do that I/We authorize the Service to provide the child/children with sunscreen and to assist them to apply it. I/We are aware that the brand provided might be different from ours and might cause unwelcome skin reaction.

9. I/We agree to complete the annual interview questionnaire that is attached to the enrolment form that will provide the coordinator with information about our child/re e.g. - hobby, interest, preferred activities, health and dietary requirement, and to attend (whenever possible) the initial ½ hour orientation interview for parents and children.

10. I/We understand and accept that all fees must be paid in full a week in advance - the week prior attendance, and on a daily basis for casual attendances, unless approved arrangements are made to the contrary (payment by cheque is preferred).

11. I/We have read in detail the Fees and Charges policy as specified in the Family Handbook and in the Policy and Procedure Manual and understand that: When a fee is overdue, the relevant policy and procedures will be followed. If contact is not made with the Coordinator to make arrangements for immediate payment, the Management Committee reserves the rights to suspend Child Care. Continued default in payment of fees when they are due may also result in a permanent loss of your childcare position/s. In extreme situations, the overdue account will be referred to a debt collector agency (which involves releasing private information).

12. We have read the Wellers Hill School Age Child Care Service Family Handbook and we are aware that the centre’s Policy and Procedures Manual is available for our perusal at the front desk of the centre.

13. All parents/guardians’ concerns or complaints should first be discussed with the Coordinator. If parents are unsatisfied with the outcome, they may address their grievance in writing to the management committee (see Grievance policy).

14. I/We are aware that as a Government regulation it is our responsibility to sign our children in/out of the Service including absences. Please note that CCB is not payable on the first/last not attended days.

15. I/We agree to allow our child/ren to participate in the Australian Active After School Activities Program. (Please note: this program is free of charge and provides children attending After School Care with a broad range of physical activities delivered by external facilitator or SACCs staff.)

16. We do/do not give permission for Wellers Hill After School Care to take and reproduce photos/film or videos of our children for internal and external documentation purposes (e.g. letters to SACCs sponsored child in Vietnam), Activity posters (e.g. Vacation care excursion, activity participation.

Child’s full name ___________________________ Parent/guardian’s name ___________________________

Signature: ___________________________ Date: ___________________________

Enrolment Form 2014
**ENROLMENT FORM**

**Child’s Family Name:**

**Male/Female**

**Child’s Given Names:**

**Preferred name:**

**Date of Birth:**

**Country of Birth:**

**Address:**

**Post code:**

**Religion:**

**Language spoken at home:**

**Do you need an interpreter? Yes [ ] No [ ]**

**School Attended if other then Wellers Hill State School:**

**Current Grade:**

**Please compete CCB information Required [ ] Yes [ ] No [ ]**

**Parent CRN**

**Child CRN**

**Does the child attend another CCB approved childcare?**

**Yes [ ] No [ ]**

**Approved Hours of Care:**

**Siblings Name**

**DOB**

**Does the child attend another CCB approved childcare?**

**Yes [ ] No [ ]**

**Approved Hours of Care:**

**Please TICK the relevant ways and days you would be using this service: Type of Placement**

**Permanent [ ] Casual: [ ] Emergency: [ ] Vacation Care* [ ]**

**Circle Days Required per each Service:**

**Commencement Date:**

*Vacation Care program will be issued approximately one month prior to each school holiday.*

**Before School Care:**

Monday Tuesday Wednesday Thursday Friday

**After School Care:**

Monday Tuesday Wednesday Thursday Friday

**Name of the Parent/Guardian receiving or applying for CCB:**

**Occupation:**

**DOB:**

**Residential Address:**

**Post code:**

**Place of Employment:**

**Working Hours:**

**Days/Week:**

**Residential Telephone:**

**Business Telephone:**

**Mobile Telephone:**

**Email Address:**

**Relationship to child:**

**Parent/Guardian:**

**Occupation:**

**Residential Address:**

**Post code:**

**Place of Employment:**

**Working Hours:**

**Days/Week:**

**Residential Telephone:**

**Business Telephone:**

**Mobile Telephone:**

**Email Address:**

**Relationship to child:**

**Two Emergency Contacts:** (For use when Parents/Guardians cannot be contacted)

Are the nominated Emergency contacts authorised to collect your child/children? Yes [ ] No [ ]

(Refer to Page 3 for additional persons authorised to collect the child)

**Name:**

**Name:**
<table>
<thead>
<tr>
<th>Address:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Child:</td>
<td>Relationship to Child:</td>
</tr>
<tr>
<td>Contact Telephone Numbers (home/mobile/business)</td>
<td>Contact Telephone Numbers (home/mobile/business)</td>
</tr>
<tr>
<td>Family Doctor:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Address:</td>
<td>Medicare Number:</td>
</tr>
<tr>
<td>Immunisation status: Please tick</td>
<td></td>
</tr>
<tr>
<td>Up to date □ N/A □ Pending (please specify): □</td>
<td></td>
</tr>
</tbody>
</table>

**General Health** (Please advise any known illness or medical conditions or cultural consideration of which staff may need to be aware)

**Indigenous Status:**
Is your child of Aboriginal or Torres Strait Islander origin?
- □ No
- □ Yes, Aboriginal
- □ Yes, Torres Strait Islander

**Disability Status:**
Has your child been diagnosed with a disability?
- □ Yes
- □ No

Does your child need additional assistance/special consideration in any of the following areas?
- □ Mobility
- □ Self Care
- □ Communication
- □ Learning and applying knowledge
- □ Interpersonal interaction and relationships
- □ Other (please specify)

**Additional needs:**
Do you identify your child as:
- □ A child from a culturally and linguistically diverse background
- □ A child from a refugee background who has been subjected to trauma
- □ A child whose place has been sought by a state or territory child protection worker
- □ A child who is in care of the state or other forms of out of home care

**Other Additional Needs** (e.g. Health Management Plan, dietary, allergies, religious or cultural requirement, etc.)

Is your child allergic to Band Aids?
- □ Yes □ No □ If yes, name of Band aids_____________________

Will you require staff to assist or supervise medication?
- □ Yes □ No

If Yes: Name of the Child and of the Medication: ____________________________

Dosage: ____________________________ Times to be given: ____________________________

Doctor’s letter attached: □ Yes □ No

Permission form completed: □ Yes □ No

Doctor’s Name: ____________________________ Telephone: ____________________________

**Fees**
Are you on Child Care Benefit?
- □ Yes □ No

If you are on CCB it is your responsibility to advise the Family Assistance Office of your child attending Wellers Hill SACCS and provide us with a copy of your Centrelink letter.

A non-refundable Annual Enrolment Fee of $10 is payable at the time of submitting this Form. The fee is paid annually per family.

Statements are issued weekly.
Advised preferred method for receiving your statement:
- □ Email: Yes □ Email Address: ____________________________
- □ Hardcopy: Yes
Custody Arrangements

Please indicate whether any legal custody arrangements exist in relation to your child/ren.  
☐ Yes  ☐ No  
If yes, please attach a copy of your parenting plan/orders relating to your child/children.

Residence order – (e.g. full time with mum)  ____________________________

Contact order – (e.g. father eligible care Friday 6pm-Sunday 6pm)  ____________________________

Persons Authorised to Collect child (if other then Emergency Contacts)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Relationship to Child</th>
<th>Contact Numbers (Home / business/ mobile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: ________________________ Date: __________________

Please ensure that you read the service handbook and familiarise your child with the relevant section.

CONFIDENTIALITY

The information requested above is required to assist the Service in providing proper care for your child as per the requirements of the relevant government organisation. The information contained in this form will be strictly confidential and will not be used for any other purpose.

Please note: Your assistance in completing this questionnaire is greatly appreciated. All information that you provide will help to plan and implement suitable programs to meet the individual needs of your children. All information gathered about your child and family is strictly confidential and is only shared with staff in a professional context.

PARENTS HELP AND PARTICIPATION

A Subcommittee of Wellers Hill State School Parents and Citizens Association runs Wellers Hill SACCS. The parents meet once per month to discuss issues associated with running of our service. As the service is on a non-profit basis it is very important that we get parents involved in helping us managing our service to achieve high quality of care for your children. Parents often tell us that they would like to help us or to participate into the service, however they are not sure how. Here are some ideas:

Please indicate the way you can help in managing SACCS or participate in our life

I CAN HELP/PARTICIPATE WITH (please circle or add your idea)

☐ I can come to the SACCS Management Committee meetings
☐ I can help with Quality Assurance (ongoing process)
☐ I can bring some ideas for e.g. cooking, craft, music, dance,
☐ I can teach children to do cooking, carpentry, sport, share my hobby with you, do painting, pottery, help with excursions, help with swimming activity
☐ Minor repairs and maintenance (on site)
☐ I can participate in children activities, I can share my work experience with children, I would love to come and join a game of soccer, do a puzzle etc.

We accept and appreciate all people and all ideas

Please list your ideas here:

................................................................................................................................................................................
................................................................................................................................................................................

Is there any community information that you think we should provide? ................................................
................................................................................................................................................................................
CHILD INFORMATION

What types of activities does your child like to do?
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........................................................................................................................................................................

Does your child have any hobbies or interests?
........................................................................................................................................................................
........................................................................................................................................................................

How does your child feel about Outside School Hours Care?
........................................................................................................................................................................
........................................................................................................................................................................

What types of activities would you prefer your child to participate in while attending our centre.
........................................................................................................................................................................
........................................................................................................................................................................

Are there any particular strategies that you use to comfort your child when they are distressed or upset?
........................................................................................................................................................................
........................................................................................................................................................................

What comments would you make about your child’s current development? (Social, emotional, cognitive, language, moral/ethical, physical etc)
........................................................................................................................................................................
........................................................................................................................................................................

Do you have any special requests or requirements for your child’s participation in our centre?
........................................................................................................................................................................
........................................................................................................................................................................

Any craft/sport/excursion/games/cooking ideas your child/children particularly likes to do:
........................................................................................................................................................................
........................................................................................................................................................................

Please rate from 1 to 3 (1 being the highest) your goals for child care service:
☐ Safe and secure environment  ☐ Quality of care  ☐ Interactive and stimulating program

We would appreciate it if you share with us your goals for your child learning and developing progress:
........................................................................................................................................................................
........................................................................................................................................................................

What is your perception of our service: ........................................................................................................
........................................................................................................................................................................
<table>
<thead>
<tr>
<th>Getting to know you</th>
<th>Child's Name:</th>
<th>Child's Nickname:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children have a strong sense of identity</td>
<td>What is your favourite thing to do at home?</td>
<td>What is your hobby?</td>
<td>What does your family do on weekends?</td>
</tr>
<tr>
<td>Children are connected to and contribute with their own world</td>
<td>Can you think of something new we could add to the room?</td>
<td>Tell us about things you like to do in your community.</td>
<td>Do you have any environment projects you are interested in?</td>
</tr>
<tr>
<td>Children have a strong sense of wellbeing</td>
<td>What are some active activities (indoor/outdoor) you like to do?</td>
<td>What makes you feel happy?</td>
<td>What healthy food choices do you enjoy?</td>
</tr>
<tr>
<td>Children are confident and involved learners</td>
<td>What do you think you might like to learn more about?</td>
<td>Can you tell us how you think learning can be fun for you?</td>
<td>What books, movies, computer games or songs do you like?</td>
</tr>
<tr>
<td>Children are effective communicators</td>
<td>What do you talk about at home and with your friends?</td>
<td>Do you know another language you could share with us?</td>
<td>What types of technology do you use to communicate with friends and family?</td>
</tr>
</tbody>
</table>