



Connells Point BASC and Vacation Care Re-ENROLMENT FORM 2022

Commencement Date (Completed by Parent/Guardian)	/	/ 2022
Annual Registration Fee	\$ 20 per child	\$ 30 per family
Date Received & Name of Educator		
Nominated Supervisor/Responsible Person Signature		Date

CHILD INFORMATION

CHILD 1

First Name		Surname	
Date of Birth		Gender	
Child's CRN		(please circle) Year K 1 2 3 4 5 6	

CHILD 2

First Name		Surname	
Date of Birth		Gender	
Child's CRN		(please circle) Year K 1 2 3 4 5 6	

CHILD 3

First Name		Surname	
Date of Birth		Gender	
Child's CRN		(please circle) Year K 1 2 3 4 5 6	

Please specify if any of the following applies to your child(ren)			
Child 1	Child 2	Child 3	
<input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cultural/ Dietary Requirements _____ <input type="checkbox"/> Other Allergies _____			
(If your child suffers from Asthma or Anaphylaxis a CURRENT Action Plan and medication must be given to the centre)			

BOOKINGS

Child 1	Please Circle Type of Booking		Permanent		Casual	
Please ✓ appropriate box	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Before School Care						
After School Care						

Child 2	Please Circle Type of Booking		Permanent		Casual	
Please ✓ appropriate box	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Before School Care						
After School Care						

Child 3	Please Circle Type of Booking		Permanent		Casual	
Please ✓ appropriate box	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Before School Care						
After School Care						

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1 (Account & CRN Holder/ Claiming CCS)	Parent/Guardian 2
Name		
CRN		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child		
Email Address		
Home Address		
Home Number		
Mobile		
Work Number		
Occupation		
Employment Status	<input type="checkbox"/> Full Time/ Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Studying <input type="checkbox"/> Not currently working	<input type="checkbox"/> Full Time/ Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Studying <input type="checkbox"/> Not currently working
Authorisations	<input type="checkbox"/> Emergency <input type="checkbox"/> Administer medication <input type="checkbox"/> Collection of Child from centre <input type="checkbox"/> Give permission for a child to attend an excursion	<input type="checkbox"/> Emergency <input type="checkbox"/> Administer medication <input type="checkbox"/> Collection of Child from centre <input type="checkbox"/> Give permission for a child to attend an excursion

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

	Contact No 1	Contact No 2
Name		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child		
Home Number		
Mobile		
Address		
Authorisations	<input type="checkbox"/> Emergency <input type="checkbox"/> Administer medication <input type="checkbox"/> Collection of Child from centre <input type="checkbox"/> Give permission for a child to attend an excursion	<input type="checkbox"/> Emergency <input type="checkbox"/> Administer medication <input type="checkbox"/> Collection of Child from centre <input type="checkbox"/> Give permission for a child to attend an excursion

PARENT AGREEMENT

(Please tick each individual circle below to confirm acknowledgment)

- I am aware of the annual registration fee of \$20.00 per child or \$30.00 per family (GST free).
- I understand that I am responsible to pay my fees 2 weeks in advance if I have a permanent booking or on the day of care if I have a casual booking.
- I understand that all bookings are subject to availability.
- In applying for enrolment, I hereby acknowledge that I am wholly responsible for all fees payable to Connells Point Before and After School Care, in respect to my child being in care.
- I understand that it is my responsibility to contact Family Assistance Office (FAO) to apply for Child Care Subsidy and a Customer Reference Number (CRN).
- I am aware that CCS does not apply to the Annual registration or bond fees.
- I understand that I must sign my child in/out of the service upon drop off/collection on the iPad
- I am aware that my child will be enrolled at the centre until the end of the year or until I give two weeks' notice on a 'Termination of Care' form stating that my child will no longer require care.
- I have read the Family Handbook and agreed to abide by the Centre's policies and procedures.
- I understand that whilst every care and precaution will be taken, Connells Point Before and After School Care are not reliable for any loss or damage to my child's possessions whilst at the centre or on an excursion.
- I understand that the ratio of carers to children, in accordance with the CPBASC Policy, is the following: 1:15 whilst at the centre, 1:8 on excursions and 1:5 for any swimming activities.

I confirm that all information I provided on this enrolment form is current and accurate.

Parent/Guardian Name	
Parent/Guardian Signature	