

**The beach hut**  
**Queens beach outside school hours care**  
**ENROLMENT APPLICATION**

**CHILD NAME: (please print)**

1. Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_

DOB \_\_\_\_\_ School Grade \_\_\_\_\_ Sex: M - F  
CRN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of School or Pre-School \_\_\_\_\_

Primary language, if other than English: \_\_\_\_\_

Do you need an interrupter: Yes - No

Does your child have any cultural/religious requirements whilst at the centre: Yes - No

If so, please specify: \_\_\_\_\_

Does your child require any special needs whilst at the centre – eg wheelchair access. Please specify: \_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_  
Home Telephone: \_\_\_\_\_

**PARENT/CARER DETAILS:**

**Is there a Custody Order applicable?** Yes / No (Documentation will be required)

**Mothers Details:**

Surname: \_\_\_\_\_ Given Name/s \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Employment \_\_\_\_\_

CRN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

**Fathers Details:**

Surname: \_\_\_\_\_ Given Name/s \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Place of Employment \_\_\_\_\_

CRN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

**Please select the days your children will be using our program- if permanent booking:**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ As required \_\_\_\_\_

(CRN: Customer Reference Number from Centrelink)

# Consent/Permission Form

Child's Surname: \_\_\_\_\_

Child's Name : \_\_\_\_\_

1. **Illness & Accident – Medical Consent** - If in the case of sudden illness or an accident and the parent cannot be contacted, the coordinator or acting coordinator as agent for the parents, shall have discretionary power to seek immediate medical attention. Should a medical treatment be required I hereby accept full responsibility for all accounts rendered by such an incident (e.g. Ambulance, doctor etc.). I agree to keep my child/ren at home when suffering from infectious or contagious illness for the required period of time.
2. **Departing from Service** - I agree that my child cannot leave the program with anyone other than the authorized parents/carers or emergency contact person without prior arrangement with the coordinator.
3. **Activities & Excursions** - I am willing for my child to take part in walks and excursions planned as part of the program.
4. **Behaviour** - Disruptive children – the committee, through the coordinator reserves the right to have the child's care terminated if he/she grossly disturbs the proper functioning of the program.
5. **Photograph permission** – I am willing for my child's photograph to be taken to be used only at the centre.

If you **do not wish** your child's photograph to be taken please indicate here **NO I do not wish my child to be photographed at the centre Signed parent/carer**.....

6. **Enrollments** - Children will not be admitted to the program unless formally enrolled.

Date \_\_\_\_\_

Signature of Parent/Carer \_\_\_\_\_

Please Print Name \_\_\_\_\_

## **FAMILY & CONTACT DETAILS**

**Medical:**

Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Surgery Address \_\_\_\_\_

**Relevant Medical Details: (eg allergies, disabilities, asthma, dietary needs etc)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunized:** Yes /No (if no, please see your coordinator for further information)

**Authorized Persons/Emergency Contacts:**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone No. (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone No. (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone No. (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_