

ENROLMENT FORM

SECTION 1 - Child Details

Surname:		Given Names:	
D.O.B:	Sex:	Country of Birth:	
Home Address:		Suburb:	Postcode:
KPS Class (if known):		KPS Teacher (if known):	
Primary Language:		Other Language(s):	
Religion* (optional):			
<small>*Although optional, please let us know about any forbidden foods or religious beliefs that will help us better cater for your child. We respect and welcome ALL religions and ethnicities.</small>			
Centrelink Linked Parent / Guardian Name:			
Centrelink Linked Parent / Guardian CRN:			
Centrelink Child CRN*:			
<small>*Centrelink Customer Reference Number allocated to you and your child by Centrelink, which are used by the Family Assistance office. As individuals each have different CRNs, please ensure that you write the CRN that is linked to your child. If you do not have CRNs at the date of enrolment, please notify us as soon as your child has one.</small>			

Enrolment Date:		OOSH Start Date:		
Days and Times of Attendance (please tick the relevant boxes):				
DAY	BSC (7am-9am)	ASC (3pm- 6pm)	Both (ASC & BSC)	Vacation Care
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

ENROLMENT FORM

Other children in the family		
2nd Child Name:	D.O.B:	Class:
3rd Child Name:	D.O.B:	Class:
Will you potentially require enrolment of any other child and if so, at what date:		

SECTION 2 - Family Details

PARENT / GUARDIAN 1		
Surname:	Given Names:	
D.O.B: (required for Family Assistance office)	Relationship to Child:	
Home Address*:	Suburb:	Postcode:
*If different from Child's.		
Mobile phone:	Home phone:	
Email:		
Occupation:	Address:	
Work Number:	Work / Study Hours:	
Country of Birth:	Home Language:	
Religion (optional):	Primary Contact: Yes No	

PARENT / GUARDIAN 2		
Surname:	Given Names:	
D.O.B: (required for Family Assistance office)	Relationship to Child:	
Home Address*:	Suburb:	Postcode:
*If different from Child's.		

ENROLMENT FORM

Mobile phone:	Home phone:
Email:	
Occupation:	Address:
Work Number:	Work / Study Hours:
Country of Birth:	Home Language:
Religion (optional):	Primary Contact: Yes No

Please indicate which email address to use for accounts (circle):	Parent / Guardian 1	Parent / Guardian 2
---	---------------------	---------------------

SECTION 3 - Family Status

Please note that these answers are optional and are required when deciding Priority of Access, as determined by the Australian Government. More information can be found at www.education.gov.au/priority-allocating-places.

Marital Status:

Are the parents Separated / Divorced:	Yes	No	Name of Custodial Parent:
Does the non-custodial parent have access to your child?	Yes	No	
If the access of the non-custodial parent is not restricted, do you expect the non-custodial parent to drop off or collect your child on any days?	Yes	No	

Please provide any further relevant detail (on a separate sheet if necessary):

If the parents are separated or divorced, before enrolment can be finalised, papers relating to access arrangements (including any custody/access agreements between the parents and copies of all relevant Court Orders) must be provided.

ENROLMENT FORM

SECTION 4 - Emergency & Other Contacts

Emergency contacts must be contactable when primary parents/guardians cannot be contacted, by phone, and be willing and able to collect your child within 1 hour of contact if necessary. This means they should be persons living, or working, within reasonable access to Squiggler. Unless already known, staff will check current driver license or passport identification. Please email current identification of these contacts to info@squiggler.com.au to keep on file.

Emergency Contact 1

Surname:		Given Names:	
Sex:		Relationship to Child:	
Home Address:		Suburb:	Postcode:
Mobile Phone:		Home Phone:	

Emergency Contact 2

Surname:		Given Names:	
Sex:		Relationship to Child:	
Home Address:		Suburb:	Postcode:
Mobile Phone:		Home Phone:	

Authorising Persons to Collect

Unless already known, staff will check current driver license or passport identification. Please email current identification of these contacts to info@squiggler.com.au to keep on file.

Please write "SAME AS ABOVE" if Emergency Contacts will be collecting your child.

Persons to Collect 1

Surname:		Given Names:	
Sex:		Relationship to Child:	
Home Address:		Suburb:	Postcode:

ENROLMENT FORM

Mobile Phone:	Home Phone:	
Persons to Collect 2		
Surname:	Given Names:	
Sex:	Relationship to Child:	
Home Address:	Suburb:	Postcode:
Mobile Phone:	Home Phone:	
<p>If a person <u>other than those listed above</u> is to collect your child, a parent's written permission must be provided in the form of an email to info@squiggler.com.au with a photo of driver license or passport identification. Persons will be asked to produce a current driver license or passport to identify themselves when collecting children.</p>		

SECTION 5 - Medical Information

The Squiggler Academy has at least one First Aid Officer on duty in each session who is trained in First Aid in a Child Care Setting (includes Anaphylaxis and Asthma).
 Food served at Squiggler is nut and egg free and we do all in our capacity to avoid risk of exposure, however we cannot guarantee an environment completely free of allergens.

Does your child have Anaphylaxis or any Allergies?	Yes	No
<p>If your child has Anaphylaxis or an Allergy you must provide a colour photocopy of an <u>Action Plan</u>, as completed and signed by your doctor. If your child has Anaphylaxis you must provide an <u>EPI/ANA-PEN</u> to be kept with our First Aid at all times, and complete a <u>Permission to Administer Medication</u> form (available from the service). In the case that your child is taken on an excursion, the EPI/ANA PEN will be kept by our nominated First Aid Officer.</p>		
Does your child suffer from Asthma?	Yes	No
<p>If your child has Asthma, you must provide The Centre with a colour photocopy of an <u>Action Plan</u>, as completed and signed by your doctor, or the original and we can take a copy overnight.</p>		

SECTION 5 - Medical Information (continued)

Does your child require regular medication?	Yes	No
<p>Please specify the medication and the reasons for your child requiring this medication:</p>		
<p>If yes, you must complete and return a <u>Permission to Administer Medication</u> form (available from the service).</p>		

ENROLMENT FORM

Does your child have any medical condition(s) that may require additional attention from staff while in attendance, for example: Gastric Reflux, A.D.D., Asperger's Syndrome, Global Developmental Delay, Autism?	Yes	No
Please provide details:		
Does your child receive other regular treatment (e.g. speech therapy)?	Yes	No
Please provide any further detail on Medical Information:		

Is your child Immunised?	Yes	No
From 1 January 2016 your child must be immunised to receive Child Care Assistance. A copy of the ACIR Immunisation Record issued by Medicare must accompany this form.		
Comments:		

Medicare #:	Expiry:
-------------	---------

SECTION 6 - Doctors Details

Doctor:	Phone:	
Name of Practise:		
Address:	Suburb:	Postcode:

Dentist:	Phone:	
Name of Practise:		
Address:	Suburb:	Postcode:

ENROLMENT FORM

SECTION 7 - Medical Permissions (please circle Yes or No)

Medication Permission	I give permission for staff to administer paracetamol to my child if they have a temperature exceeding 38 degrees Celsius. My child has no known allergy to paracetamol. Prior to administering the medication, I am aware that the staff will contact me to confirm the medication being given and ask that my child be collected.	Yes No
Emergency Treatment	In the event of an emergency, illness, or accident concerning my child, and in the case that myself and the emergency contacts are uncontactable, I consent to staff of Squiggler seeking, medical, hospital, or dental attention for my child on my behalf.	Yes No
Sunscreen	I understand Squiggler adheres to Sun Smart Sun Policies and give permission for the staff to supply and supervise self-application of sunscreen.	Yes No

SECTION 8 - Payment

<p>Please confirm how you wish to pay (please tick): Registration fee must be paid by EFT <i>upon confirmation of enrolment</i>. Advance payment of Attendance Fees must be paid by choice below one week prior to commencement of term. Casual Fees must be paid by EFT upon making each Casual booking.</p>	
<input type="checkbox"/>	Direct Debit* - Fortnightly in advance (Completed Direct Debit form to be attached) *RECOMMENDED
<input type="checkbox"/>	EFT - Four weekly in advance (Bank Transfer)
<input type="checkbox"/>	Upfront - Whole Term in advance, by EFT
<p>Please note we do not have the facilities to accept Amex and if using Visa or Mastercard, you must complete and submit the attached Direct Debit form so that it can be processed through our Childcare Management System.</p>	

If paying by Electronic Funds Transfer (EFT) please transfer to the following bank account:

ENROLMENT FORM

SECTION 9 - Enrolment Confirmation

Please tick the boxes below and sign to complete your enrolment form.

<input type="checkbox"/>	All information in this Enrolment Form is correct and all information that may affect my child's care at Squiggler has been included.
<input type="checkbox"/>	I will notify Squiggler in writing at info@squiggler.com.au if any of the above information changes.
<input type="checkbox"/>	I have read and agree to the Squiggler Terms and Conditions that accompany this form and agree to fulfil my obligations regarding fees (including any notified fee increases).
<input type="checkbox"/>	I have received, completed, and signed the Squiggler Direct Debit Form and attach it herewith.
<input type="checkbox"/>	I have received, read, and signed the Squiggler Permission to Ride Bus Form and attach it herewith.
<input type="checkbox"/>	I have received, read, and signed the Squiggler Media Release and Privacy Commitment Form and attach it herewith.
<input type="checkbox"/>	I have attached my child's ACIR Immunisation record.

Parent / Guardian 1 Name:

Signature:

Date:

Parent / Guardian 2 Name:

Signature:

Date:

OFFICE USE ONLY

Administrator Name:

Signature:

Date:

<input type="checkbox"/>	Priority of Access	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Anaphylaxis	<input type="checkbox"/>	Allergy
<input type="checkbox"/>	Bus	<input type="checkbox"/>	Media	<input type="checkbox"/>	Medication	<input type="checkbox"/>	Immunisation



OUT OF SCHOOL HOURS CARE

ACADEMY

Dream Big!

ENROLMENT FORM

	Direct Debit	
--	--------------	--

The Squiggler Academy

PO Box 667 Kensington NSW 1465 E info@squiggler.com.au Ph 1300 SQUIGGLER ABN 68 603 440 713 squiggler.com.au

The Squiggler Academy has a firm commitment to the protection of privacy and complies with the National Privacy principles set out in the Privacy Amendment (Private Sector) Act 2000.