



SCHOOL AGE CARE REGISTRATION FORM

CHILD DETAILS

Surname _____ Christian Names _____ Date of Birth _____

Country of Birth _____ Nationality _____ Male Female

Child Specific CRN _____ Medicare Number _____

Is the student an Australian Citizen? Yes No If no, please attach evidence of visa status.

Aboriginal/Torres Strait Islander Descent? Yes No

Language spoken at home _____ 2nd Language spoken at home? _____

Residential Address _____

Suburb _____ Post Code _____

Postal Address _____

Suburb _____ Post Code _____

Do you have a Health Care Card? Yes No Number & Expiry _____

EMERGENCY CONTACTS, ARRIVAL AND DEPARTURE AUTHORISATIONS

Note: an Authorised Nominee (AN), means a person who has been given permission by a parent or family member to collect the child from the Centre. An Emergency Contact will only be contacted when parents cannot be reached in an emergency.

_____ I give permission for my child to arrive/depart with the following people ticked below as AN (other than parents/legal guardians). Please tick if an Emergency Contact (Emgcy) or Authorised Nominee (AN) or both.

Name of Adult	Relationship to child	Address	Phone Number	Emgcy	AN
	Registered Medical Practitioner or Medical Centre				

OFFICE USE Enrolment registration payment Date received: _____ Initial: _____

PARENT / LEGAL GUARDIAN DETAILS

Biological Mother's Details

Primary Contact Secondary Contact

First Name _____ Title _____

Surname _____

Living with child Yes No Part-Time

Address _____

Suburb _____ Post Code _____

Home ph _____ Silent Yes No

Work ph _____ Mobile _____

Email _____

Occupation _____

Employer _____

Date of Birth _____

Responsible for payment of account? Yes No

Signed _____

Biological Father's Details

Secondary Contact Primary Contact

First Name _____ Title _____

Surname _____

Living with child Yes No Part-Time

Address _____

Suburb _____ Post Code _____

Home ph _____ Silent Yes No

Work ph _____ Mobile _____

Email _____

Occupation _____

Employer _____

Date of Birth _____

Responsible for payment of account? Yes No

Signed _____

Partner / Step / Foster / Legal Guardian's Details
(please circle one)

Primary Contact Yes No

First Name _____ Title _____

Surname _____

Living with child Yes No Part-Time

Address _____

Suburb _____ Post Code _____

Home ph _____ Silent Yes No

Work ph _____ Mobile _____

Email _____

Occupation _____

Employer _____

Date of Birth _____

Responsible for payment of account? Yes No

Signed _____

Partner / Step / Foster / Legal Guardian's Details
(please circle one)

Secondary Contact Yes No

First Name _____ Title _____

Surname _____

Living with child Yes No Part-Time

Address _____

Suburb _____ Post Code _____

Home ph _____ Silent Yes No

Work ph _____ Mobile _____

Email _____

Occupation _____

Employer _____

Date of Birth _____

Responsible for payment of account? Yes No

Signed _____

CCB INFORMATION

Family/Parent CRN _____ Parent/Legal Guardian name registered for CCB _____

Do you have any other children using Long Day Care / Vacation Care / Family Day Care who are registered with Centrelink? Yes No

OTHER CHILDREN IN THE FAMILY

NAME	DATE OF BIRTH	PRESENT CARE / SCHOOL	YEAR LEVEL

SPECIAL CIRCUMSTANCES

Please note any special circumstances we need to be aware of in relation to your child (custody/court orders/parenting orders), dietary requirements or other special circumstances.

(Family Court Orders/Parenting Orders or Domestic Violence Orders that pertain to this child must be provided. For the child's safety, it is essential that the parent advises the Centre in writing immediately if there are changes in this regard.)

Does your child have? (Please tick box where applicable)

Physical needs (hearing, speech, mobility)?

Medical Conditions (asthma, epilepsy, headaches, allergies, food intolerance, anaphylactic?)
(If ticked, please state condition) _____

Prescribed medication on a regular basis?

Learning or developmental difficulties (dyslexia, learning support)?

Hobbies, special interests? _____

Should you tick any of the following boxes above, we will request additional information from you. This information will be required before your application for enrolment can proceed.

CULTURAL, RELIGIOUS, SPECIAL SKILLS

Does your family have any cultural or religious requirements we need to be aware of?

Does anyone in your family have any special skills or talents that could be shared with us?

CHILD'S INTERESTS

CHURCH DETAILS

Is your family involved in a Christian Church? Yes No
(If yes how often do you attend?) Regularly Occasionally Seldom
Church name _____ Denomination _____

MEDICAL PERMISSION

(Please tick where agreeable)

I DO give permission for my child to be administered children's Panadol (or equivalent), if my child has a fever and is unable to be collected from School Age Care. I understand that every effort will be made by staff to contact parents/guardians prior to the child receiving the Panadol.

I DO give permission for my child to have sunscreen applied to them when School Age Care is outdoors. Every effort will be made to ensure that the sunscreen is rated 30+ sunscreen for sensitive skin.

I DO give permission for my child to have insect repellent applied to them when deemed necessary.

I DO give permission for First Aid to be administered to my child by SAC/Holiday Club staff.

(In the event of any medical or other emergency arising in which SAC/Holiday Club considers it impossible or impracticable to communicate with the undersigned parent/guardian, the School Age Care will take all reasonable care of my child but will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event, nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child including attention provided at the Centre.)

I HAVE RECEIVED a copy of the 'Medical Conditions Policy' on the Parent Information Annexure.

PHOTOGRAPH & EXCURSION PERMISSION

(Please tick to indicate your permission)

I give permission for my child to be photographed and I consent to my child being identified (photographed and/or first name) in College related publications, including the College Yearbook, newsletters, records of achievement.

I give permission to my child being observed by staff for the purposes of assessment and maintaining developmental records. I understand that sometimes students on work experience and volunteers working in the Centre may also be part of this process.

I give permission for my child's photo only to be used in articles on the NCC and NCC early learners Facebook page.

From time to time, information pertaining to my child's enrolment, ongoing development and education will be shared with other College staff. I will notify the Director in writing if I do not wish this to occur.

I give permission for my child to participate in activities in other parts of that campus during School Age Care.

I give permission for a Nambour Christian College staff member to take my child between the NCC College Campus, the bus and NCC early learners during School Age Care (Before, After and Holiday Club).

BEHAVIOUR MANAGEMENT

- As a parent enrolling my child into the Program, I support the behaviour management strategies implemented by the Staff, a copy of which is available on request or the College web site.
- I accept responsibility for the payment of costs incurred through wilful damage by my child, to school property or items of personal property used for the Program. Should these costs be incurred, a separate invoice, including the \$20 admin fee, will be forwarded by post.
- I give permission for the Centre to liaise with Nambour Christian College staff (i.e. classroom and specialist teachers, pastoral care, bus staff, heads of school, coordinator etc) regarding my child and his/her needs.

AFTER SCHOOL CARE BOOKINGS

THE SESSION TIMES COMMENCE AT 2.45PM UNTIL CLOSE OF SERVICE AT 6.30PM.

Student Name	Mon	Tue	Wed	Thu	Fri	Before School	After School	Term
								1 <input type="checkbox"/>
								2 <input type="checkbox"/>
								3 <input type="checkbox"/>
								4 <input type="checkbox"/>

HOLIDAY CLUB BOOKINGS

THE SESSION HOURS ARE 6.30AM TO 6.30PM, CLOSED ON PUBLIC HOLIDAYS.

Student Name:							
	January holidays	Mon	Tue	Wed	Thu	Fri	
	WEEK ONE						
	WEEK TWO						
	WEEK THREE						
	April holidays	Mon	Tue	Wed	Thu	Fri	
	WEEK ONE						
	WEEK TWO						
	WEEK THREE						
	June / July holidays	Mon	Tue	Wed	Thu	Fri	
	WEEK ONE						
	WEEK TWO						
	WEEK THREE						
	September holidays	Mon	Tue	Wed	Thu	Fri	
	WEEK ONE						
	WEEK TWO						
	WEEK THREE						
	December holidays	Mon	Tue	Wed	Thu	Fri	
	WEEK ONE						
	WEEK TWO						
	WEEK THREE						
	WEEK FOUR						
	Junior School Staggered Start	Mon	Tue	Wed	Thu	Fri	
	TERM ONE WEEK ONE						

PARENT / LEGAL GUARDIAN INFORMATION

EXCURSION PERMISSION

NCC early learners School Age Care program will be regularly visiting other areas on campus to participate in a program of activities which will enhance their fitness and well-being and provide opportunities to stretch, run, balance, bat, bowl, catch and generally participate in team games as well as climb on the playground equipment. We plan to give children the opportunity to go to the oval every day when the weather is favourable.

Other areas on campus the children may visit include the shaded playground or coloured mat areas, the Farm, the Gym, the Lecture Theatre or the Library. Depending on numbers and preferences, some children may choose to stay in the SAC room to complete other activities with a staff member. A notice will be displayed by the sign out book detailing where the children are.

Usually the children will go out at approximately 3.45pm and return by 4.30pm. If parents arrive to collect a child during this time, the group can be contacted by phone so the child/ren can return to the SAC room.

IMMUNISATION DETAILS

Some medical conditions require the exclusion of children from school / School Age Care to prevent the spread of infectious diseases amongst staff and children. Children who are not immunised, or have not provided immunisation details, will be ineligible to attend SAC on days when certain contagious conditions have been present in the Centre. The exclusion periods are determined by the Health Department. For this reason, please attach a copy of your child's immunisation records.

FEE STRUCTURE

School Age Care operates from 2.45pm - 6.30pm each day school is on. Holiday Club operates from 6.30am - 6.30pm in NCC term holidays.

Children must be registered with SAC and have provided the necessary documents including a copy of their birth certificate, immunisation records and health care card (if applicable) prior to their first day of attendance. Regular bookings are welcomed.

Any cancellations for Holiday Club will still incur the booked fee. Late fees are incurred after 6.00pm - \$20 for first 5 minutes, \$1 for each minute thereafter. Fees and charges are also associated with wilful damage to property.

Current Fee Schedules are available with a full fee listing.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

FINAL CHECKLIST

Parents please check that you have included:

- Copies of any specialist reports (if applicable)
- Copies of family court / domestic violence orders (if applicable)
- Copy of immunisation records
- Birth certificate
- Copy of health care card

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