

## Part 1. Your Child's Details

Seasonal

Child's full name:

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Sex m \_\_\_ / f \_\_\_ Immunised Yes \_\_\_ No \_\_\_

Medicare number: \_\_\_\_\_ *Please attach proof of immunisation\**

Child's Customer Reference Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home Address \_\_\_\_\_ Post code \_\_\_\_\_

Information about child's parents or guardian:

Parent/Guardian	Parent/Guardian																																								
CRN: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					CRN: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Date of Birth ___ / ___ / ___	Date of Birth ___ / ___ / ___																																								
Address:	Address:																																								
Home Phone:	Home Phone:																																								
Work Phone:	Work Phone:																																								
Mobile Phone:	Mobile Phone:																																								
Email:	Email:																																								
Country of Birth	Country of Birth:																																								

Languages Spoken in the home \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Island Origin? (please tick)

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal or Torres Strait Islander

*\*provide the details by: Attaching a copy of the Immunisation Record from the Child Health Record book, or attaching a copy of the Immunisation Record print out which can be obtained from the Australian Childhood Immunisation Register (1800 653 809) or any Medicare Office.*

Part 2. Booking Details & Payment

Booking Date	Session	Session fee
	Half day session - AM	\$80
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
<b>TOTAL CHILD CARE FEES*</b>		<b>\$80</b>

*\* If CCB and CCR are being claimed amount shown is an estimate at the time of the booking request. This amount will only change if there has been a change in your claim with the Family*

Assistance Office.

Payment Authorisation is required at the time of booking your child care.

Credit Card Type:                    MasterCard / VISA

Card Number:                        

Name on card: .....

Expiry Date:          2     0                         CCV:   

I authorise Falls Creek Resort Management to debit the above amount from the above credit card.

Cardholder Signature: .....

Date ...../...../ 2017

### Part 3. Medical and Health Information

Name of Doctor/Medical Service \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies, medical conditions (including but not limited to epilepsy, diabetes, anaphylaxis, asthma, etc, which are relevant to the centre? If yes, please attach a copy of the management plan.

\_\_\_\_\_

Does your child have any dietary requirements?

\_\_\_\_\_

If you do not list a Doctor and/or Dentist the staff may contact one on your behalf. Falls Creek Childcare staff may contact the nearest Doctor or Dentist if unable to contact those listed or if deemed more suitable.

## Part 4. Emergency Contact / Collecting Child from the Centre

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Your consent is also required for other people to collect your child from the children's service on your behalf. Please list details of those people who can collect your child in the table. In the event that your child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange for someone to collect your child.

Name:		Name:	
Relationship to child:		Relationship to child:	
Address:		Address:	
Suburb:	State:	Suburb:	State:
Phone:		Phone:	
Mobile		Mobile	
Emergency Contact (please tick )	Authorised to collect (please tick )	Emergency Contact (please tick )	Authorised to collect (please tick )

## Part 5. Access arrangements

Are there any special access / custody arrangements that affect your child? Yes  No

If yes, please attach and provide details (custody documents / court orders must be provided to be enforced).

## Part 6. Child and family information

Please provide details of any additional needs your child may have.

What are your expectations of your child's behaviour and how would you like us to support them?  
How do you deal with your child's behaviours? What words and actions are used?

What is your child's daily routine?

Sleep requirements

How much do they eat?

Do you have any cultural beliefs or celebrations you would like us to incorporate into the learning program?

Any further information?

## Part 7. Cancellation Fee

In the event that I cancel this booking, a refund of child care fees will be processed less a cancellation administration fee as follows:

Cancellation –period prior to the booking date	Cancellation administration fee
More than seven days	0% of total child care fees per this booking
More than forty eight hours	30% of total child care fees per this booking
Less than forty eight hours	100% of total child care fees per this booking

## Part 8. Declaration and Consent

The policies and procedures will be updated by staff with parent and early childhood educators input.

<b>Consent</b>	<b>Yes</b>	<b>No</b>
Sunscreen needs to be applied to your child before arrival. Do you consent to us reapplying sunscreen throughout the day?		
On some occasions we may take group photos of learning experiences. Do you consent to us sharing these with the families of other children attending the centre?		
Sometimes nappy rash can become worse in a short period of time if left untreated. Do you consent to nappy rash cream being applied to your child if this occurs?		
It is important to identify an outbreak of head lice by examining children’s hair regularly. Do you consent to your child’s hair being checked for head lice?		
We encourage families to provide healthy meals for children in the centre. Do you consent to your child being offered cow’s milk at meal times?		
The service may conduct routine excursions to places located within the Falls Creek village. Locations may include the Slalom Plaza lawn area, the CFA Building or the Village Bowl. The excursions improve our connections to our local community and provide many wonderful teaching opportunities, including literacy and numeracy experiences. We will get there by walking and there is no cost for routine excursions. The minimum anticipated ratio of educators attending the excursions to children attending the excursion is 1:4. The anticipated number of children attending the excursion will vary, as will the anticipated number of staff and other adults attending the excursion (minimum ratios will always be met). A risk management plan has been prepared and is available at the service. Please complete attached excursion form for routine excursions. Do you consent to your child participating in routine excursions?		

## Declaration and Consents (continued)

### **DECLARATION AND CONSENT TO FOLLOW POLICIES, PROCEDURES AND TO EMERGENCY MEDICAL TREATMENT**

I consent to staff at Falls Creek Childcare seeking medical advice from appropriate services or, where appropriate, administering, such emergency medical treatment as is reasonably necessary.

In the event of an emergency, illness or accident concerning my child and the centre being unable to contact me or another person authorised by me, I consent to the service seeking on my behalf medical, dental, hospital and ambulance attention for my child and I accept liability for medical, dental, hospital and ambulance expenses where incurred. If the doctor listed on the enrolment form or the nearest doctor available considers immediate medication, anaesthetic or surgery he/she has my permission to administer whatever procedure is deemed necessary.

In the event of a medical emergency, which is deemed life threatening, an ambulance will be contacted as the first priority by service staff prior to contacting you. We recommend that all children attending Falls Creek Childcare should have ambulance cover.

I consent that In the event of my child becoming unwell as identified by a staff member at Falls Creek Child Care, I will collect or make arrangements for the collection of my child from the service.

Parent / guardian name: .....

Parent / guardian Signature: ..... Date ...../...../ 2017

### **Privacy Notification**

Falls Creek Child Care is operated by the Falls Creek Alpine Resort Management Board. The personal and health information requested on this form is being collected by Falls Creek Child Care (the Centre) for the provision of Child Care Services. This information will be used solely by the Centre, for that primary purpose or directly related purposes. The Centre may disclose this information to other parties where required under relevant legislation. If this information is not collected then this may impact on the accuracy of professional advice given to you by the allied health professional and could affect service provision. The applicant understands that the personal and health information provided is for the provision of the Childcare and that he or she may apply to the Centre for access to and/or amendment of the information. Requests for access and or correction should be made to Falls Creek Alpine Resort Management Board's Privacy Officer.