



**PCYC QUEENSLAND:
SCHOOL AGE CARE ENROLMENT FORM**

Please complete this form if you wish to enrol your child (ren) into our School Age Care program. Please ensure all information is correct and where appropriate, corresponds exactly with information held by Centrelink. Missing information and/or unrecognised information will result in you receiving no fee assistance through the Government's Child Care Benefit scheme. Please question any point you are unclear about with the service's coordinator.

Key Enrolment Information – Extra Child

First Name:
 Middle Name:
 Last Name:
 Child CRN:

(Example 322 323 611A (CRN = Customer Reference Number) – (You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child CRN is provided.)
 Child's D.O.B / / dd/mm/yy Priority of Access

(You will be charged FULL FEE (No Government CCB assistance) if NO or UNRECOGNISED child D.O.B is provided. Please refer to your paper work from Centrelink for your priority of access number, alternatively contact Centrelink

PCYC Membership # To be enrolled all children must be PCYC members

Gender: Female Male

Indigenous Status NOT Aboriginal **OR** Torres Strait Islander
 Aboriginal **AND** Torres Strait Islander
 Aboriginal **NOT** Torres Strait Islander
 Torres Strait Islander **NOT** Aboriginal

Religious/Cultural Requirements Does your child have any religious/cultural requirements?

If your child does have a cultural/religious requirement please provide passport size photo of your child

Photos -yes I authorize my child's photograph to be taken and used at the service, understanding I will be informed if it will be used for media purposes.

Swimming Ability Can't Swim Good Swimmer
 Poor Swimmer Excellent Swimmer

Dietary Requirements Does your child have any special dietary requirements? Provide information below

If your child does have special dietary requirements please provide a passport size photo of your child.

Supplementary Enrolment Information

School Start Date / / (Approximate Date is sufficient)

School Attends:

City/Town of Birth:

Nationality:

Language spoken at home

Parenting Orders

Parenting Orders, previously know as Court Orders (Prior to Family Law Ac 1996) can include Parenting Plans, Parental Responsibility, Plans, Residence Orders and Contact Orders.

If you are separated / divorced, who has legal custody of your child?

Parent 1 :Name

Parent 2 :Name

Both

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

Yes (complete below) No

Parent 1 Access Arrangements

Full Time Arrangement Details:

Limited

Parent 2 Access Arrangements

Full Time Arrangement Details:

Limited

Health Details

Immunisation Status

Please mark this box if your child's immunisation status is up to date
 If your child's immunisation status is not up to date your eligibility to receive Government fee assistance through CCB may be affected

Allergies - If necessary continue on separate paper & provide a written treatment plan if one is available.

Does your child suffer from any allergies?

If yes please provide passport size photo of child
 No Yes (Specify below)

To assist us look after your child should they have an allergic reaction whilst in our care please list the allergies your child has, the symptoms of the reaction and how you would like us to treat the reaction.

Allergy 1.

Allergy Description:

Allergy Treatment:
 Complete a medication form if you require staff to administer medication on your behalf

Allergy 2.

Allergy Description:

Allergy Treatment:
 Complete a medication form if you require staff to administer medication on your behalf

Asthma

Does your child suffer from Asthma?

If Yes, please provide child passport size photo
 No Yes (Specify below)

To assist us to look after your child should they have an Asthma attack whilst in our care please list the symptoms and how you would like us to treat the reaction. Please also provide details of any Asthma medication taken.

Symptoms:

Treatment:

Medication Taken:
 You must complete a medication form if you require staff to administer medication on your behalf.

Other Medical Conditions

Does your child suffer from any of the following medical conditions?

If yes please provide a passport size photo
 A D D A D H D Aspergers Syndrome
 Autism Epilepsy Learning Difficulty
 Phobias Physical Disability Intellectual Disability
 Heart Problems Sensory Impairment Behaviour Disorder

Other:

If you have indicated your child has a medical condition, please describe the condition and how you would like us to treat the condition.

Condition 1.

Description:

Treatment: You must complete a medication form if you require staff to administer medication on your behalf

Condition 2.

Description:

Treatment: You must complete a medication form if you require staff to administer medication on your behalf

Programs

Please tick which School Age Care program you would like to enrol your child into, remembering not all programs may be available at this service

BSC ASC VAC Teen Program

Booking Details

Please indicate which days you require care. See coordinator for Vacation Care booking details.

Before School Care

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After School Care

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care to start on: / /

Additional Booking Information: