

**St Hilda's Anglican School for Girls Extend-ED Program 2020**

**Child/Children Details**

**Child 1**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Centrelink Reference Number (Only required if claiming Child Care Subsidy):  
\_\_\_\_\_

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

Gender: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Cultural or Religious Requirements: \_\_\_\_\_

**Child 2**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Centrelink Reference Number (Only required if claiming Child Care Subsidy):  
\_\_\_\_\_

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

Gender: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Cultural or Religious Requirements: \_\_\_\_\_

**Child 3**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Centrelink Reference Number (Only required if claiming Child Care Subsidy):  
\_\_\_\_\_

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

Gender: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Cultural or Religious Requirements: \_\_\_\_\_

**Child 4**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Centrelink Reference Number (Only required if claiming Child Care Subsidy):  
\_\_\_\_\_

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

Gender: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Cultural or Religious Requirements: \_\_\_\_\_

**Parent/Guardian Details**

**Parent 1**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Centrelink Reference Number (Only required if claiming Child Care Subsidy):

\_\_\_\_\_

Is this parent paying the account? \_\_\_\_\_

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

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Work: \_\_\_\_\_

Authorised to pick up child from Extend-ED Yes/No (please circle)

**Parent 2**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Centrelink Reference Number (Only required if claiming Child Care Subsidy):

\_\_\_\_\_

Is this parent paying the account? \_\_\_\_\_

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

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Work: \_\_\_\_\_

Authorised to pick up child from Extend-ED Yes/No (please circle)

**Custody of Child/Children**

Have any court orders been made by a court regarding your child?  
*If yes please provide a photocopy of these orders for Extend-ED.*

Yes/No

**Emergency Contact 1**

**When the parent cannot be contacted and notified**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Emergency Contact 2**

**When the parent cannot be contacted and notified**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Authorised Persons to Collect Child/Children from Extend-ED**

**Authorised Persons 1**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Authorised Persons 2**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Authorised Persons 3**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Authorised Persons to Consent to Medical Treatment, the Administration of Medication and to authorise an educator to take the child outside the education centre**

**Authorised Persons 1**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Authorised Persons 2**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Authorised Persons 3**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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**Child/Children Health Details**

**Child 1**

Child's Registered Medical Practitioner

Doctor's Name: \_\_\_\_\_

Name and Address of the Medical Centre: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Position on Medicare Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Immunisation Status**

Is the child's immunisation up to date? Yes/No

Please provide a copy

Does your child/Children require regular medication Yes/No

**If yes, please give details.**

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Does your child/Children have known allergies? Yes/No

**If yes, please provide current action plan to be taken in the event of an allergic reaction.**

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Does your child/Children have any special dietary requirements?

Yes/No **If yes, please provide details.**

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Does your child/Children suffer from asthma? Yes/No

**If yes, please provide details of medication required and fill out an asthma plan for the Centre.**

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**Child 2**

Child's Registered Medical Practitioner

Doctor's Name: \_\_\_\_\_

Name and Address of the Medical Centre: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Position on Medicare Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Immunisation Status**

Is the child's immunisation up to date? Yes/No

Please provide a copy

Does your child/Children require regular medication Yes/No

**If yes, please give details.**

\_\_\_\_\_

Does your child/Children have known allergies? Yes/No

**If yes, please provide current action plan to be taken in the event of an allergic reaction.**

\_\_\_\_\_

Does your child/Children have any special dietary requirements?

Yes/No **If yes, please provide details.**

\_\_\_\_\_

Does your child/Children suffer from asthma? Yes/No

**If yes, please provide details of medication required and fill out an asthma plan for the Centre.**

\_\_\_\_\_

**Child 3**

Child's Registered Medical Practitioner

Doctor's Name: \_\_\_\_\_

Name and Address of the Medical Centre: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Position on Medicare Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Immunisation Status**

Is the child's immunisation up to date? Yes/No

Please provide a copy

Does your child/Children require regular medication Yes/No

**If yes, please give details.**

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Does your child/Children have known allergies? Yes/No

**If yes, please provide current action plan to be taken in the event of an allergic reaction.**

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Does your child/Children have any special dietary requirements?

Yes/No **If yes, please provide details.**

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Does your child/Children suffer from asthma? Yes/No

**If yes, please provide details of medication required and fill out an asthma plan for the Centre.**

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**Child 4**

Child's Registered Medical Practitioner

Doctor's Name: \_\_\_\_\_

Name and Address of the Medical Centre: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Position on Medicare Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Immunisation Status**

Is the child's immunisation up to date? Yes/No

Please provide a copy

Does your child/Children require regular medication Yes/No

**If yes, please give details.**

\_\_\_\_\_

Does your child/Children have known allergies? Yes/No

**If yes, please provide current action plan to be taken in the event of an allergic reaction.**

\_\_\_\_\_

Does your child/Children have any special dietary requirements?

Yes/No **If yes, please provide details.**

\_\_\_\_\_

Does your child/Children suffer from asthma? Yes/No

**If yes, please provide details of medication required and fill out an asthma plan for the Centre.**

\_\_\_\_\_

**Written Arrangements**

**Only Complete this section if claiming Child Care Subsidy**

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation		Arrangement with an organisation is liable for the fees for the care of the child

This Written Arrangement between (Parent Name)\_\_\_\_\_



and St Hilda's Anglican. School for Girls is an ongoing agreement between St Hilda's Anglican School for Girls and the Parent/Guardian, to provide care in return for fees.

Arrangement Type:	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	St Hilda's Anglican School for Girls				
Service ID:	SE-00013121				
Family Day Care Educator:	TBA depending on days of care				
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent CRN (parent paying account)					
Date the arrangement was entered:					
Full Name of Child attending care:	AS Above				
Child's Date of Birth:	As Above				
Child CRN:	As Above				
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
7.00am –Class Start Time:					
Conclusion of Class – 6pm:					
7am-6pm Holiday Time					
Care Arrangement:	Routine Care Casual Care				
Fees to be charged to the individual for the sessions of care provided	Name of Individual				

## **AUTHORISATION**

### **PERMISSION FOR STAFF TO ACT IN CASE OF AN EMERGENCY OR ACCIDENT**

Please tick box to confirm you have read each point:

- Although every care will be taken of your child while at Extend-ED, the staff can in no way be held responsible for any accident which may occur. In the event of an accident, or illness requiring emergency medical treatment, every effort will be made to contact the parents before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for the treatment to be undertaken. All medical and transport expenses will be the responsibility of the parent/guardian should they be necessary. Parents are asked to complete and sign the following:

I \_\_\_\_\_ authorise the staff of St. Hilda's Extend-ED to seek emergency medical treatment or transport for my child/Children \_\_\_\_\_ should this be considered necessary.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

### **CONDITIONS OF ENROLMENT**

Please tick box to confirm you have read each point:

- A staff member must be notified of the arrival and departure of children at the Extend-ED. All children are to be signed in and out by an authorised person. I understand that my child will only be allowed to leave the centre with an authorised person over the age of 16.
- All children must be collected from Extend ED by 6pm. A late fee will apply if children are collected after 6pm.
- Any child suffering from an illness which may in any way be transferred to other children or staff shall not be accepted into Extend-ED. Once such illness is diagnosed the parent/guardian shall be contacted and requested to resume responsibility for that child. Exclusion periods are determined by The Department of Health booklet Communicable Disease-Guidelines for Teachers, Local Authorities and Child Care Centre's. The child/children will be accepted back into the centre upon provision of a clearance certificate from a medical practitioner. *Parents/Guardians are expected to inform staff if their child/children has been diagnosed with a communicable disease.*
- Any changes of my child's enrolment form must be made known and recorded with the Early Learning Coordinator at the time of the change.

I understand that I or other person named in my child/children's record will be required to authorise the taking of my child/children outside the education centre for each outing within the 12 month period.

I agree to inform the Service in writing immediately of any changes to the above information.

I agree to keep my fees paid up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.

If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.

I agree to pay a late fee of or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.

I have provided accurate and up to date information on the Written Arrangement

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO ABIDE BY THEM**

**NAME:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_