

Jindalee SS P&C Association trading as

Jindalee School Age Care Program

114 Burrendah Road, Jindalee QLD 4074 www.jindaleess.eq.edu.au/wcmss
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2009 Enrolment Form

Child/children's name	D.O.B.	Class	Gender	C.R.N. (from FAO)
			M / F	
			M / F	
			M / F	

Number of children in care elsewhere: _____

Only required if changes to previous enrolment form.	Please provide:	1 st Parent/Guardian	2 nd Parent/Guardian
	Name		
	D.O.B.		
	C.R.N. (from FAO)		
	Relation to child/children		
	Responsible for account?		
	Address		
		P/C:	P/C:
	Mobile		
	Home Phone		
	Work Phone		
	Workplace		
	Email		

Child/children reside with Mother / Father / Both / Other. If other, please provide child's/children's place of residence: _____

Emergency Contacts (other than above)	Relationship to child	Phone Number/s & Address of Contact	Authorised to collect
			Yes / No
			Yes / No

Enrolment (please indicate sessions required with a tick): Start date: _____

Session / Days	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Medical History and Information:

Is your child or children's immunisation program up-to-date? Yes / No

If not, please give details: _____

Details of allergies, special needs or serious illness (e.g. Asthma, Autism, ADD): _____

Regular medication used by child/children (e.g. Ritalin): _____

(A permission form must be completed for administration of medication by staff.)

Doctor's name, address and phone number: _____

_____ Phone: _____

Medicare Number: _____

Dentist's name, address and phone number: _____

_____ Phone: _____

Custodial issues (provide orders)/people not permitted to collect child/children for particular reasons:

Country of Birth: _____ Primary language spoken at home: _____

Any other pertinent information relating to the care of your child/children (e.g. cultural or religious):

Do you give permission for your child/children to have their photo taken/be video recorded for the following uses:

Internal use: Yes / No External Media Use: Yes / No

Parent / Guardian Declaration

I have read, understood and agree to abide by and support the Operating Guidelines of the Jindalee School Age Care Program. I agree to pay for my booked care weekly (whether or not my child is in attendance) and understand that my child's place may be forfeited if fees are not paid. I understand that the failure of my child to follow the rules of the Program may result in the exclusion from the Program. I agree that in an emergency, medical assistance deemed necessary in the opinion of the Program Supervisor should be sought for my child, and I will be liable for any costs incurred.

Signature: _____ Date: _____

Parent / Guardian Name: _____

Note: For a copy of the Policies and Procedures manual, please ask the Co-ordinator.