

Custody Orders

Is there a court determined parenting order or parenting plan in place for your child/ren? YES NO

If 'yes', you must supply a copy to this service.

Please note: It is a parents or guardians responsibility to ensure that these documents are updated in writing at all times.

Is there any other information about the child's/children's living arrangements that we need to know? (please supply details)

.....
NON CUSTODIAL PARENTS WILL NOT BE GIVEN ACCESS TO CHILDREN UNDER ANY CIRCUMSTANCES.

Authorisation of the use of photos and observations

I give permission for ROOS Care staff to observe and take photographs of my child/ren for use within the ROOS Care program.

Children's names: 1..... 2..... 3.....

Name: Signature:

All of the observations and photographs are treated as confidential documents and are kept under the confidentiality agreement signed by staff. Observations are available for parents/guardians of the child/ren to read at their leisure. The photos taken of your child/ren will only be used for service use and as an observation tool.

Public Acknowledgement

I, the person whose name and address appears below, being the parent and/or guardian of the child/ren whose name/s and address/es appear below, hereby acknowledge and agree that Fraser Coast Anglican College may use for publicity purposes, photographs of my child. Photographs that may be taken by or on behalf of Fraser Coast Anglican College at ROOS may be used by or on behalf of Fraser Coast Anglican College at any time in the future on advertising, promotional material, website or corporate publications, in markets not exclusive to the Fraser Coast.

Name: Signature:

Enrolment agreement and permissions

I give permission for my child/ren to visit the school nurse for medical related advice and treatment with the assistance of a service staff member.	YES / NO
I agree that in case of fire or any other disaster at ROOS Care, for my child/ren to be taken off the premises for safety.	YES / NO
For my child/ren to take part in planned excursions using the College facilities and grounds. (e.g. computer rooms, library, ball courts, chapel, classrooms and ovals, College bushlands).	YES / NO
I give permission for my child/ren to be escorted by a ROOS Care Educator to / from any organised school sporting activity on the College grounds	YES / NO
I agree to give 24hrs notice to ROOS Care if my child is to attend or will be absent from care and realise that failure to do so will result in charges being made for hours booked.	YES / NO
I give my permission for ROOS Care staff to apply sunscreen SPF30+ and/or insect repellent to my child/ren's skin if the need arises.	YES / NO
I agree to pay all fees within seven (7) days of the fortnightly emailed statement date.	YES / NO
If I wish to claim under the Child Care Rebate System, I understand it is my responsibility to register with the Family Assistance Office and to provide my details to this service.	YES / NO

Name: Signature: Date:/...../.....

IMPORTANT INFORMATION: Late Collection Fee's apply if your child is collected after 6.00pm.

It is the Parents/Guardians responsibility to notify ROOS care of any changes required to the Enrolment Form. Please obtain a "update to enrolment details" form from ROOS Care when changes are to be made.

Office Use Only:

Immunisation Record: Health Record/Plans:

Sighted by:.....Position:.....Date:.....



FRASER COAST
 ANGLICAN COLLEGE

Before School Care: 1-KFZZVP
 After School Care: 1-6N0-39
 Vacation Care: 1-6N9-39



ROOS CARE ENROLMENT FORM

Child/ren's Details

	Child 1	Child 2	Child 3
Child's surname:			
First name:			
Address:			
Date of Birth:			
School and Class			
Male/Female			
Nationality/cultural background			
Primary Language			

Expression of Interest

- After School Care
- Before School Care please email ROOS@fcac.qld.edu.au for all booking requests *(this is not a booking form)*
- Casual and / or Vacation Care

Primary Contact Details

Contact Details	Parent 1	Parent 2	Guardian or Carer
Name:			
Address:			
Home Phone:			
Date of Birth:			
Occupation:			
Place of Work:			
Work Phone:			
Mobile Phone:			
Email:			
Relationship to the child/ren:			
Name of Account Holder for billing purposes:			

Child Care Subsidy Information

IMPORTANT: The following information is required upon submitting this application if you intend to claim CCS (Child Care Subsidy).

Child 1 -Name: CCS:% Child CRN: Child DOB:/...../.....

Child 2 -Name: CCS:% Child CRN: Child DOB:/...../.....

Child 3 - Name: CCS:% Child CRN: Child DOB:/...../.....

Do you have other children attending another centre for care? YES NO

Parent Name (registered for CCS): Parent CRN: Parent DOB:/...../.....

Authorisation for the collection of child / Emergency contacts

In accordance with the State law, we must have, on file, the name and telephone numbers of the individuals permitted to drop off and collect your child from this service. If someone arrives to collect your child, and we have not been notified and their name is not on the list below, we CANNOT allow your child to leave the service with them. No child will be released into the care of a person under the age of eighteen (18) years. Any changes to the list below must be done personally by completing an Update to Enrolment form. Non-custodial parents will not be given access to a child under any circumstances.

While all efforts are taken to prevent illness or injury to your child we reserve the right to provide emergency medical attention for your child if deemed necessary by Service Educators. In the event of an emergency, every effort will be made to contact parents / guardians and emergency contacts. If we are unable to do this, Educators at the Centre will contact Queensland Ambulance for transport and authorise treatment as deemed necessary by medical staff. The parent will notify the Centre in writing of any restrictions regarding medical treatment for their child.

I authorise the Educators of the Service to provide emergency medical treatment and attention to my child as listed on the front of this application, should this be considered necessary and agree to meet all costs incurred by the treatment and / or transport.

Signed: Date:

Emergency Contacts / Authorised Collectors of Your Child

These contacts will be called to collect the child in case of an emergency if the Service Educators are unable to contact the parents. By placing names on this list, you understand that you are giving permission to the service to release your child into the care of these people.

I give permission for the persons listed below to drop off and collect my child listed on this application. The medical consent contacts will be authorised to consent to the medical treatment of, or to authorise administration of medication to my child/children. I further agree to keep the Service updated in writing on any changes to these contacts. I understand that in keeping with the Education and Care Services National Regulations 2011, my child will not be released into the care of any person not listed on this form as a parent, emergency contact or authorised collector. I understand that non-custodial parents (as determined by a current court order held by the service) will not be given access to the child.

Can authorise educator to take child outside service	Emergency Contact	Authorised Collector	Authorise Medical Consent	Name	Relationship	Day time Phone:	Mobile:
Yes/No	Yes / No	Yes / No	Yes / No				
Yes/No	Yes / No	Yes / No	Yes / No				
Yes/No	Yes / No	Yes / No	Yes / No				

Please note that unfamiliar authorised collectors and emergency contacts of the child will be required to present photographic ID such as Driver's Licence, 18+card, Seniors Card or Passport before being granted access to the child.

I authorise the Approved Provider, Nominated Supervisor, Director or Educator at ROOS Care to seek: (1) medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and (2) transportation of my child by an ambulance service.

Signed: Date:/...../.....

General Information

Child's name:	1.	2.	3.
Does your child have any cultural or religious requirements?			
Does your child have any specific interests you could mention?			
Does your family have any interests, talents or cultural practices that you could share with our service			
Doctor's name: Telephone number: Address:			
Does your child have allergies or special dietary needs?	YES / NO Details:..... Symptoms: Management:.....	YES / NO Details:..... Symptoms: Management:.....	YES / NO Details:..... Symptoms: Management:.....
Has your child ever been diagnosed as being at risk of anaphylaxis?	Details:.....	Details:.....	Details:.....
Does your child have any disabilities or special needs?	YES / NO Details:	YES / NO Details:	YES / NO Details:
Does your child require staff to administer medication on a regular basis? If required, please provide a doctor's letter. All medication must be provided in the original packaging with doctor's instruction. Eg: Child's name, dosage, times etc.	YES / NO Name of medication: Please see co-ordinator if any medication is required.	YES / NO Name of medication: Please see co-ordinator if any medication is required.	YES / NO Name of medication: Please see co-ordinator if any medication is required.
Please provide your Family Medicare Card Number:	Child prefix number on card:	Child prefix number on card:	Child prefix number on card:
Has your child been immunised?	YES / NO Any Comments:	YES / NO Any Comments:	YES / NO Any Comments:

****A COPY OF EACH CHILD'S IMMUNISATION STATUS MUST BE PROVIDED WITH THIS FORM****



I have attached a copy of each child's immunisation status.