



Welcome to 'SHAC (School, Holidays And Childcare).'

Please take the time to complete all sections of this enrolment form. All questions need to be completed. If the answer to any question is no or does not apply to your child / family, please indicate this. If you have any questions in relation to this form or the running of the program, please contact the Coordinator of your program. Their name and contact telephone number is located below.

Fees are as follows: Before School Care → \$10; After School Care → \$12.50; Curriculum Day Incursion → \$35; Curriculum Day Excursion → \$45 Late Fees → \$30 per 15 minutes. Please note all fees (except late fees) are eligible for Centrelink rebate. To apply or update your Centrelink information, call 13 61 50 and quote the below reference number.

Before Care: 6.30am-9am
After Care: 3.30pm-6.30pm

May you and your child(ren) enjoy 2008 with SHAC.

Centre: Wooranna Park Primary School Contact number: TBA

Reference Numbers: Before Care: 555 014 281 J / After Care: 555 014 282 C

For enquires call: Head Office on 9896 7942 or Western Regional Office on 9361 5374
(until 21st of December 2007)

| | | | | |
|---------------------|-----------------------------|----------------|-----------------------|-----------------------|
| Family Name: | | | | |
| | Child's Given Names: | Gender: | Date Of Birth: | Grade In 2008: |
| Child 1: | | | | |
| Child 2: | | | | |
| Child 3: | | | | |
| Address: | | | | |
| | Postcode: | | | |

Mother's Details:

Title: _____ First Name: _____ Surname: _____

Mobile: _____ E-mail: _____

Home Phone Number: _____ Work Phone Number: _____

Home Address: (As Above? Yes) _____

Postcode: _____

Work: (Please Tick) Not Applicable; Looking For Work; Less Than 15 Hours; Studying; Full Time.

Telephone Number: _____ Suburb: _____

Occupation: _____ Organisation: _____

Country of Birth: _____ Language(s) Spoken: _____

Can you contribute any skills or resources to our programs, e.g. play an instrument, donate time or equipment?

Father's Details:

Title: _____ First Name: _____ Surname: _____

Mobile: _____ E-mail: _____

Home Phone Number: _____ Work Phone Number: _____

Home Address: (As Above? Yes) _____

Postcode: _____

Work: (Please Tick) Not Applicable; Looking For Work; Less Than 15 Hours; Studying; Full Time.

Telephone Number: _____ Suburb: _____

Occupation: _____ Organisation: _____

Country of Birth: _____ Language(s) Spoken: _____

Can you contribute any skills or resources to our programs, e.g. play an instrument, donate time or equipment?

Who do your child(ren) live with? Mother; Father; Other: _____

Other children living at home: (Name and Age) _____

Are there any legal issues we need to be aware of? Yes No. If Yes, please provide a copy and specify below:

Who else can collect your child(ren)?

Title: _____ First Name: _____ Surname: _____

Relation to Child: (eg. Uncle, Grandmother) _____ Mobile: _____

Home Phone Number: _____ Work Phone Number: _____

Title: _____ First Name: _____ Surname: _____

Relation to Child: (eg. Uncle, Grandmother) _____ Mobile: _____

Home Phone Number: _____ Work Phone Number: _____

Title: _____ First Name: _____ Surname: _____

Relation to Child: (eg. Uncle, Grandmother) _____ Mobile: _____

Home Phone Number: _____ Work Phone Number: _____

Title: _____ First Name: _____ Surname: _____

Relation to Child: (eg. Uncle, Grandmother) _____ Mobile: _____

Home Phone Number: _____ Work Phone Number: _____

Medical Information:

Preferred Doctor:

Name: _____ Telephone Number: _____

Clinic: _____

Address: _____

Medicare Number: _____ Ambulance Subscription: Yes No

Is your child(ren) currently taking any medication? Yes No If Yes, please specify name, dosage & frequency. _____

Does your child(ren) have any medical conditions? (e.g., Asthma, epilepsy, etc) Yes No If Yes, please specify. _____

| Is your child allergic to any of the following? | | | |
|---|----------|----------|----------|
| | Child 1: | Child 2: | Child 3: |
| Bees / Wasps: | | | |
| Foods: (please specify) | | | |
| Medications: | | | |
| Other: (please specify) | | | |

Are there any additional dietary requirements that staff should be aware of? Yes No If Yes, please specify. _____

Please list some foods your child(ren) like: _____

Please list some foods your child(ren) dislike: _____

Does your child(ren) have any special needs / challenging behaviours? Yes No If Yes, please specify. _____

Miscellaneous.

Do you give permission for your child(ren) to watch PG videos? Yes No

Do you give us permission to take photographs of your child(ren) for use in promotional material? Yes No

Do you give permission for your child(ren) to use sunscreen? Yes No

Does your child(ren) have any fears? (e.g. animals, thunder, the dark) Yes No If Yes, please specify. _____

Please list your child(ren)'s interests / hobbies to assist us when planning the program. _____

Bookings:

| Please specify the days you require care. | | | | Office Use: |
|---|-------------|---------------------|--------------------|-------------|
| | Start Date: | Before School Care: | After School Care: | |
| Term 1: (Example) | 1/02/2008 | Monday and Thursday | Monday to Friday | |
| Term 1: | | | | |
| Change: | | | | |
| Change: | | | | |
| Change: | | | | |
| Change: | | | | |

Do you have or have you applied for Child Care Benefits? Yes No

I accept that 'planetshakers child care' (herein after known as 'SHAC') is not liable for personal injury, property damage or loss sustained by any participant as a result of his or her participation in the program unless caused by proven negligence of 'SHAC', its management or employees.

In the event of an illness or accident, I authorise the staff members in charge to make arrangements for any necessary medical attention / treatment on my behalf. I agree to pay all necessary fees and expenses (including transport) relating to my child's health and wellbeing.

I agree to pay fees in advance or on the week care is received. I understand that my child(ren) can be removed from the program as a result of unpaid debt or continued misbehaviour. I agree to pay childcare fees and all debt-recovery expenses incurred by 'SHAC'. I acknowledge that this enrolment information may be used for the purpose of debt recovery.

I give permission for my children to travel to and from excursion destinations via the means arranged by 'SHAC'. This predominantly includes bus / coach travel.

I declare that the information provided above is true and correct and that I will promptly inform the service in the event of any changes to this information.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: ____ / ____ / ____



Operations Information Sheet

Wooranna Park Primary School

2008 Before and After School Care, and Vacation Care Hours of Operation

Before School Care – 6.30am to 9am (Breakfast is provided between 7am and 8.15am)

After School Care - 3.30pm to 6.30pm (Afternoon tea is provided upon arrival)

Vacation Care (Starting March 2008) – 6.30am to 6.30pm

Working Out Your Before and After School, and Vacation Care Fees

Follow the steps below to apply for your Child Care Benefits:

1. Apply for your Child Care Benefits by first calling Centrelink on 13 61 50
2. Tell Centrelink you want to register your child/ren with

| |
|---|
| Wooranna Park Primary School Wooranna Park Before Care: 555 014 281 J Wooranna Park After Care: 555 014 282 C Wooranna Park Vacation Care: TBA |
|---|

3. Give Centrelink your personal details and your/your partner's annual income
4. Centrelink will inform you what percentage of Child Care Benefits you are entitled to based on your income.
5. Centrelink will send you a letter with your Child Care Benefits percentage
6. With your Child Care Benefits percentage, staff can then work out how much it will cost for you to book your child/ren in to Before/After school care.
For example:
 - If your joint income is \$35,478 or less- with one child (your percentage will be 100%) you would pay \$4.27 for before care, \$4.12 for after care. However, if you have three children or more (your percentage will be 108.73%) you would pay \$3.77 for before care per child and \$3.43 for after care per child.
 - If you joint income is \$131,570 or more - your percentage is 16.74, therefore the cost is \$11.56 for after care per child and \$8.80 for before care per child.