

## 2021 ENROLMENT FORM

Anzac Road Before & After School Care  
1D Anzac Rd,  
Bangor NSW 2234

Postal Address:  
PO BOX 282  
Menai Central NSW 2234

P: (02) 9541 4367  
F: (02) 9541 4367  
E: [educators@anzacroadbasc.com.au](mailto:educators@anzacroadbasc.com.au)  
W: [www.anzacroadbasc.com.au](http://www.anzacroadbasc.com.au)

### FAMILY CIRCUMSTANCES

Please tick the option that is relevant to you:

- New Family  Existing Family

Are there any family, religious or cultural requirements that should be known:

.....

**Family Status: (please tick appropriate answer)**

- Both parent/ guardians - (both parent/guardians must be filled out in the next step)
  - Both grandparents -(both grandparents must be filled out in the next step)
  - Single mother/ female guardian -(one parent/guardian must be filled out in the next step)
  - Single father/ male guardian -(one parent/guardian must be filled out in the next step)
  - Single grandparent -(one grandparent must be filled out in the next step)
  - Shared custody/ divorce -(one parent/guardian must be filled out in the next step)
- If yes, to shared custody/ divorce – (please supply a copy of Family Law or Court Order Form)

Do both Parent/Carers have access to the child?  YES  NO

If no, please provide details:  
.....  
.....  
.....

What type of care are you applying for?

- Vacation Care only
- Before / After School Care AND Vacation Care

**PARENT/ CARER DETAILS:**

If you have selected a two-parent option above in Family Circumstances section, you must add BOTH parents as parent/carer in this section.

**Parent/Carer Details 1:**

First Name		Surname	
Address		Relationship to child	
Home Phone		Work Phone	
Mobile		Employer	
Email Address (For emailing statements)		Occupation	
CRN # (full fees will be charged if this is not given)		Date of Birth (needs to be given to claim CCB)	

**Parent/Carer Details 2:**

First Name		Surname	
Address		Relationship to child	
Home Phone		Work Phone	
Mobile		Employer	
Email Address (For emailing statements)		Occupation	
CRN # (full fees will be charged if this is not given)		Date of Birth (needs to be given to claim CCB)	

- Original letter from employer must be on company letterhead, dated and signed by your employer. If you work full time your letter must state this. If you work part-time your letter must state, the days and hours worked each day for example Mon 9-5.pm. Note: We do not accept pay slips or contracts of employment and employers may be contacted to verify employment.

A template has been added to the website for your convenience. The template provided is optional.

- Original letter from University or Tafe is required if studying and must be on letterhead, dated and signed. Timetables will not be accepted.
- Self – employed parent/carers need to provide a letter from their tax agent dated, stating their business name and ABN number or last lodged tax return or a copy of quarterly BAS

NOTE: Emergency contacts must be someone who can be contacted other than the Parent/Carer in an emergency.

Please be aware the below contacts will NOT be authorised to pick up your child/ren at any time unless indicated in the form below.

A minimum of two contacts must be added

**Contact # 1:**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

I hereby:

- Authorise the above nominee to consent to medical treatment or to authorise administration of medication to my child/ren  YES  NO
- Authorise the above nominee to authorise an educator to take my child/ren outside of Anzac Road BASC Premises  YES  NO

NOTE: Please be aware if you complete this section you are authorising the below contact/s to be able to collect your child/ren at any time without you being contacted by Educator's at the Centre.

It will be deemed the parent's responsibility to contact the Centre in writing to remove a person from this list if circumstances change. If the person/s listed below are to sign in/out your child/ren they must bring photo ID before any child is released.

I give permission for my child/ren to be signed in/out of Anzac Road Before & After School Care by this person. I understand it's my responsibility to update the Centre if our circumstances change and advise the Centre if the above listed is no longer to collect my child/ren.

I understand that this contact is authorised to collect my child/ren at any time without further contact from the Centre and your child/ren will be released to the above contact when photo ID is shown.

Parent/ Carer Signature: ..... Date: .....

NOTE: Emergency contacts must be someone who can be contacted other than the Parent/Carer in an emergency.

Please be aware the below contacts will NOT be authorised to pick up your child/ren at any time unless indicated in the form below.

A minimum of two contacts must be added

**Contact # 2:**

First Name		Surname	
Home Phone		Relationship to Child	
Mobile		Work Phone	
Address			

I hereby:

- Authorise the above nominee to consent to medical treatment or to authorise administration of medication to my child/ren  YES  NO
- Authorise the above nominee to authorise an educator to take my child/ren outside of Anzac Road BASC Premises  YES  NO

NOTE: Please be aware if you complete this section you are authorising the below contact/s to be able to collect your child/ren at any time without you being contacted by Educator's at the Centre.

It will be deemed the parent's responsibility to contact the Centre in writing to remove a person from this list if circumstances change. If the person/s listed below are to sign in/out your child/ren they must bring photo ID before any child is released.

I give permission for my child/ren to be signed in/out of Anzac Road Before & After School Care by this person. I understand it's my responsibility to update the Centre if our circumstances change and advise the Centre if the above listed is no longer to collect my child/ren.

I understand that this contact is authorised to collect my child/ren at any time without further contact from the Centre and your child/ren will be released to the above contact when photo ID is shown.

Parent/ Carer Signature: ..... Date: .....

**CHILD DETAILS- if more than one child please copy this page**

**Child's Details:**

First Name		Surname	
Second Name		Gender	
Language		Birth Country	
School		Date of Birth	
What year will your child be in 2021?		Address	
CRN # (full fees will be charged if this is not given)			

Has this child previously attended BASC:  YES  NO

Does this child need vacation care:  YES  NO

**Is this child affected by any allergies: if yes, please provide details**  YES  NO

Details.....

**Are there any foods this child is allergic to: if yes, please provide details**  YES  NO

Details.....

**Does your child have asthma: if yes, please provide details**  YES  NO

Details.....

**Are there any foods this child should not eat due to dietary requirements? If yes, please provide details**  YES  NO

Details.....

**Is this child on any prescription medication: if yes, please provide details**  YES  NO

Please refer to the Centre's policy on the Administration of Medication.  
Please describe effects of medication that educators should be aware of:

Details.....

**Does this child have any medical conditions that the Centre should know about: if yes, please provide details**  YES  NO

Details.....

**Does this child have any physical or sensory impairment that educators should know about: if yes, please provide details**  YES  NO

Details.....

**Does this child have behaviour management issues? (Eg. ADHD, non-responsive, etc): if yes, please provide details**  YES  NO

Details.....

- Is your child's photo attached (must be a current photo of your child)
- Is a copy of child's immunisation record attached (existing families do not need to supply, only all new families)
- Is a copy of your child's current Action Plan or Doctors' Certificate, Centre's Medication Form and Deed of Indemnity form attached if required? Action plan / Doctors' Certificate must be updated yearly unless review date is still valid.

## BOOKING/COMPLYING WRITTEN AGREEMENT (CWA) INFORMATION

### Existing Days: Please tick the current days your child attends

Childs Name & DOB	Casual	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care

### New Days: Please tick the permanent days you wish for your child to attend in 2021

Childs Name & DOB	Casual	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care
	<input type="checkbox"/>	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School care	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care

#### Complying Written Agreement for Anzac Road Before & After School Care Inc.:

I confirm:

- That my details in the enrolment form, as well as the child's details I am enrolling are correct and begin term one, week one of 2021
- I have agreed to days of cares within Anzac Road BASC Inc. and understand the start and end times of these sessions of care are: Before School Care 6.30-8.30am, After School Care 3.00-6.30pm and Vacation Care 7.00am-6.00pm.
- That care may be provided on a casual or permanent basis
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me
- If you wish to change or cancel days we require 2 weeks' notice in writing (not including the Vacation Care period).
- If you require Vacation Care all parents must complete a Vacation Care Registration form each holiday period.
- Casual bookings can be cancelled if the Centre is notified the day before by 5.00pm

Primary Carer (CCS Claimant) Signature ..... Date.....

## PERMISSIONS

The following area you are granting permission for your child/ren to participate in the following during Before & After School Care and Vacation Care.

### Videos/DVD's:

I give permission for my child/ren to watch videos/DVDs rated G/PG selected by educator.

Parent/ Carer Signature ..... Date.....

### Hairspray/ Face paint

I give permission for my child/ren to use hairspray and face paint

Parent/ Carer Signature ..... Date.....

### Bike & Scooters

I give permission for my child/ren to use their bike or scooter within the BASC grounds.

Parent/ Carer Signature ..... Date.....

### Local Excursions:

I give permission for my child/ren to participate in local excursions from the Centre by foot within the local community. Notification will be given prior to any excursion.

Parent/ Carer Signature ..... Date.....

### Centre Publicity:

I give permission for my child/ren to be photographed or videotaped on an excursion or whilst at the Centre, for the purposes of programming and quality assurance evidence.

Parent/ Carer Signature ..... Date.....

I also give consent for the photos and videos of my child/ren to be used to publicise the Centre (this includes group emails and Facebook posts however my child's face will not be shown). The Centre will always ask for written consent if we wish to display an image with your child's face.

Parent/ Carer Signature ..... Date.....

### Communication:

I give permission for the Educator's to discuss issues concerning my child/ren with the Director, which will then be forwarded to me upon collection of my child/ren.

Parent/ Carer Signature ..... Date.....

### Policies:

I have read and agree to abide by the policies as set out by Anzac Road Before & After School Care (Policies are available to everyone and can be obtained by visiting our website)

Parent/ Carer Signature ..... Date.....

### Family Handbook and Enrolment Package:

I have read and agree to information set out in the Family Handbook and Enrolment Package. All information I have provided is correct at the time of enrolment and I understand I must inform the Centre immediately if any details change.

Parent/ Carer Signature ..... Date.....

**Outdoor Sun Protection:**

In the morning and afternoons Educators check the UV Sun Smart App on the iPad's and if the UV is 3 or above children will need to clean their hands with wipes. Educators will then give the children Centre sunscreen to apply and hats will need to be worn during outdoor play. If children do not have their hats they must play in the sheltered (shaded) area. If the UV is 2 and below, there will be no need for children to apply sunscreen or wear hats outside. Please feel free to view our Sun Protection Policy as we are also members of the Cancer Council Sun Smart Policy. Educators will endeavor to remind children to use sunscreen whenever possible.

I will ensure that my child arrives with a hat and is wearing protective clothing. Should my child not have a hat or wear protective clothing, I understand my child will need to play in a shaded area, where there is no shade available my child will be required to play indoors.

Parent/ Carer Signature ..... Date.....

If your child/ren is unable to use the sunscreen provided by BASC, parents/carers must provide their child/ren with their own sunscreen (kept in school bag)- clearly labelled with their child's full name.

Parent/ Carer Signature ..... Date.....

**Personal Items:**

Personal video games, mobile phones, IPOD/s and any other personal electronic devices or toys are not permitted whilst attending BASC and Vacation Care. If children bring these to the Centre they will be confiscated and returned to the child upon pick up. If Parent/Carers would like their child to use any of the abovementioned whilst attending care, they must provide a permission note and the child will be permitted to engage in this activity for a short period of the session. Please remind your child that their friends will not be permitted to engage in this activity either with them or by observation.

Parent/ Carer Signature ..... Date.....

**Cessation of Care:**

I understand the below CCS government guidelines regarding cessation of care. In order to receive childcare subsidy from the government, your child/ren must attend their first booked day of care, otherwise full fees will apply for this period. When leaving the service/cancelling your child/ren's booking for before and after school care, your child/ren must attend their last booked session at Anzac Road BASC during the two-week notification period, otherwise full fees will apply, and no CCS will be applicable during the two-week notification period. For more information, please visit the website; <https://www.education.gov.au/child-care-provider-handbook>

Parent/ Carer Signature ..... Date.....

**Attendance Consents:**

I wish to enrol my child/ren in the Anzac Road Before & After School Care and Vacation Care Centre. I understand that every care will be taken and therefore agree that Anzac Road Before & After School Care and their governing body and Educators are free from all responsibility in connection with my child/ren's participation I have agreed to enrol my child/ren in the Anzac Road Before & After School Care Program. In applying for enrolment, I hereby acknowledge that I am wholly responsible for all fees payable to Anzac Road BASC Inc in respect to my child/ren being in care, and I have read the Parent Information/ handbook. I understand that whilst every care and precaution will be taken, Anzac Road BASC Inc and its Educators are not responsible for any injury to my child/ren or loss of their possessions whilst at the Centre or on an excursion. I am fully aware of the fee structure and my responsibilities in this regard. I give permission for Anzac Road Before & After School Care Inc to hand over all my contact details to a collection agency in the event of my fees falling into arrears.

Parent/ Carer Signature ..... Date.....



**Anti-Bullying:**

By signing this Anti-Bullying, we agree to:

- Treat all others at Anzac Road Before and After School care with dignity and respect
- Helping my peers if they are being bullied
- Advising Educators of any bullying behaviours
- Refrain from any behaviour that constitutes bullying, including, but not limited to: Name calling, hitting, threatening or intimidating, maliciously teasing and taunting, stealing or damaging other belongings, spreading rumours about others, or encouraging others to reject or exclude someone.

I understand that these behaviors are bullying behaviors and will not be accepted or tolerated by Anzac Road Before & After School Care Educator's and Parent Committee. We commit that I and/or my child/ren will not bully anyone from Anzac Road Before & After School Care and will treat all others and their belongings with respect

If an occurrence of bullying has taken place, the parents of both parties will be informed and a behavior management chart will be put in place for child/ren. If bullying continues a meeting will be held with Educator's and Parent Committee in order to sort the problem out. If the problem still continues and no solution is working then either a suspension or expulsion will occur depending on severity with further discussion with Educator's and Parent Committee.

Parent/ Carer Signature ..... Date.....

**Parent Code of Conduct:**

By signing this Parent Code of Conducts, we agree to;

- Use respectful language towards all educators
- Remain calm and polite when communicating with educators
- Communicate positively with all educators for example always speak in respectful tones and use positive language)
- Display respect for all people while at the Centre and not use raised voices or threatening language with might intimidate or humiliate educators, children or any other visitors.
- Communicate positively with all children and under no circumstances approach another child whilst in the care of the Centre to discuss or chastise them because of actions towards your own child/ren
- Be a positive role model to children at all times when attending the Centre
- Follow the grievances / complaints procedure when expressing concerns or complaints to educators.
- Do not discuss any grievances in front of your child/ren regarding the Centre
- Report any observed hazards in the building or play areas that may cause injury
- Respect the Centre's property, other people's property, privacy and confidentiality
- Whilst at the Centre parents must not be affected by drugs or alcohol.
- Work collaboratively with educators to resolve any behavioural issues their child may have
- Read the parent newsletters, notices via email and parent table, flyers and discuss any relevant issues with your child/ren when appropriate.
- Follow the Centres absence and cancellation procedures
- Accept cultural differences, differing needs and differing personalities
- Respect educator's preparation time during opening hours to make an appointment at a mutually convenient time if you wish to speak to an educator

I understand a breach of this Code may have serious consequences including your child/ren losing their position/s at the Centre and/ or a mandatory report to authorities. Aggressive and abusive behaviour towards staff or anyone else in the Centre is unacceptable and will not be tolerated.

Parent/ Carer Signature ..... Date.....

## MEDICAL DETAILS

Family Medicare Card Number:.....

Private Fund:.....Membership Number:.....

### Doctor's details

Name.....Phone No.....

Address.....

### Medication Form

If your child is medicated and needs their medication administered at the Centre, you will need to complete a medication form and deed of indemnity form. Please see Educator's to obtain a copy of medication form. A letter from your doctor or action plan must be provided with all medication and medication forms. Each time medication is administered parents will need to sign medication form.

Please note: Action plan and or Doctors' Certificate must be updated every 2 years unless review date is still valid as stated on the Action Plan or Doctors Certificate.

### IMPORTANT NOTE REGARDING ANAPHYLAXIS:

The Centre has children attending who are at risk of a severe, life threatening anaphylactic reaction. We ask that families do not send any peanut butter, coconut, chocolate or foods containing peanuts with their children to the Centre. We are a **"Nut Free Centre"**.

## AUTHORITY FOR EMERGENCY MEDICAL OR DENTAL TREATMENT

Although every care will be taken of your child while at the Centre, the Educators 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 Parent/Carers 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.

I.....hereby give permission for the Educator's at the Centre to seek medical/ dental attention for my child in the event of an accident.

In case of an emergency, Centre has my permission to call an ambulance for my child/ren?

Parent/ Carer Signature ..... Date.....

I will accept financial responsibility for my child's medical / dental treatment.

I understand that relevant information on this form will be passed onto the hospital medical/ dental staff if required.

Parent/ Carer Signature ..... Date.....

## PAYEMNT / DIRECT DEBIT FORM

Parents must sign a direct debit form and attach it to this enrolment form for your booking to be accepted. To obtain a direct debit form, please visit our website.

Payments must be made by direct debit only from your nominated bank account. We do NOT accept any other forms of payment e.g. cash, cheque or direct deposits. Payments are direct debited on a weekly/ fortnightly basis. Each term a direct debit schedule will be emailed to families advising, dates direct debit will occur for BASC & VAC CARE families. For further information, please email [director@anzacroadbasc.com.au](mailto:director@anzacroadbasc.com.au). An annual registration fee of \$25 will be debited, once your forms have been processed.