



# Bateau Bay Public School P&C Association Before & After School Care

PO Box 3118 Bateau Bay NSW 2261  
**Tel: 02 4333 5168** Fax: 02 4333 5168  
 Email: [bbpsoosh@cci.net.au](mailto:bbpsoosh@cci.net.au)  
 ABN: 39 803 416 428 CRN: 407 111 769C

Approval IDs: 1-631-1377 / 1-631-1378

Parent Enrolment Form		Page 1
<b>Parent 1</b>	<b>CRN:</b>	<b>Parent 2</b>
Title/First Name:		Title/First Name:
Last Name:		Last Name:
Date of Birth:		Date of Birth:
Driver's Licence Number:		Driver's Licence Number:
Any other names by which the parent is known:		Any other names by which the parent is known:
Home Address:		Home Address:
Postcode:		Postcode:
Postal Address:		Postal Address:
Postcode:		Postcode:
Home Phone:		Home Phone:
Mobile:		Mobile:
Email Address:		Email Address:
Ethnicity:		Ethnicity:
Language Spoken:		Language Spoken:
Marital Status:		Marital Status:
<b>Employment Details</b>		
Occupation:		Occupation:
Work Name:		Work Name:
Work Address:		Work Address:
Postcode:		Postcode:
Work Phone:		Work Phone:
<b>Medical Details</b>		
Doctor:		Doctor:
Address:		Address:
Postcode:		Postcode:
Phone:		Phone:
Medicare Number:		Medicare Number:
Health Care Fund:		Health Care Fund:
<p>I hereby give my written consent to the carrying out of appropriate medical, dental, ambulance or hospital treatment, in the event that such action appears to be necessary because the child has been injured, or is ill, at the centre. NOTE: Nothing in this clause limits the authority of a medical practitioner or dentist to carry out medical or dental treatment on a child without the consent of the child's parent as referred to in Section 174 of the Act.</p>		
Parent/Guardian:.....Signed:..... <div style="text-align: right;">Date:.....</div>		



**Siblings Other Centre**

First Name:	First Name:
Last Name (if different):	Last Name (if different):
Are you claiming CCB for this child? Y / N	Are you claiming CCB for this Child? Y / N
First Name:	First Name:
Last Name (if different):	Last Name (if different):
Are you claiming CCB for this child? Y / N	Are you claiming CCB for this Child? Y / N

**Emergency Contacts (do not include parent names)**

I authorise the staff of this centre to give the following emergency contact names access to my child/ren.  
 NOTE: Must be over 18 years of age. Please ensure these emergency contact persons are willing and able to collect your child/ren in the event of an emergency.

Emergency Contact 1	Emergency Contact 2
First Name:	First Name:
Last Name:	Last Name:
Address:	Address:
Postcode:	Postcode:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Relationship to Child:	Relationship to Child:

**Authority to Collect (do not include parent names)**

I authorise the staff of this centre to give the following contact names access to my child/ren.  
 NOTE: Must be over 18 years of age. Please ensure these contact persons are willing and able to collect your child/ren.

Collect/Pickup/Contact 1	Collect/Pickup/Contact 2
First Name:	First Name:
Last Name:	Last Name:
Address:	Address:
Postcode:	Postcode:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Relationship to Child:	Relationship to Child:

**Note: The staff will not allow your child/ren to go with anyone other than the persons named on this form.**

Parent / Guardian:.....

Signed:.....

Date:.....



**Permission****Sun Safe**

We are committed to a Safe Sun policy. In addition to 'NO HAT, NO PLAY', all children are required to have sunscreen applied before participating in outdoor activities. We require your permission to apply the sunscreen. If your child/ren have any allergies to sunscreen or require a special type, please note below which brand should be used.

Specific sunscreen required: Y / N Brand:.....

I,.....(Parent/Guardian) **permit/do not permit** Before and After School Care to apply sunscreen on my child/ren before participating in any outdoor activities.

**Insect Repellent**

Occasionally staff need to apply insect repellent. We require your permission to apply the repellent. If your child/ren have any allergies to insect repellent or require a special type, please note below which

Specific repellent required: Y / N Brand:.....

I,.....(Parent/Guardian) **permit/do not permit** Before and After School Care to apply insect repellent if required.

**Photographs**

Staff take photographs of the children who attend the centre. These photographs are displayed within our centre, in our centre newsletters and periodically on our website. We need your permission to display these photographs.

I,.....(Parent/Guardian) **permit/do not permit** Before and After School Care to display my child/ren's photographs within the centre.

I,.....(Parent/Guardian) **permit/do not permit** Before and After School Care to display my child/ren's photographs in the centre newsletter.

I,.....(Parent/Guardian) **permit/do not permit** Before and After School Care to display my child/ren's photographs on the centre website.

**Transport**

I,.....(Parent/Guardian) **permit/do not permit** Before and After School Care staff to transport my child/ren in their private vehicle in the event of my child/ren not arriving at After School Care and needing to be brought back to the centre.

**Fee Payment Agreement**

I,.....(Parent/Guardian) to make regular fee payments and to keep fees one week in advance.

Parent / Guardian:.....

Signed:.....

Date:.....