

TERREY HILLS KIDS CLUB

ENROLMENT FORM 2009

FAMILY / GUARDIAN INFORMATION FORM:

Mothers Surname _____ **First Name:** _____

Address: _____

Postcode: _____

Home #: _____ **Work #:** _____

Mobile: _____

Email Address: _____

Fathers Surname _____ **First Name:** _____

Address: _____

Postcode: _____

Home #: _____ **Work #:** _____

Mobile: _____

Email Address: _____

Authorised Drop-Off & Collection of Child

Mother: YES / NO

Father: YES / NO

Are there any family situations that we need to be made aware of; such as: parents separated/divorced or restraining orders. YES / NO

EMERGENCY CONTACTS

Please nominate 2 other persons authorised to collect the child and who can be contacted in the case of an emergency when the parents are unavailable. The child will only be released to the parents or to these nominated persons.

Name: _____ Relationship: _____

Phone #: _____ Mobile #: _____

Business #: _____

Name: _____ Relationship: _____

Phone #: _____ Mobile #: _____

Business #: _____

Family Doctor's Emergency Number

Name: _____ Phone #: _____

PERMISSIN NOTE:

I hereby give permission for appropriate medical care and attention to be given to my child in the event of an accident or emergency as set out in the information booklet.

Signed: _____ Date: ____/____/____

PERMISSION NOTE:

In case of headache, fever or similar illness, I hereby give permission for my child to receive panadol (child's formula & dosage) if deemed necessary by staff.

Signed: _____ Date: ____/____/____

CHILD CARE BENEFITS FORM

Are you registered for Child Care Benefits? YES / NO

If yes, please attach a copy of your FAO letter. CRN

#: _____

Name of person receiving CCB:

Date of Birth of person receiving CCB: ____/____/____

How many children in (CCB) this term? 1 2 3

First name of child(ren):

1: _____ CRN: _____

2: _____ CRN: _____

3: _____ CRN: _____

Privacy Policy: This information is for the strict use of the centre's staff and management committee and will only be used for the purpose of care for your child.

TERREY HILLS KIDS CLUB

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CHILD ENROLMENT & INFORMATION FORM

Child's Surname: _____ First Name: _____

Family Name: _____ (If not the same as child's)

Sex: M / F

Date Of Birth: ____/____/____

School attending: _____

Grade: _____

Home Address:

Postcode: _____

Home Phone #: _____

Child's cultural background: _____

Languages spoken: _____

Does your child participate in any festivals/celebrations? YES / NO

If yes, please explain: _____

Are there any activities your child likes to participate in? YES / NO

If yes, please explain: _____

Is your child immunized: YES / NO (please provide a copy of your child's

immunization records)

MEDICAL, ALLERGY & SEVERE ALLERGY FORM

Is your child asthmatic? YES / NO

Is the asthma: OCCASSIONAL / MILD / HEAVY

Please specify any treatment that needs to be taken for your child's asthma

Is your child allergic to any food or medication? YES / NO

If yes, please specify:

Has you child any health concerns, which you feel we should know about?

Is there any other information the staff should be made aware of?

MEDICAL, ALLERGY & SEVERE ALLERGY FORM

CENTRE:		
CHILD'S NAME:		
CLASS:	AGE:	WEIGHT:
FIRST CONTACT:		
MOBILE NUMBER:		

ALLERGY NAME:	
ALLERGIC TO:	
MEDICAL INSTRUCTIONS	
PARENT INSTRUCTIONS	

NAME OF MEDICATION:
DOASGE:
HOW OFTEN TO BE TAKEN:
NAME OF MEDICATION:
DOSAGE:

HOW OFTEN TO BE TAKEN:

PARENT SIGN:		DATE: ___/___/___
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Terrey Hills Kids Club

BOOKING FORM

Child's Surname:	
Child's First Name:	
Mother's Surname:	

Please tick the appropriate box(es) for adding a permanent booking

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

Please note, booking change forms are available should you wish to add a casual or permanent day or if you wish to cancel or transfer permanent bookings.

Booking change forms can be found at Terrey Hills Kids Club, please ask a staff member.

TERREY HILLS KIDS CLUB

INTERNET BANKING PROCEDURES

This procedure is for those parents who have activated Internet Banking facilities with the 'Pay Anyone' feature with their bank or credit union and wish to pay fees to the centre by direct debit.

Each family will need our following bank information:

- BANK BSB CODE: 062 246
- BANK ACCOUNT NUMBER: 1005 1369
- BANK ACCOUNT NAME: Terrey Hills Kids Club
- BANK BRANCH: CBA St.Ives

When processing your payment, you **MUST** complete the payment description field with the following family information so that your payment can be correctly identified and credited to your exact account.

PAYMENT DESCRIPTION

PARENT CODE, PARENT SURNAME, CHILD(REN) NAMES

Please ensure you enter **ALL** of the above payment description items with each and every payment. Please note your Parent Code, recorded below, to be entered in the payment description field.

PARENT CODE: _____

Payments made by 6pm, Thursday each week should appear on the Centre's bank statement electronically collected by our administration. Your payment, once identified will be keyed to your account and a receipt will be returned to the centre on Monday mornings.

It is absolutely essential each Parent carefully check every payment by matching your Internet banking receipt with the receipt from the centre.