



## VACATION CARE PROGRAM

# Application for Enrolment

### STUDENT'S DETAILS

Surname					
Christian names				Preferred name (if other than first)	
Address	Street and No.				
	Suburb/Town		State	Postcode	
Gender	Please circle one	Male	Female	Student Mobile Phone (if applicable)	
Date and place of birth	Date		Town	Country	
Student's health	(Refer to allergies, major illnesses, operations, medications, etc.)				
Doctor (In case of emergency)	Name			Phone no.	

### ENROLMENT DAYS

Please **tick** the days you would like your son/daughter to attend the Vacation Care Program

	Dates	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	11-15 Dec.'17					
Week 2	18-22 Dec.'17					
Week 3	8-12 Jan.'18					
Week 4	15-19 Jan.'18					
Week 5	22-25 Jan.'18					HOLIDAY
Week 6	29 Jan - 2 Feb.'18					

### COSTS

The cost for each child attending the Vacation Care Program is \$65 / day **or** \$75 / day (Incursion) **or** \$85 / day (Excursion) before CCB / CCR are applied (if applicable).

### CHILDCARE BENEFIT (CCB) / CHILDCARE REBATE (CCR)

Centrelink Reference Numbers for the student and at least one parent must be submitted for Benefit/Rebate to be claimed

Student CRN _____	Mother / Carer _____	_____/_____/____
	Father / Carer _____	_____/_____/____
	Name	CRN
		Date of Birth

## PERMISSIONS

Medical Treatment	I authorise the vacation care staff to seek necessary medical attention for my child and agree to pay all costs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pain Relief	I give permission for my child to receive Paracetamol (eg. Panadol, Panamex) for pain relief if required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permissions Consent	<b>Father / Guardian</b>	<b>Mother / Guardian</b>	
	Signed: Name: ..... Date: ..... / ..... / .....	Signed: Name: ..... Date: ..... / ..... / .....	

## PARENT'S DETAILS

	Father/Guardian	Mother/Guardian
Surname		
Christian names		
Title (Mr, Mrs, Rev, Dr, etc)		
Residential address	Street and No.	Street and No.
	Suburb/Town	Suburb/Town
	State	State
	Postcode	Postcode
Phone (home)		
(work)		
(mobile)		
Email		

## EMERGENCY CONTACT (NB: Not a parent – used in cases where **neither** parent/guardian can be contacted.)

Full name		Relationship to student	
Phone	(Home)	(Work)	(Mobile)

## CONDITIONS OF ENROLMENT

1. That I/we accept full responsibility for the payment of fees, levies and charges as set out and notified by the School from time to time. 2. That I/we will conduct my/ourselves in a way that is not likely to bring the School or its community into disrepute. 3. That I/we will promptly inform the School of any changes to information provided on this <i>Application for Enrolment</i> form.
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## ENROLMENT INFORMATION COLLECTION NOTICE

The Vacation Care Program collects personal information, including sensitive information, about students and parents or guardians before and during the course of a student's enrolment. The primary purpose of collecting this information is to enable care to be provided for your son/daughter and to submit data to the Australian government for the purposes of claiming Child Care Benefits / Child Care Rebates on behalf of parents.

Some of the information collected is to satisfy the School's legal obligations, particularly to enable the discharge of its duty of care.

Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act.

From time to time personal and sensitive information is disclosed to others for administrative and educational purposes. This includes disclosure to government departments, medical practitioners, law enforcement officers, Centrelink and people providing services to the School, including specialist visiting teachers.

## ENROLMENT DECLARATION (To be read and signed by both parents/guardians)

I/We hereby apply to have the child listed on this *Application for Enrolment* form enrolled at Covenant Christian School Vacation Care Program, Gordon, and

1. I/we have read and agree to the above **CONDITIONS OF ENROLMENT** and apply for enrolment of my child subject to those conditions;
2. I/We have read, understood and agree to the above **ENROLMENT INFORMATION COLLECTION NOTICE**; and
3. I/We agree to pay all fees associated with the running of the Vacation Care Program.

Signature of parents and/or guardians:

Father/guardian \_\_\_\_\_

Date \_\_\_\_\_

Mother/guardian \_\_\_\_\_

Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Date received	..... / ..... / 20 .....	Data entered into Kidsoft	Yes
		Date	..... / ..... / 20 .....
		"	