



THE LAKES COLLEGE - COLLEGE CARE
PO BOX 888
MANGO HILL QLD 4509

PHONE: 3491 5512
EMAIL: ahardy@thelakes.qld.edu.au

Dear Parent/s,

Thank you for choosing to enrol your child/ren in College Care (CC). In order to ensure the best quality care for your child/ren completion of the following steps is necessary:

1. Complete the attached enrolment form and return to CC. If you have more than one child you will be required to complete a form for each child.
2. College Care Orientation Visit: Please feel free to come and visit College Care. Procedures will be explained and we will ensure all parts of the enrolment forms are completed and bookings clarified. You will receive a Family (Parent & Children's) Handbook at this time and have an opportunity to meet CC staff. Children are welcome to come with you and play with the children attending when during the Vacation Care period.
3. Contact Family Assistance Office (FAO)/Centrelink: Phone 13 61 50. Childcare benefit entitlements can only be paid on receipt of your Customer Reference Number and Child Care Benefit percentages from the Family Assistance Office. Now you can also organise to have Centrelink paid your lump Sum Child Care Rebate to College care to reduce your overall bill. It is a requirement of enrolment the each family attending our service is linked to Centrelink and has provided us with a CRN. Forms are available at CC for those families who have not accessed Childcare Benefit previously. Our provider numbers for this service are –

Combined After & Before College Care **407 348 062A**

Vacation Care **407 348 051L**

Please contact us with any enquiries regarding our service by phoning **3491 5512** or by email

ahardy@thelakes.qld.edu.au

The staff members here at College Care (CC) staff look forward to welcoming you and your child to the College Care family.

Yours truly,

Andy Hardy

College Care Director



ENROLMENT FORM

The Lakes College: COLLEGE CARE (CC) & VACATION CARE
2012

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD
Children will not be able to access CC unless this form is completed.
All sections of this form must be completed.

PRIVACY

At times CC is required to collect information in order to comply with its legal requirements under the Child Care Act (2002) and the Department of Families, Community & Indigenous Services. This information is used to complete both State and Federal Government Census information and is kept and used in accordance with The Lakes College Privacy Policy.

Parent CRN _____

Child's CRN _____

CHILD'S INFORMATION:

Surname: _____

Given Names: _____

Address: _____

D.O.B.: _____

Postcode: _____

Class: _____

Country of Birth: _____

Male / Female: _____

CHILD INTERESTS:

Sporting groups child belongs to: _____

Child's interests: _____

CULTURAL BACKGROUND:

Aboriginal Descent: Yes/No

Torres Strait Islander Descent: Yes/No

Language spoken @ home (if not English): _____

Cultural considerations and how it impacts on your child's health, participation and food: _____

PARENTS' INFORMATION:

Mother/Guardian's Name:	
Address:	
Date of Birth:	
Telephone:	
Work Telephone:	
Mobile Telephone:	
Country of Birth:	

Father/Guardian's Name:	
Address:	
Date of Birth:	
Telephone:	
Work Telephone:	
Mobile Telephone:	
Country of Birth:	

EMAIL INFORMATION

- Tick box if you wish to receive your invoice/statement via email
- Tick box if you wish to receive your vacation care forms via email

Email address: _____

PARENT WORK STATUS: *(Please tick appropriate box) This information is required by the Department of Families, Community & Indigenous Services for Census data collection.*

Mothers Work Status	
Not Applicable	
Work > 15 hours a week	
Looking for work	
Studying/Training	
Disability or Disabled Carer	

Fathers Work Status	
Not Applicable	
Work > 15 hours a week	
Looking for work	
Studying/Training	
Disability or Disabled Carer	

PARENTS INTERESTS: (Not compulsory to be filled in)

*Would you be interested in sharing any of your interests – work, sport or hobby with the children of CC?
Please enter your details.*

Would you be willing to volunteer to assist on Vacation Care excursions? Yes No

EMERGENCY CONTACT PERSONS:

Name: _____	Relationship to child: _____
Address: _____	Home Phone _____
	Mobile Phone _____
Authorised to collect child: Yes/No	

Name: _____	Relationship to child: _____
Address: _____	Home Phone _____
	Mobile Phone _____
Authorised to collect child: Yes/No	

COLLECTION AUTHORISATION: *(Include Full Name/s of ALL individuals you authorise to collect your child and their relationship to the child)*

Persons authorised to collect your child: _____

CUSTODY ARRANGEMENTS:

Are there any special custody arrangements in place that may affect collection of your child?

No Yes – (please give details below)

College Care will require evidence of this!

MEDICAL DETAILS:

Medicare Number: _____	
Medical Centre and Address: _____	
Doctor's Name: _____	Telephone No: _____

MEDICAL HISTORY:

Fully immunised? Yes / No

Date of last Tetanus Injection: _____

Does your child suffer from: *(Please circle yes or no)*

Diabetes Yes / No _____

Asthma Yes / No _____

Epilepsy Yes / No _____

Allergies Yes / No _____

Other: _____

Medication / Treatment: _____

Reminder CC can only administer medication if it is accompanied by a letter from your child's medical practitioner. This includes cough mixture and panadol. An administration of medication form will also need to be completed. If child is having medication at CC and during College hours then a photocopy of the medical practitioner's letter and a College Care administration of medication form is required.

Does the child have a medical action plan: Yes / No _____

CC will require a copy of the medical action plan

I give permission for ABCC to **seek and provide** medical aid on my child's behalf and will meet any associated costs.

Special Needs Support: _____

SUNSCREEN

Do you give permission for your child to apply sunscreen (generic brand) provided by CC?

Yes / No

USE OF PHOTOS & VIDEO IMAGES

Do you give permission for members of College Care Staff to take pictures or video images of your child participating in CC activities and have these displayed within CC, the school and school publications including the college web site?

Yes / No

AGREEMENT

I agree:

1. To be bound by the rules and regulations of the policy of The Lakes College - College Care and Vacation Care during the period of my child's enrolment.
2. To pay all fees according to the rules of the policy of The Lakes College - College Care and Vacation Care.
3. To sign the attendance sheet on arrival (Before College Care and Vacation Care) and on departure (After College Care and Vacation Care) and any absences that may occur.
4. The College, through the Coordinator/Director, reserves the right to have a child removed if he/she disturbs the proper functioning of the centre.

Signature: _____

Relationship to Child: _____

Witness: _____

Date: _____

**PLEASE READ POLICY DOCUMENT FOR FULL INFORMATION ON THE LAKES COLLEGE
AFTER AND BEFORE COLLEGE CARE**