



2017 RE-ENROLMENT FORM

Please complete this form if you wish to re-enrol your child into Peakhurst South or Lugarno OOSH & Vacation Care in 2017.

Please circle a service: Peakhurst South Lugarno Vacation care

Child #1 Details:

Surname		First Name		Date of Birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	CRN #		Class/Year	

Child #2 Details:

Surname		First Name		Date of Birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	CRN #		Class/Year	

Child #3 Details:

Surname		First Name		Date of Birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	CRN #		Class/Year	

Parent/Guardian #1 Details:

Surname		First Name	
Address		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Phone		Work Phone	
Mobile		Employer/ Occupation	
Email address		CRN #	

Parent/Guardian #2 Details:

Surname		First Name	
Address		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Phone		Work Phone	
Mobile		Employer/ Occupation	
Email address		CRN #	



EMERGENCY CONTACTS:

PLEASE SUPPLY AT LEAST TWO EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN 1 & 2

Staff will not release a child to anyone other than those listed below, unless the Parent/Guardian has notified the centre in writing. Staff will only use listed contacts below in the event of an emergency if both Parents/Guardians are unavailable. **Photo ID must be shown prior to the child being released.**

Emergency Contacts #1:

Surname		First Name	
Address		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Contact Numbers	(H) (W) (M)	Is this person Authorised to collect your child/ren from the centre	YES/NO
Relationship to Child:		Parent/Guardian Signature	

Emergency contacts #2:

Surname		First Name	
Address		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Contact numbers	(H) (W) (M)	Is this person Authorised to collect your child/ren from the centre	YES/NO
Relationship to Child:		Parent/Guardian Signature	

Please only complete if there has been any changes to the following:

Family Status- Please circle

Married Separated Divorced De facto Single Parents

Are there any court orders, parent orders or parenting plans that we need to be aware of? YES/NO

If yes, please provide all relevant documentation/information

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Medical Information:

Does your child have any allergies, medical conditions, dietary requirements or long term medications? YES/NO

If yes, please provide information:

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Jubilee Community Services Inc.

Booking form 2017

Start Date: _____

Last day of attendance (office use) _____

Please tick the session/s you require:		
	Permanent	Casual
Before school care		
After school care		
Vacation care		

If you have selected any permanent sessions, please tick the days you require.					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before school care					
After school care					

PLEASE NOTE:

- If you wish to change, or cancel days we require **2 weeks' notice in writing**.
- All booked sessions must be paid for, even if not attended.
- 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 or cheque unless arranged with the General Manager. Payments are direct debited **only on a fortnightly basis** with an annual registration fee of \$50.00 charged at the beginning of each year and an administration fee of \$32.00 charged per term, per family. (If you enroll your child throughout the year, the Annual registration fee will still apply).

Signed.....

Date.....

You MUST sign a direct debit form and attach it to this form, for your booking to be accepted.