

# Arabanoo Enrolment Form 2005

As at June 2004

**Child Details (Tick if information same as first column)**

	Child 1	Child 2	Child 3
First Name			
Last Name			
D.O.B.			
Class			
Address			
Home Phone			

**Parent or Guardian Details**

	Mother	Father
First Name		
Last name		
D.O.B. * (For CCB purposes)		Not Required
Address (if different to child)		
Home Phone (if different to child)		
Place of Work		
Business Phone		
Mobile Phone		
Email Address		

**\*Note on Child Care Benefit**

Families are encouraged to contact the Family Assistance Office on 13 61 50 to register for this Benefit and receive it in the form of reduced fees. Quote Arabanoo Reference Numbers OOSH 555 014 721X and Vacation 555 014 723L. In the event that you decide to claim the benefit at a later stage or in the form of a lump sum payment, please sign the authority below to simplify the claim process.

I give authority for Arabanoo to provide the Family Assistance Office with name, address and D.O.B. details in order to obtain a Customer Reference No. for future use.

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**Emergency Contacts in addition to Parents (preferably local family or friends)**

Name	Relationship	Home Phone	Work Phone	Mobile Phone	Contact in Emergency (Y/N)	Authority to Collect (Y/N)

**Medical History.**

Medicare No:		
Doctor's Name/Address/Telephone:		
	Yes	No
Has each child been Immunised?		
Immunisation Completed?		
Does the school have Immunisation Records?		
Can Arabanoo sight Immunisation Records held by the school?		
Permission to use sun cream / insect repellent		
Does any child suffer from Asthma? (If yes, please complete Asthma Record)		
Are there any allergies, food difficulties, disabilities, medication or other relevant medical/ behaviour details that we should know? Please provide details.		

**Applicant's Declaration**

I authorise Arabanoo staff in the event of any accident or illness to obtain such medical, ambulance and hospital assistance as required and agree to meet any and all expenses thereby incurred. I acknowledge that my child will be exposed to all normal risks that may be associated with the Centre.

I have received a copy of the Arabanoo Terms and Conditions and agree to comply with them.

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Please attach registration fee \$25.00 for the Year or \$10.00 each term.**

# ARABANOO TERM BOOKING FORM

2004

As of June

**Term .....** **Year.....** **Name of Child/ren: .....**

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Please tick.

<b>My child/ren will be attending on a STANDARD CASUAL basis ( Fee paid on the day of attendance)</b>	
<b>My child/ren will be attending on a PERMANENT basis. (Set days for the FULL term with fee paid by week 2 of the term and not refundable)</b>	
<b>My child/ren will be attending on a PREPAID basis. (Set days for part of the term, with fee paid in advance and not refundable or 10 prepaid casual sessions booked as required)</b>	

**Permanent and Prepaid Sessions: (Please tick)**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>					
<b>Afternoon</b>					

**Please specify dates if Prepaid booking for part of the term only:**

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**Please note any change in details such as change of address, telephone no., email address, emergency contacts, extra curricular activities running concurrent with Arabanoo attendance, etc.**

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**Parent Signature.....**

**Date: .....**

**Office Use Only**

<b>Enrolment details current</b>		
<b>Annual Registration Fee Paid</b>		
<b>OR Term Registration Fee Paid</b>		
<b>Invoice issued</b>		
<b>Asthma Record on file</b>		