

Gymea Bay Care & Leisure Centre

2019 WAITLIST/BOOKING FORM NEW/KINDERGARTEN FAMILIES

Family/Account name: _____

Child's name: _____

Child's Grade/Class: _____

Child's name: _____

Child's Grade/Class: _____

Child's name: _____

Child's Grade/Class: _____

I am applying for the following care (Please tick):

- Waitlist for Permanent (Routine) Before School Care (BSC)
- Waitlist for Permanent (Routine) After School Care (ASC)
- Casual (Flexible) BSC & ASC Only
- Vacation Care Only (Flexible)



I would like to be waitlisted for the following PERMANENT sessions (Please tick):

Before School Care (BSC)

After School Care (ASC)

Monday BSC

Monday ASC

Tuesday BSC

Tuesday ASC

Wednesday BSC

Wednesday ASC

Thursday BSC

Thursday ASC

Friday BSC

Friday ASC

Parent/Guardian Declaration: *all boxes must be marked & signature completed at the bottom of this page as this document forms part of your Complying Written Agreement (CWA) with the service.*

- I have completed an updated enrolment form for my child/ren online & completed all mandatory fields including the provision of a CRN number & all authorisations. I declare that all information completed by me in the online enrolment form is true & correct.
- I understand that should any part of the enrolment process be found to be incomplete I will be advised in person/via email by GBOOSH staff. I understand that my enrolment will not be confirmed until all forms are completed in FULL. I understand this may affect my families' priority of placement as my enrolment will not progress until all forms have been completed & received at the centre.
- I have read & understood conditions & information contained in the GBOOSH *Family Handbook* (available on the GBOOSH website). The Family Handbook, Booking Form & any future written correspondence form my ongoing *Complying Written Agreement/Relevant Agreement* with the Service, Gymea Bay Care & Leisure Centre(GBOOSH).
- I understand that my GBOOSH account must be paid up to date at all times, ie. in line with current billing period. I understand that should my account fall behind at any time my child/ren's position at the service may be terminated. A schedule of fees & charges (including late pick up fees) are available on the GBOOSH website & in the Family Handbook.

For children with asthma/allergies/medical conditions or ongoing medication:

- I have provided a healthcare action plan & Risk Minimisation Form, for any children with medical needs, asthma, allergies & special dietary requirements. *Please cross out this item if your child does not have any allergies/medical requirements*

Parent/Guardian 1 name (please print)

Parent/Guardian 1 signature

Parent/Guardian 2 name (please print)

Parent/Guardian 2 signature