



ENROLMENT FORM Gymea Bay Care & Leisure Centre

PARENT 1 – this must be the parent claiming CCS with their unique CRN

Parent 1 First name:		Surname:	
Address details:			
Mobile no		Email	
CRN		Parent Date of birth	
Relationship to child			
Occupation		Employer	

PARENT 2/EMERGENCY CONTACT

Parent 2 First name:		Surname:	
Address details:			
Mobile no		Email	
Relationship to child			

EMERGENCY CONTACT – AT LEAST 1 CONTACT IS MANDATORY

Contact first name:		Surname:	
Address details:			
Mobile no		Permission to	Collect child from care
			Contact in emergency
Relationship to child			

MEDICAL CONTACT – AT LEAST 1 CONTACT IS MANDATORY such as child's GP

Practice name:		Dr name:	
Address details:			
Phone no			



Providing quality before school, after school and vacation care on the grounds of Gymea Bay Public School

Email: info@gymeabayoosh.com.au

Website: www.gymeabayoosh.com.au

M: 0408 210 705

ABN: 17 195 913 900

CHILD DETAILS 1			
Child First name:		Surname:	
Address details:			
CRN		Child Date of birth	
Medicare No		Private Health provider	
Allergies, asthma or medical conditions:	<p>Please list any medical conditions:</p> <p>Does your child have Asthma? YES NO</p> <p>Does your child have Allergies? YES NO</p> <p>Is your child suffer from Anaphylaxis? YES NO</p> <p>Other medical condition/s or dietary needs:</p> <p>Does your child take any ongoing medication? YES NO</p> <p>Type:</p> <p>Frequency:</p> <p><i>Please include a copy of your child's action plan or any relevant professional reports assessments. Your family's enrolment cannot be confirmed without the correct medical documents/action plans and completed risk minimisation plans in place.</i></p>		
Other requirements	<p>Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? YES NO</p> <p>Please explain:</p>		
Custody/care arrangements:	<p>Both parents and home Shared custody</p> <p>Court order/documentated parenting arrangement</p> <p>Please list any family arrangements the centre needs to be aware of:</p>		
Culture/language	Cultural background		Other languages spoken at home
	<p>Indigenous Status: Aboriginal & TS Islander Aboriginal but NOT TS Islander</p> <p>TS Islander but NOT Aboriginal NOT Aboriginal NOR TS Islander</p>		
Immunisation	<p>Has your child been immunised against all requirements of the The National Immunisation Program (NIP) Schedule ? YES NO</p> <p><i>Please include a copy of your child's immunisation statement or exemption to be eligible for CCS. Your family's enrolment cannot be confirmed without this document.</i></p>		



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CHILD DETAILS 2			
Child First name:		Surname:	
Address details:			
CRN		Child Date of birth	
Medicare No		Private Health provider	
Allergies, asthma or medical conditions:	<p>Please list any medical conditions:</p> <p>Does your child have Asthma? YES NO</p> <p>Does your child have Allergies? YES NO</p> <p>Is your child suffer from Anaphylaxis? YES NO</p> <p>Other medical condition/s or dietary needs:</p> <p>Does your child take any ongoing medication? YES NO</p> <p>Type:</p> <p>Frequency:</p> <p><i>Please include a copy of your child's action plan or any relevant professional reports assessments. Your family's enrolment cannot be confirmed without the correct medical documents/action plans and completed risk minimisation plans in place.</i></p>		
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Culture/language	Cultural background	Other languages spoken at home	
	<p>Indigenous Status: Aboriginal & TS Islander</p> <p>TS Islander but NOT Aboriginal</p>	<p>Aboriginal but NOT TS Islander</p> <p>NOT Aboriginal NOR TS Islander</p>	
Immunisation	<p>Has your child been immunised against all requirements of the The National Immunisation Program (NIP) Schedule? YES NO</p> <p><i>Please include a copy of your child's immunisation statement or exemption to be eligible for CCS. Your family's enrolment cannot be confirmed without this document.</i></p>		
Other:	<p>Please advise the centre of any other concerns or circumstances we need to be aware of?</p>		





Requested Booking Start Date:			
Child/ren to be enrolled:			
Child 1:		Class/Grade:	
Child 2:		Class/Grade:	
Child 3:		Class/Grade:	
Child 4:		Class/Grade:	
I am applying for the following care types (Please tick):			
<input type="checkbox"/> Permanent (Routine) Before School Care (BSC) AND/OR After School Care (ASC) <input type="checkbox"/> Casual (Flexible) BSC & ASC Only <input type="checkbox"/> Vacation Care Only (Flexible)			
I would like to apply for the following <u>PERMANENT</u> care sessions:			
Before School Care (BSC) Please tick required sessions:		After School Care (ASC) Please tick required sessions:	
<input type="checkbox"/> Monday BSC <input type="checkbox"/> Tuesday BSC <input type="checkbox"/> Wednesday BSC <input type="checkbox"/> Thursday BSC <input type="checkbox"/> Friday BSC		<input type="checkbox"/> Monday ASC <input type="checkbox"/> Tuesday ASC <input type="checkbox"/> Wednesday ASC <input type="checkbox"/> Thursday ASC <input type="checkbox"/> Friday ASC	
Parent/Guardian Declaration/s: <i>all declarations must be initialled at the end & signature completed at the bottom of this page. This document forms part of your Complying Written Agreement (CWA) with the service.</i>			
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 <i>Family Handbook</i> (available on the GBOOSH website). The Family Handbook, Booking Form & any future written correspondence form my ongoing <i>Complying Written Agreement/Relevant Agreement</i> 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. <i>Please complete a DDR for if you wish to pay via Direct Debit.</i>			
For children with asthma/allergies/medical conditions or ongoing medication:			
I have provided a current healthcare action plan & Risk Minimisation Form, for any children with medical needs, asthma, allergies & special dietary requirements. I agree to update this information annually or by the plans review date.			
Parent Guardian Signature/s:			
Parent/Guardian 1 name: (please print)	Parent/Guardian 1 Signature:	Date:	
Parent/Guardian 2 name: (please print)	Parent/Guardian 2 Signature:	Date:	