

AFTER SCHOOL CARE REGISTRATION FORM 2018

Personal Details of Child/Children

First Name of Child			
Surname of Child			
Date of Birth			
Gender <i>Please circle</i>	M F	M F	M F
Current year level <i>Please circle</i>	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
Room Number			
Days of Care Required <i>Please circle</i>	M W Fr	M W Fr	M W Fr
Start Date			
End Date			

Medical, Cultural or Behavioural Information

**Please state any medical conditions, allergies, cultural or dietary requirements, behavioural conditions or specific needs for each child			
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Administration of Required Medication

**Please state administration requirements and attach an action plan from your GP if required			
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**** Please see the 'Privacy Disclosure Statement' regarding Medical and Behavioural Information.**

Family Details (1)

Name of Parent/Caregiver			
Address			
Contact Phone Numbers	Hm	Wk	Mob
Email Address			

Family Details (2)

Name of Parent/ Caregiver			
Address			
Contact Phone Numbers	Hm	Wk	Mob
Email Address			

Custody Arrangements

For pick up purposes. Please provide details and supporting court documentation	
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Family Doctor

Name of Family Doctor			
Medical Centre		Phone Number	

Consent for Medical Treatment

- ☐ I/we give consent to any emergency medical treatment for my/our child/children deemed necessary by ARISEPM first-aid trained staff.
- ☐ I/We understand that in the event of a medical emergency if a parent or caregiver cannot be contacted, an ambulance will provide transport to the nearest Accident & Emergency clinic.
- ☐ I/we give consent to Panadol/Paracetamol being administered if required.

Privacy Disclosure

- ☐ I/we understand that as ARISE PM operates under the umbrella of Elim Christian College and that all behavioural and medical information about your child/ren will be shared between Elim Christian College and ARISE PM.

Emergency Contact

To complete this registration form, the names of 2 emergency contacts must be supplied.

If you are un-contactable, please provide the names of 2 adults (aged 18+) who are within the area of the programme that can be contacted in an emergency. These people have permission to collect your child/children.

1. Name & relationship to child			
Contact Phone Numbers	Hm	Wk	Mob
2. Name & relationship to child			
Contact Phone Numbers	Hm	Wk	Mob

Names of other adults (aged 18+) not previously mentioned on this form who have permission to collect your child/children:

1. Name & relationship to child			
Contact Phone Numbers	Hm	Wk	Mob
2. Name & relationship to child			
Contact Phone Numbers	Hm	Wk	Mob

Photos

I give permission for my child to be photographed for Elim Christian College's promotional materials.	YES	NO	(circle one)
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Absences and Refunds

Absences – I understand that if we book our child into ARISE PM and they do not attend I/we will be charged for that day.
Late pick-up charges – I understand that if I fail to pick up my child by 6pm a late charge of \$10 per 10 minutes will be levied after that time, or \$60.00 an hour. In the event of this happening, please contact: Yin Huang ARISE PM Director - 0226498275.
Refunds – <u>We have a no refund policy</u> and are not obligated to refund your money if your child/ren misses a day of care for <u>any reason</u> (including sickness).
Withdrawal from ARISE PM - A two week notice period is required to withdraw your child from ARISE PM.

Payment of Care

<input type="checkbox"/> I/we agree to pay my/our account, in full, two weeks in advance <input type="checkbox"/> I/we understand that should my/our account fall into arrears my/our children will be refused admission to ARISE PM until the childcare debt is brought up to date. If the childcare debt is placed in the hands of a debt collection agency, I/we are aware any fees incurred in the debt collection process will be added to the debt owed to ARISE PM and will be fully payable.
Payment Details: Payment can be made by cash, cheque or EFTPOS at the Mount Albert Campus school office or by direct credit to: 02-0100-0357672-000. Reference: ARISE & child/s name or surname.

Parent/Caregiver Declaration

<input type="checkbox"/> I/we have read the policies and conditions of the ARISE PM facility and agree to these, and wish to enrol my/our child/children.	
Parent/Caregiver Signature:	Date:
Parent/Caregiver Signature:	Date: