



The Kids Castle

Before & After School Care

A.B.N. 64 385 249 440

Phone: 9417 7183

Castle Cove Public School, Kendall Road, Castle Cove NSW 2069

Email: thekidscastle@bigpond.com

FAO Provider Number: **BSC** 406 041 463C

ASC 406 041 443X

REGISTRATION FORM 2009

PARENT DETAILS

Mother's Full Name: _____ Father's Full Name: _____

Home Address: (A) _____ Home Address - *if different from (A)* _____

Home Phone: _____ Home Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Mother's D.O.B: _____ Father's D.O.B: _____

e-mail: _____ e-mail: _____

Medicare Number: _____ Family CRN (for CCB - if applicable) _____

PARENT PERSONAL

Mother's Employer: _____ Father's Employer: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Work Suburb: _____ Work Suburb: _____

Cultural background: _____ Languages at home: _____

Declaration and Indemnity (BOTH PARENTS TO SIGN).

I hereby consent to _____ (child/ren's name) attending The Kids' Castle.

I acknowledge that my child/children will be exposed to all normal risks associated with participation in activities offered by The Kids' Castle. In consideration of The Kids' Castle admitting my child/children, I hereby agree that I will indemnify the Castle Cove Public School, the Castle Cove P & C Association Inc, The Kids' Castle, the The Kids' Castle officers, staff and agents, and keep them indemnified against all claims, demands, actions and liabilities of any kind arising (other than wilful negligence) in the course of my child's/children's attendance.

I consent to my child/children attending The Kids' Castle Centre and indemnify the Castle Cove Public School, Castle Cove P & C Association Inc., the The Kids' Castle Centre and it's staff against any responsibility for any accident, loss or injury suffered by my child/children and/or self during the course of attending The Kids' Castle.

I authorise The Kids' Castle, it's officers, servants or agents in the event of any emergency, accident or illness, to obtain such dentist, ambulance, medical and hospital assistance as required, and agree to meet any and all expenses thereby incurred.

I give permission for my child/ren to have their photograph taken and displayed at The Kids' Castle. (Please delete if deemed necessary)

All people named on this form have been notified by me as required by the Privacy Act 1998 which came into force in December 2001.

I understand it is my responsibility to place my child onto The Kids' Castle CCB Provider Number, if applicable, by ringing the Family Assistance Office.

I have read or I am aware of The Kids' Castle Family Information Booklet and accept the terms and conditions of registration The Kids' Castle and abide by the Policy & Procedure Document of the Centre varied from time to time and is available on request. I acknowledge that a \$10 registration fee will be included in my first invoice and agree to pay all fees and charges.

I understand that neither The Kids' Castle nor any of its representatives will be held responsible for not being able to contact any parents/guardians/authorised collectors if they have not been advised of any changes to contact details of parents/guardians/authorised collectors.

Signed _____ (Parent/Guardian) Signed _____ (Parent/Guardian)

Name in full _____ Name in full _____

Date _____ Date _____

The Kids' Castle

CHILD 1 - INFORMATION

(Please complete a separate form for each child)

CHILD 1 DETAILS

Child's Name: _____ Date of Birth: _____ Child's Sex: Male / Female

Address: _____

Birth Country: _____ Languages (other than English): _____

Position in Family: _____ Class: _____

Does your child have any cultural background information you would like to provide to assist us in implementing programs and food menus? _____

MEDICAL/HEALTH DETAILS

Does your child have any medical conditions (eg, Diabetes, Asthma/Allergies)/Disabilities/Additional Needs/Dietary Restrictions/Food Sensitivities?

Doctor or other Health Practitioner's Name: _____

Doctor's Address and Phone Number: _____

Release Child to Doctor in an emergency?: _____ Religious Requirements in care of Accident?: _____

(Please Detail) _____

Any other Medical history we should know? _____

Immunisation-(for first time families, and must be sighted by a staff member).

Is the Child Immunised? _____ Documentation Sighted by Staff _____ Date _____

Please provide a copy of Immunisation Certificate AND have Certificate or Blue Book sighted by The Kids' Castle staff member and be signed off above. Evidence must be produced within 28 days of start of care to be eligible for Childcare assistance or Childcare Cash Rebate. I understand that I am required to comply with the Department of Health regulations in relation to immunisation. If my child is not immunised and an outbreak of a vaccine preventable disease occurs, I understand I am required to exclude my child from care for the duration of the outbreak. I will provide updated copies as further immunisations are completed. I authorise The Kids' Castle Director, to access the Castle Cove Public School's records to confirm my child/ren's Immunisation status, if needed.

Signed: _____ (Parent/Guardian) Date: _____

Paracetamol Policy.

I, _____ understand that if my child's temperature rises above 37.5 C, every attempt will be made to contact my emergency contact or me. If no contact can be made, The Kids' Castle Centre Staff will administer one dose of paracetamol in accordance with the manufacturer's instructions. If the temperature continues to rise above 38.5 C, and staff can not contact my emergency contacts or me, I understand an ambulance will be called.

I understand that a medical administration form is available should I require the administration of any medicine.

Signed: _____ (Parent/Guardian) Date: _____

Sunscreen.

I give permission for sunscreen to be applied to my child in accordance with The Kids' Castle Policy.

Signed: _____ (Parent/Guardian) Date: _____

THE KIDS' CASTLE

EMERGENCY CONTACTS 2009

(Please nominate at least two (2) people who may be contacted in the event of an emergency or if parents cannot be contacted for any reason).

I agree that the Emergency contacts are authorised to collect my child/ren. I understand Ideally the contact people should live in the neighbourhood of The Kids' Castle.

PLEASE DO NOT PUT THE PARENT INFORMATION DOWN AS YOU ARE ALREADY AN EMERGENCY CONTACT/COLLECTOR

Child 1 Name: _____ Child 2 Name _____

I, _____ give permission for the following people to be contacted in an emergency.

Name: _____ Relationship to CHILD: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Name: _____ Relationship to CHILD: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Name: _____ Relationship to CHILD: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Invoice Options

You may elect to receive your fee Invoice by email or post. Please tick the appropriate box below. If electing to receive your invoice by email please fill out your details CLEARLY.

I wish to receive my invoice by email. Please email to _____

I wish to receive my invoice by post to my home address.

Restricted Access.

Persons **NOT** Authorised to Collect/ and/or any custodial matters or Court Orders The Kids' Castle should be aware of.

Custody Papers (if any) current from ____/____/____

Emergency Collection.

In the event of my child/ren being left at The Kids' Castle after closing time or a parent or primary carer being deemed by staff unfit* to collect my child/ren or in an emergency, I authorise the persons listed above to be contacted to collect my child/ren. I understand that in the event that parents and emergency contacts cannot be reached, the Department of Community Services and/or Police may be contacted to provide after hours assistance in accordance with DoCS Policy.

Signed: _____ (Parent/Guardian) Date: _____

- Unfit to collect means a person considered by staff to be affected by alcohol or drugs, mentally or physically ill, threatening or in fear of danger so as not to be able to provide reasonable safe care for a child.

The Kids' Castle

CHILD 2 - INFORMATION

(Please complete a separate form for each child)

CHILD 2 DETAILS

Child's Name: _____ Date of Birth: _____ Child's Sex: Male / Female

Address: _____

Birth Country: _____ Languages (other than English): _____

Position in Family: _____ Class: _____

Does your child have any cultural background information you would like to provide to assist us in implementing programs and food menus? _____

MEDICAL/HEALTH DETAILS

Does your child have any medical conditions (eg, Diabetes, Asthma/Allergies)/Disabilities/Additional Needs/Dietary Restrictions/Food Sensitivities?

Doctor or other Health Practitioner's Name: _____

Doctor's Address and Phone Number: _____

Release Child to Doctor in an emergency?: _____ Religious Requirements in care of Accident?: _____

(Please Detail) _____

Any other Medical history we should know? _____

Immunisation-(for first time families, and must be sighted by a staff member).

Is the Child Immunised? _____ Documentation Sighted by Staff _____ Date _____

Please provide a copy of Immunisation Certificate AND have Certificate or Blue Book sighted by The Kids' Castle staff member and be signed off above. Evidence must be produced within 28 days of start of care to be eligible for Childcare assistance or Childcare Cash Rebate. I understand that I am required to comply with the Department of Health regulations in relation to immunisation. If my child is not immunised and an outbreak of a vaccine preventable disease occurs, I understand I am required to exclude my child from care for the duration of the outbreak. I will provide updated copies as further immunisations are completed. I authorise

Signed: _____ (Parent/Guardian) Date: _____

Paracetamol Policy.

I, _____ understand that if my child's temperature rises above 37.5 C, every attempt will be made to contact my emergency contact or me. If no contact can be made, The Kids' Castle Centre Staff will administer one dose of paracetamol in accordance with the manufacturer's instructions. If the temperature continues to rise above 38.5 C, and staff can not contact my emergency contacts or me, I understand an ambulance will be called.

I understand that a medical administration form is available should I require the administration of any medicine.

Signed: _____ (Parent/Guardian) Date: _____

Sunscreen.

I give permission for sunscreen to be applied to my child in accordance with The Kids' Castle Policy.

Signed: _____ (Parent/Guardian) Date: _____