



# Welcome to Fair Play Café Before & After School Care Vacation Care

## Contact & Centre Information

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**Phone Number:** 49437754

**Email Address:** oosh@fairplaycafe.com.au

**ABN:** 30 144 820 173

**Trading Name:** FPC Gateshead PTY

**Mobile Number:** 0412 728 915

**Website:** <http://www.fairplaycafe.com.au>

**Address:** Unit 3 / 5-7 Pacific Highway, Gateshead  
NSW 2290

## Important Information - Please Read

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Dear Parents / Guardians this form is to enrol your child/children into Fair Play Cafe Before & After School Care / Vacation Care.

Please read the form carefully and complete all the required questions, the questions marked with a red asterisks (\*) and important and must be completed.

Prior to submitting this form please ensure you have all relevant documents ready for submission, these documents are;

1. Birth Certificates of the child or children
2. Immunisation Records of the child or children
3. Centrelink CRN (Customer Reference Number) of the child or children and parent or guardian  
**Note:** to find your CRN please contact the Family Assistance Office on **13 6150** - Between 8am and 8pm (local time) Monday to Friday.
4. Medicare card and / or Private Health Care card that relates to the child, children.
5. Parent / guardian's Identification ie: Drivers Licence or Passport.

The documents listed above must be provided to the service with this enrolment form prior to commencement date.

This enrolment form contains paper clip icons where items should be attached, the icon looks like this 

An enrolment fee of \$25.00 will also be needed at the time of enrolment; this fee covers administration costs for Before and After School Care and/or Vacation Care

Fair Play Café accepts the following forms of payment;

- Direct Deposit (Internet transfer) - BSB 032 505 Account Number 288 528
- EFTPOS at the centre
- Credit Card Payment
- Cheque
- Cash

If you have any questions regarding the enrolment form please contact us on 0412 728 915

## Child(ren) Information

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**Child 1;** Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CRN( Centrelink Number) \_\_\_\_\_ **Please note that each family member has a different CRN**

D.O.B: \_\_\_/\_\_\_/\_\_\_ Please Circle: Male / Female

Nationality or Background of Child: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

**Child 2;** Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CRN( Centrelink Number) \_\_\_\_\_ **Please note that each family member has a different CRN**

D.O.B: \_\_\_/\_\_\_/\_\_\_ Please Circle: Male / Female

Nationality or Background of Child: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

**Child 3;** Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CRN( Centrelink Number) \_\_\_\_\_ **Please note that each family member has a different CRN**

D.O.B: \_\_\_/\_\_\_/\_\_\_ Please Circle: Male / Female

Nationality or Background of Child: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

**If you require details for 4 or more children, please re-print the page and attach it to the submission**

Other Sibling in the family **not** attending this service

1. Full Name \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Does This Child Attend Any Other Childcare Service? Yes / No

2. Full Name \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Does This Child Attend Any Other Childcare Service? Yes / No

Do you & your family speak another language other than English at home? Yes / No

Please indicate the language spoken \_\_\_\_\_



### Birth Certificates

Please attach a copy of all children's birth certificates that attend this centre.

## Family Information

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**Primary Carer;** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

D.O.B \_\_\_/\_\_\_/\_\_\_ Please Circle: Male / Female

Relationship to child: \_\_\_\_\_ Drivers Licences No: \_\_\_\_\_

CRN (Centrelink Number) \_\_\_\_\_ **please note that each family member has a different CRN**

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Can we send you weekly invoices via Email? Yes / No

Home Phone No: \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

Employment / Study Address: \_\_\_\_\_

Occupation / Course Studying: \_\_\_\_\_

Name of work Place / College / T.A.F.E / University. \_\_\_\_\_

Employment/ Study Contact No (Landline): \_\_\_\_\_ Mobile \_\_\_\_\_

**Secondary Carer;** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

D.O.B \_\_\_/\_\_\_/\_\_\_ Please Circle: Male / Female

Relationship to child: \_\_\_\_\_ Drivers Licences No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Can we send you weekly invoices via Email? Yes / No

Home Phone No: \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

Employment / Study Address: \_\_\_\_\_

Occupation / Course Studying: \_\_\_\_\_

Name of work Place / College / T.A.F.E / University. \_\_\_\_\_

Employment/ Study Contact No (Landline): \_\_\_\_\_ Mobile \_\_\_\_\_



**Court Orders** Please attach any relevant court orders

## Emergency Contact Information

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**Important Note:** This section of the form is for Emergency contacts other than the primary or secondary carer, please **DO NOT** complete with details from either the primary or secondary carer.

The service requires **two** emergency contacts, these contacts must not be the parents of the child/children and must be over the age of eighteen (18).

### Primary Emergency Contact:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work No \_\_\_\_\_

Identification No \_\_\_\_\_ (Prefer Photo identification) I.E Drivers Licence No, Club Membership, Library Card, Student cards (T.A.F.E, University).

Can This Person Collect Your Child in an emergency? Yes / No

Password \_\_\_\_\_

### Secondary Emergency Contact:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work No \_\_\_\_\_

Identification No \_\_\_\_\_ (Prefer Photo identification) I.E Drivers Licence No, Club Membership, Library Card, Student cards (T.A.F.E, University).

Can This Person Collect Your Child in an emergency? Yes / No

Password \_\_\_\_\_

### Doctor's Contact Information;

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Healthcare Number (Centrelink): \_\_\_\_\_

Do You Authorise Staff to call an ambulance for your child? Yes / No.

If you do not have Ambulance cover this cost will be at your expense

Private Health Fund Name: \_\_\_\_\_ Private Health Fund No: \_\_\_\_\_

## Medical Section

Medical History	Describe in Detail	Instructions and Additional Information
<p><i>Does your child have Allergies? ie;</i>            Bees            Wasps            Food            Grass            Carpet            Dairy products            Gluten products            Nuts            Other</p>		
<p><i>Has your child had any Injuries? ie;</i>            Broken bones            Dislocation            Other</p>		
<p><i>Medication required to be administrated while in care? Yes / No</i></p>		
<p><i>Has your child experienced any convulsions? Yes / No</i></p>		
<p><i>Does your child suffer asthma?</i>            Yes / No            Please let us know if it is seasonal.</p>		
<p><i>Has your child had?</i>            Measles. Yes / No            Mumps. Yes / No            Chicken Pox. Yes / No</p>		
<p><i>Does your child have Hearing or Speech problems? Yes / No</i></p>		
<p><i>Does your child have Special Needs?</i>            Yes / No            Developmental,            Physical needs,            Behavioural needs, etc</p>		



### **Medical Documents**

Please attach a copy of your child/children's Immunisation records and any relevant information regarding your child's medical needs.

## Required Care Section

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Tick in box provided if you require that care and complete the days required section.

Permanent = Fixed days ie; every Monday and Tuesday.

Casual = Care only when needed ie; called into work.

Type of Care	<input checked="" type="checkbox"/>	Days Required
Permanent Before School Care		
Permanent After School Care		
Casual Before School Care		
Casual After School Care		
Vacation Care		

What date and/or day will your child's first day be? \_\_\_\_\_

## Permission Slip

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Please complete the following permission section by ticking the boxes and filling in the blanks.

I \_\_\_\_\_ as guardian of \_\_\_\_\_ give permission for Fair Play Café OOSH & Vacation Care to do the following;

- Transport my child to and from school and excursions
- Administer non-intrusive first aid when needed
- Take photos and/or video of my child during the course of the OOSH service
- Display photos and/or video of my child
- Display and/or screen G and PG rated movies and/or dvd's
- Administer medication when needed and provided in accordance with the policy
- Discipline my child in accordance with the policy

As a guardian I will;

- Complete all paper work required by Fair Play Café
- Work in partnership with Fair Play Café to ensure my children are safe and happy
- Keep my account up to date and free from debt
- Sign my children in and out from OOSH
- Inform Fair Play Café of any changes that may effect the child, their care and so on

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

## Submission Information

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Please return forms to staff at Fair Play Cafe or email [oosh@fairplaycafe.com.au](mailto:oosh@fairplaycafe.com.au)

If you have any questions please phone 49 437754 or 0412 728 915