



# Playbase

## Spring 2025 Holiday Program

### Enrolment Form

(THE FOLLOWING INFORMATION IS CONFIDENTIAL)

#### **Child Care Subsidy (CCS)**

Have you applied for Child Care Subsidy (CCS): ☐ Yes ☐ No

(If “Yes” a Complying Written Agreement (CWA) enrolment type will be created. Your CCS details will be provided to our service through the Child Care Subsidy System)

If No, do you intend to apply for CCS (you must contact Centrelink to arrange): ☐ Yes ☐ No

(If “Yes” a CWA enrolment will be created as per above. You will need to apply as soon as possible as the Department has strict backdating rules. If “No” a Relative Agreement (RA) enrolment type will be created, unless an organisation is making the enrolment for a child. No Child Care Subsidy is applied with an RA and full fees are charged).

***For CCS to be paid you must provide accurate details on this form. Names, dates of birth and CRNs must match the data at Centrelink. Please complete the form fully.***

Note if parents/guardians have shared custody of a child it is necessary for each parent to complete their own enrolment form.

#### **Parent/Guardian 1 (If claiming CCS this MUST be the person who has registered to claim the CCS)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ CRN: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

#### **Parent/Guardian 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ CRN: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

#### **Please provide details of any other person to contact in an emergency, if parent/guardians are unavailable:**

1	Name: _____	Relationship to child: _____
	Address: _____	Contact Phone: _____
	Does this person also have permission to collect the child:	YES NO
	Can this person authorise medical treatment for the child, authorise an educator to take child outside the education and care service premise and authorise the education and care service to transport the child or arrange transportation of the child:	YES NO

<b>2</b>	Name: _____ Address: _____ Does this person also have permission to collect the child: _____ Can this person authorise medical treatment for the child, authorise an educator to take child outside the education and care service premise and authorise the education and care service to transport the child or arrange transportation of the child: _____	Relationship to child: _____ Contact Phone: _____ YES      NO YES      NO
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### Details of Children:

<b>1</b>	First Name: _____ DOB: _____ Gender:    M / F    CRN: _____ Child resides at address listed at:    Parent /Guardian 1                  Parent/Guardian 2                  Both Addresses Your relationship to Child: _____ Legal Guardian    YES      NO School Child attends 2025: _____ Grade in 2025: _____ Details of any medical, physical or emotional condition of which we should be aware including any allergies, dietary requirements, special needs or disabilities (note additional forms/funding may be required): _____  Details of any cultural or religious requirements: _____ Primary Language of child if not English: _____ Indigenous or Torres Strait Islander background (give details): _____ Is your child fully Immunised:    YES      NO                  Medical Practitioner: _____	Last Name: _____
<b>2</b>	First Name: _____ DOB: _____ Gender:    M / F    CRN: _____ Child resides at address listed at:    Parent /Guardian 1                  Parent/Guardian 2                  Both Addresses Your relationship to Child: _____ Legal Guardian    YES      NO School Child attends 2025: _____ Grade in 2025: _____ Details of any medical, physical or emotional condition of which we should be aware including any allergies, dietary requirements, special needs or disabilities (note additional forms/funding may be required): _____  Details of any cultural or religious requirements: _____ Primary Language of child if not English: _____ Indigenous or Torres Strait Islander background (give details): _____ Is your child fully Immunised:    YES      NO                  Medical Practitioner: _____	Last Name: _____

**3** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: M / F CRN: \_\_\_\_\_

Child resides at address listed at: Parent /Guardian 1 Parent/Guardian 2 Both Addresses

Your relationship to Child: \_\_\_\_\_ Legal Guardian YES NO

School Child attends 2025: \_\_\_\_\_ Grade in 2025: \_\_\_\_\_

Details of any medical, physical or emotional condition of which we should be aware including any allergies, dietary requirements, special needs or disabilities (note additional forms/funding may be required):

Details of any cultural or religious requirements: \_\_\_\_\_

Primary Language of child if not English: \_\_\_\_\_

Indigenous or Torres Strait Islander background (give details):

Is your child fully Immunised: YES NO Medical Practitioner: \_\_\_\_\_

**Session Details for each Child: Further Information on Excursions and Clinics is on the Information Sheet**

Child Name: _____	<b>Daily Rate:</b> (Bookings before Sep 27, 2025)	Mon Sep 29	Tues Sep 30	Weds Oct 1	Thurs Oct 2	Fri Oct 3	Tues Oct 7	Weds Oct 8	Thurs Oct 9	Fri Oct 10	Mon Oct 13	<b>\$ Totals</b>
<b>Morning Only – Any program</b>	\$70											
<b>Afternoon Only- Excursion</b>	\$70											
<b>Full Day – Holiday Care and Excursion</b>	\$115											

  

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**Photographing of children at the service:** Do you give permission for your child/ren to be photographed whilst at the service. Photographs may be used in Playbase publications and/or our website: ☐YES ☐NO

**Court/Custody Orders:**

Are there any court or custody order pertaining to any of the children on this enrolment form? ☐YES ☐NO (If yes, please provide a copy for our records).

**PARENT / GUARDIAN STATEMENT**

I/we are aware that the person/s nominated on this form as parent/guardian are the authorised parties to enrol, cancel payment, release and have the Service release the children to.

I/we understand that Playbase is unable to care for sick children or children with contagious illness. Medicine will only be administered to children by the Director or staff if it is prescribed by a doctor and the parent/guardian gives authorisation on the day it is to be administered.

In the event of any accident or illness, I authorise the obtaining on my behalf such medical or hospital treatment as my child/ren may require and agree to meet any expenses attached thereto. In the case of emergency, I agree for my child to be transported by private vehicle/ambulance. I/we agree to pay expenses incurred for medical treatment and transport.

I/we are willing for the child/ren to participate in all activities offered in the Playbase Program. I/we agree it is our responsibility to be familiar with the program and to advise the Service in writing if I/we do not wish the child/ren to participate in a specific activity. Parental permission for all excursions which involve transport by vehicle to the excursion destination will be requested for each specific excursion, at which time full details of the excursion will be provided.

I/we understand that valuable property (including electronic games and toys) must not be brought to the service. Playbase takes **no** responsibility for lost, stolen or damaged property.

I/we understand that children are not to bring mobile devices (including mobile phones) to the service. If my child requires a mobile device for any purpose I/we will advise of this in writing and understand that it will be signed in/out of the service each session.

I/we understand that failure to give 48 hours' notice to change or cancel a holiday care booking will result in full fee being charged for the session (this includes excursions).

*I/we agree to pay all accounts as per the information in the attached sheet under the headings "Fees" and "Cancellation or Changes to bookings".* I/we understand that if Child Care Subsidy (CCS) has not yet been processed that the full amount must be paid before attendance. Once Child Care Subsidy is calculated if money is owed to me/us, it will be credited to my/our account or reimbursed into my/our bank account.

Parent /Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent /Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(This form can be handed to a Playbase Co-ordinator, posted to PO Box 42 Woden ACT 2606 or emailed to [info@play-base.com.au](mailto:info@play-base.com.au))**