Playbase
Summer 2027 Holiday Program
Continuing Care Enrolment Form
(THE FOLLOWING INFORMATION IS CONFIDENTIAL)

This form can only be used by families that have children currently enrolled in before and after school care or holiday care previously at Playbase. If there are any changes to your child's medical information (allergies or other medical information) or details of the people previously advised as emergency contacts/people permitted to collect the child, you must provide this information in writing and attach to this form. This form cannot be used for children who will be commencing for the first time at the service in Summer 2027.

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

First Name: _____ Last Name: _____

Address: _____

Email: _____ Mobile Number: _____

Parent/Guardian 2

First Name: _____ Last Name: _____

Children's Details:

	First Name	Last Name	2027 School Year/Grade
Child 1			
Child 2			
Child 3			
Child 4			

Child Name: _____	Daily Rate: (Bookings before Dec 19, 2026)	Mon Jan 11	Tues Jan 12	Weds Jan 13	Thurs Jan 14	Fri Jan 15	Mon Jan 18	Tues Jan 19	Weds Jan 20	Thurs Jan 21	Fri Jan 22	Mon Jan 25	Weds Jan 27	Thurs Jan 28	Friday Jan 29	$ Totals
Morning Only – Any program	$80															
Afternoon Only- Excursion	$80															
Full Day – Morning Care and Excursion	$125															

Child Name: _____	Daily Rate: (Bookings before Dec 19, 2026)	Mon Jan 11	Tues Jan 12	Weds Jan 13	Thurs Jan 14	Fri Jan 15	Mon Jan 18	Tues Jan 19	Weds Jan 20	Thurs Jan 21	Fri Jan 22	Mon Jan 25	Weds Jan 27	Thurs Jan 28	Friday Jan 29	$ Totals
Morning Only – Any program	$80															
Afternoon Only- Excursion	$80															
Full Day – Morning Care and Excursion	$125															

Child Name: _____	Daily Rate: (Bookings before Dec 19, 2026)	Mon Jan 11	Tues Jan 12	Weds Jan 13	Thurs Jan 14	Fri Jan 15	Mon Jan 18	Tues Jan 19	Weds Jan 20	Thurs Jan 21	Fri Jan 22	Mon Jan 25	Weds Jan 27	Thurs Jan 28	Friday Jan 29	$ Totals
Morning Only – Any program	$80															
Afternoon Only- Excursion	$80															
Full Day – Morning Care and Excursion	$125															

Child Name: _____	Daily Rate: (Bookings before Dec 19, 2026)	Mon Jan 11	Tues Jan 12	Weds Jan 13	Thurs Jan 14	Fri Jan 15	Mon Jan 18	Tues Jan 19	Weds Jan 20	Thurs Jan 21	Fri Jan 22	Mon Jan 25	Weds Jan 27	Thurs Jan 28	Friday Jan 29	$ Totals
Morning Only – Any program	$80															
Afternoon Only- Excursion	$80															
Full Day – Morning Care and Excursion	$125															

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 particular activity.

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

I/we understand that children are not to bring mobile phones or devices to the service. If my child requires a mobile phone or device, I/we will advise of this in writing and understand that it will be signed in/out of the service each session.

I/we agree to give at least one week's notice to cancel my child's enrolment and two weeks' notice to modify the enrolment. I/we understand that failure to provide this notification will result in a payment of full fee for the notification period. Please note that any absences (including those for sickness) are charged on your invoice (unless you have provided two weeks' notice).

I/we agree that I/we have read the ***Information Sheet*** attached to this enrolment form and agree to abide by these terms. Failure to abide by these terms may result in suspension and/or cancellation of our child's enrolment.

I/we understand that if Child Care Subsidy has not yet been processed that the full amount must be paid. Once Child Care Subsidy is calculated if money is owed to me/us, it will be credited to my/our account or reimbursed by Centrelink.

I/we understand that a Bond may be collected from me/us if I have previously used the service and failed to pay an outstanding account or if I have multiple failed iDebitPro payments.

Parent /Guardian 1 signature: _____ **Date:** _____

Parent /Guardian 2 signature: _____ **Date:** _____

(This form can be handed to a Playbase Coordinator, posted to PO Box 42 Woden ACT 2606 or emailed to info@play-base.com.au)