Before and After School Care
2027 Enrolment Form

(THE FOLLOWING INFORMATION IS CONFIDENTIAL)

ATTACHED DOCUMENTS			
Please ensure ALL of the following documents are attached to this application before submission			
Photo identification of		Child Customer Reference Number (CRN)	
Immunisation History Statement Provided/sighted		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

CHILD DETAILS - *Education and Care Services National Regulations - Regulation 160 (3a, e)*			
Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	
Child's home address			
Child normally lives with			
CENTRELINK REFERENCE NUMBER (CRN)			
PLEASE NOTE: Parent and child have their own individual CRN number.			
Child CRN			

ENROLMENT DETAILS -					
Child's start date					
Child's year level and teacher					
Days of attendance (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Morning session required (tick)					
Afternoon session required (tick)					

**All enrolments will be entered as both "Routine and Casual" on the Child Care Subsidy System unless you are requesting "Casual Care" only. This will enable you to add Casual Care if needed and access our Holiday Care program.

CHILD CULTURAL CONSIDERATION - *Education and Care Services National Regulations - Regulation 160 (f, g, h)*	
Education and Care Services National Regulations - Regulation 160 (f, g, h)	
Is your child of Aboriginal or Torres Strait Islander origin?	No ☐ Aboriginal ☐ Torres strait Islander ☐ Both ☐
Does your child speak a language other than English at home?	Yes ☐ No ☐ If yes, what language (s) other than English are spoken at home:

County of birth	
What is your child's cultural background?	
Please outline any cultural practices you would like followed: (Cultural, dietary)	
Religion	
Relevant religious, cultural practices/celebrations you would like followed.	

PRIMARY PARENT/GUARDIAN DETAILS - *Education and Care Services National Regulations - Regulation 160 (3b, f, g, h)* [Primary Parent must also be the registered CCS claimant]			
Family name			
Given name		Date of birth	
Address			
Phone number/s	Home: Mobile: Work:		
Email address			
Relationship to child			
Country of birth			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Does the child normally live with you?		Yes ☐	No ☐
CENTRELINK REFERENCE NUMBER (CRN)			
Please note: Parent and child have their own individual CRN number.			
Parent CRN			

SECONDARY PARENT/GUARDIAN DETAILS - *Education and Care Services National Regulations - Regulation 160 (3b, f, g, h)*			
Family name			
Given name		Date of birth	
Address			
Phone number/s	Home: Mobile: Work:		
Email address			
Relationship to child			
Country of birth			
Please provide any relevant cultural background details			
Languages other than English spoken at home			
Parent CRN			

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER - *Education and Care Services National Regulations - Regulation 160 (3c, d)*		
Please note- Without this documentation we cannot legally enforce the Order/s.		
Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes ☐ No ☐	Attached ☐
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes ☐ No ☐	Attached ☐
Have photographs and names of unauthorised people been attached to this form?	Yes ☐ No ☐	Attached ☐
Briefly outline court order requirements		

CHILD'S MEDICAL INFORMATION - *Education and Care Services National Regulations - Regulation 160 (3a, i, j) and 162 (d, g)*			
To ensure your child's safety, it is essential that you inform PlayBase of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Doctor's name			
Medical centre		Phone number	
Doctor's address			
Dentist name			
Name of Dentist Service		Phone number	
Dentist's address			
Private health cover	Yes ☐ No ☐	Private health fund name	
Private health care membership number		Ambulance cover	Yes ☐ No ☐
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at PlayBase)			Yes ☐ No ☐

CHILD ALLERGIES/ANAPHYLAXIS			
Education And Care Services National Regulations - Regulation 94			
Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other		
Medical specialist or doctor currently treating your child for this condition			
Address		Phone	
Risk of Anaphylaxis		Yes ☐ No ☐	
Has a doctor diagnosed this allergy?		Yes ☐ No ☐	

Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)	Yes ☐ No ☐	
Does your child have a current ASCIA Action Plan?	Yes ☐ No ☐	Attached ☐
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).		
Expiry date of the adrenaline autoinjector?		

I acknowledge that in the case of an anaphylaxis or asthma emergency, the nominated supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. Yes ☐ No ☐	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER) - *Education And Care Services National Regulations - Regulation 93 and 95*		
Medical condition		
Has a doctor diagnosed this condition?	Yes ☐ No ☐	
Does your child take any prescribed regular medication for this condition?	Yes ☐ No ☐	
Does your child have a current medical management plan (e.g. Asthma Plan)	Yes ☐ No ☐	Attached ☐
A *Medical Management Plan, Medical Risk Minimisation Plan* and *Medical Communication Plan* has been completed for medical conditions (Regulation 90)	Yes ☐ No ☐	Attached ☐
Medication name/s		

I acknowledge medication will only be administered if: • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name instructions and dosage can be clearly read • expiry date or use by date is valid • Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.	Parent/Guardian 1 Signature	
	Parent/Guardian 2 Signature	

REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION - *Education and Care Services National Regulations - Regulation 96.*
Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, PlayBase and the student's medical/health practitioner. Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.

Do you agree to your child independently self-administer their own medication? Yes ☐ No ☐		Parent/Guardian 1 Signature	
		Parent/Guardian 2 Signature	
Please indicate the medication that your child has permission to self-administer (e.g.: asthma reliever, enzymes for cystic fibrosis).			
Doctor's name			
Medical centre		Phone number	
Signature		Date	

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs		
Does your child have any special dietary requirements or restrictions?	Yes ☐ No ☐ If yes, please attach the completed *Dietary Requirements Form*	Attached ☐
Prohibited Food	Detailed information:	

IMMUNISATION DETAILS - *Education and Care Services National Regulations - Regulations 160 (3a, i, j), 162 (f, h, i)*		
Immunisation History status at enrolment	Yes ☐ No ☐ ☐ Sighted ☐ Provided	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes ☐ No ☐	Attached ☐
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes ☐ No ☐	Attached ☐
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes ☐ No ☐	Attached ☐

AUTHORISED NOMINEES - *Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) and 161 (1a, i, ii, 1b)*	
There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from PlayBase and must provide identification when collecting the child. **Please ensure you have obtained the person's consent before listing them as an emergency contact.**	
FIRST EMERGENCY CONTACT	
Full name	
Relationship to child	
Phone number	Home: Mobile: Work:
Address	

Email address			
SECOND EMERGENCY CONTACT			
Full name			
Relationship to child			
Phone number	Home: Mobile: Work:		
Address			
Email address			
Can emergency contacts listed above be contacted to collect your child from PlayBase?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above be contacted to give consent for educators to take the child PlayBase's premises in the event that you cannot be contacted?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☐ No ☐
Can emergency contacts listed above give authorisation for PlayBase to take the child on regular outings?		Emergency contact 1	Yes ☐ No ☐
		Emergency contact 2	Yes ☒ No ☐
Are emergency contacts listed above authorised to authorise PlayBase to transport the child or arrange transportation for the child? [If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A]		Emergency contact 1	N/A ☐
		Emergency contact 2	N/A ☐
Parent/Guardian 1 signature			
Parent/Guardian 2 signature			

AUTHORISATIONS- ILLNESS, ACCIDENT AND EMERGENCY TREATMENT - *Education and Care Services National Regulations - Regulation 160 (3i) and 161 (1a, 1b, 1c)*	
Do you authorise the nominated supervisor or other educator at PlayBase to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes ☐ No ☐
Do you authorise the nominated supervisor or other educator at PlayBase to seek dental treatment from a registered dental practitioner or PlayBase in the event of an emergency?	Yes ☐ No ☐
Do you authorise the nominated supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes ☐ No ☐
Do you authorise the nominated supervisor, or other educator to administer paracetamol or ibuprofen in the event my child registers a temperature of 38°c or higher as per *Incident,*	Yes ☐ No ☐

Injury, Trauma and Illness Policy? Your child must still be collected from PlayBase and an *Administration of Medication Record* signed.	
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

HEALTH AND SAFETY	
Do you authorise educators to apply SPF50+ sunscreen to your child prior to sun exposure (If not, please provide a letter releasing PlayBase of any liability)	Yes ☐ No ☐
Do you authorise educators to apply Band-Aids® or sticking plasters when necessary	Yes ☐ No ☐
Do you authorise educators to apply Insect Repellent to my child as required (supplied by parents)	Yes ☐ No ☐
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

PHOTOGRAPHY AND VIDEO	
I agree for photos and video footage to be taken using devices to record and store images that are issued by PlayBase of my/our child for use and internal staff training purposes (footage will not leave PlayBase)	Yes ☐ No ☐
I agree for photos and video footage of my/our child used in observations, and photos taken within the observation to be shared with other families that attend PlayBase via Story Park.	Yes ☐ No ☐
I agree for photos and video footage of my/our child to be used for student training purposes using PlayBase devices only. (Students are required to notify and obtain written permission prior to observing and recording of any photos or video footage of your child- photos and video footage will leave PlayBase for students to present to their RTO or University for viewing and marking)	Yes ☐ No ☐
I agree for photos and video footage of my/our child to be used on PlayBase website, social media and other internet purposes, such as advertisement and used in resources for this organisation NOTE: **These images will be in public domain and may be unable to be removed once used**	Yes ☐ No ☐
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

TRANSPORTATION AUTHORISATION - *Education and Care Services National Regulations - Regulation 102(4) and 102D(4)*		
I acknowledge PlayBase will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: • regular outings (once every twelve months) • an excursion that is not a regular outing	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

PARENT AGREEMENT - *Education and Care Services National Regulations - Regulation 160 (3a, i, j)*	
I agree to inform PlayBase in writing immediately of any changes to the above information.	Yes ☐ No ☐
I agree to keep my fees paid up to date, as per *Payment of Fees Policy*, and understand that my child's position at PlayBase will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.	Yes ☐ No ☐
If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by PlayBase staff to collect my child.	Yes ☐ No ☐
I agree to pay a late fee of $2.00 per minute after closing time. In the event that a child is left at PlayBase after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, PlayBase may need to contact the police and other relevant authorities. In this instance, PlayBase is also obligated to notify relevant Child Protection Agencies and/or the regulatory authority.	Yes ☐ No ☐
I agree to provide two weeks written notice to withdraw my child or reduce booked days.	Yes ☐ No ☐
I give permission for prescribed medication to be administered by Play Base primary contact staff upon my authorisation on PlayBase's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of PlayBase's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the nominated supervisor deems the child well enough to attend PlayBase.	Yes ☐ No ☐
I give permission for my child to be observed by educators of PlayBase and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.	Yes ☐ No ☐
I have read the Family Handbook and am familiar with the PlayBase's Policy Manual located at the main deask. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.	Yes ☐ No ☐
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 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	Yes ☐ No ☐
/we are willing for the child/ren to participate in all activities offered in the PlayBase Program. /we agree it is our responsibility to be familiar with the program and to advise PlayBase in writing if I/we do not wish the child/ren to participate in a particular activity.	Yes ☐ No ☐
I/we agree that I/we have read the ***Enrolment and Fee Information*** 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.	Yes ☐ No ☐

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 into my/our bank account.	Yes ☐ No ☐
Casual bookings for extra days are welcome as we understand that families may need care on days outside their permanent bookings. These are charged as extra days at the casual care rate. We do prefer at least 24 hours notice for casual care bookings. Any change to bookings must be in ***writing (or email) or text message to the Play Base mobile*** and try to give sufficient notice in order to secure a booking**.** You can also ring the Play Base mobile on the day between 7:00-9:00am to speak to the coordinator to see if care can be arranged that day. Voice mail messages or text are not sufficient to register your child's casual attendance without confirmation. Confirmation must be received from us to you to confirm the casual booking. Note preference is given to permanent bookings. Casual bookings can only be accommodated when you have completed the enrolment process and there is a vacancy on the day.	Yes ☐ No ☐
Full fee is required for absences, if your child is away due to sickness full fee is still charged Your child's safety is our priority. It is very important that the Play Base Coordinator be notified in person or by phone via text/voicemail on the Play Base number of your child's absence by 2pm on the day your child is away. A $7.00 no call fee applies to any absences where the Play Base has not been notified by the parent of your child's absence. This fee will be added to your account. Note we have obligations to follow up any child that is absent. If we haven't been advised of an absence and cannot contact the parent/guardian, the matter may be referred to the local police. To avoid any embarrassment and unnecessary work by the police please ensure absences are advised.	

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.			
Parent/Guardian 1 name		Date	
Parent/Guardian 1 signature			

Parent/Guardian 2 name		Date	
Parent/Guardian 2 signature			

PRIVACY DISCLAIMER
We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

How the Payment of Fee Process works – The iDebitPro Process

Payments are made by iDebitPro and are debited fortnightly. Invoices are issued for the previous two weeks of attendance and are in arrears. The amount that is to be paid is calculated based on any outstanding payments at the time of the payment run.
When the fortnight cycle is complete parents are sent an invoice on the Monday prior to the iDebitPro processing day which indicates what is owing as of the Monday and this gives time to query the amount. The debit day occurs on the Thursday after the invoice is sent. The invoice is automatically generated from the Playbase Child Care Management System (Kidsoft) which is linked to the governments Child Care Management System.

The amount that is charged on the payment date is the 'gap' amount (what is left after the Child Care Subsidy (CCS) has been taken into account) detailed on the invoice.

If you are still waiting for your CRN and/or your CCS claim to be processed by Centrelink, full fees must be paid until the CRN has been issued and Centrelink has advised the service.

Payments may vary according to:

The bookings that customers have on the system. Amounts change according to additional bookings made.
Vacation Care pricing varies according to whether the half day or full day option is chosen.
The CCS can change on a weekly basis, depending on the circumstances of the parents/guardians. The amount to be rebated is linked directly to our software system (Kidsoft) and electronically transferred from the government child care management system. The amount of the subsidy can also be back dated without our knowledge and will affect the amount that the customer owes.

If at any time you believe you are unable to make a payment, please contact Playbase head office to see if alternate arrangements can be made.

Failure to make payments may result in the suspension/cancellation of your child's care at the service.

If you are uncertain about the enrolment and payment process or have further questions, please discuss this with the Coordinator or contact head office.

Alternative Payment Method – Term in Advance

We encourage all parents to use the iDebitPro process. However, if you do not wish to use this method the other alternate is to pay a term in advance before the start of each term. If you wish to use this alternate method you will need to contact head office (info@play-base.com.au) to arrange a term invoice. Please note that under this method you cannot access occasional/casual care days only set routine sessions for before and after school care.

(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)