Playbase
Summer 2027 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

2 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

Details of Children:

1 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 2027: _____ Grade in 2027: _____

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:

2 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 2027: _____ Grade in 2027: _____

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:

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

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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:

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
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Full Day – Morning Care and Excursion	$125															

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 hour's 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