## ABCC Enrolment Form 2020

Please complete a separate for each child, attending either St John’s Anglican College ABCC or St John’s EY ABCC. All sections must be completed. Failure to complete any section will cause a delay in your child’s commencement at ABCC and registration of their care.

PRIVACY: The College adheres to the Australian Privacy Principles as set out in the Privacy Act (Cth) 1988. Further details are available in the College’s Privacy Procedure located on the College website.

# Student

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male 🗌 Female 🗌 Class:\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child CRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which parent claims the rebate for this child? Mother 🗌 Father 🗌

# Are there any Parenting Orders relating to this child? Yes □ No □ If yes, current copy must be attached

# Parent / Guardian 1 – Account Holder

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male 🗌 Female 🗌 Country of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent CRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work status: 🗌 Not applicable 🗌 Works more than 15 hours per week 🗌 Looking for work 🗌Studying 🗌 Disability / Disability carer

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Workplace Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent / Guardian 2

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male 🗌 Female 🗌 Country of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work status: 🗌 Not applicable 🗌 Works more than 15 hours per week 🗌 Looking for work 🗌Studying 🗌 Disability / Disability carer

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Workplace Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the appropriate box**: Office Use Only

I am eligible and wish to claim the Child Care Subsidy □ Complying Written Agreement

I am eligible but choose not to claim the Child Care Subsidy □ Relevant Arrangement

I am ineligible to claim the Child Care Subsidy □ Relevant Arrangement

My childcare is paid by a third-party organisation □ Arrangement with Organisation

I am providing documentation confirm a ‘child at risk’ attendance □ ACCS Child Wellbeing

If you are eligible and wish to claim Child Care Subsidy, please ensure you have registered with myGov. Once your enrolment has been processed by ABCC, please log onto your myGov account and verify booking details to ensure you receive your rebate.

# Authorised Nominee / Emergency Contact

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorise to collect your child and/or can be contacted in case of emergency. We require, at least, one emergency contact person who is able to authorise emergency medical treatment.

## Additional Contact 3

##

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Able to collect* Yes 🗌 No 🗌 *Emergency Contact* Yes 🗌 No 🗌 *Excursion* Yes 🗌 No 🗌 *Medication* Yes 🗌 No 🗌

## Additional Contact 4

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Able to collect* Yes 🗌 No 🗌 *Emergency Contact* Yes 🗌 No 🗌 *Excursion* Yes 🗌 No 🗌 *Medication* Yes 🗌 No 🗌

# Heath & Medical Details

***Immunization***

Is your child’s immunization status up to date? Yes 🗌 No 🗌 Date of last Tetanus Injection. \_\_\_\_\_\_\_\_\_\_\_\_\_

***13vPCV Yes 🗌 No 🗌 Hep B Yes 🗌 No MenCCV Yes 🗌 No 🗌***

***23V99V Yes 🗌 No 🗌 Hib Yes 🗌 No OPV/IPV Yes 🗌 No 🗌***

***DTPa Yes 🗌 No 🗌 Influenza Yes 🗌 No Rotavirus Yes 🗌 No 🗌***

***Hep A Yes 🗌 No 🗌 MMR Yes 🗌 No VZV Yes 🗌 No 🗌***

Failure to maintain immunizations in line with schedule will affect your Child Care Subsidy eligibility.

***Medical Practitioner Details***

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

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

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

Medicare Number: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Does your child have a medical condition? Yes □ No □***

If so, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require regular medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If ABCC will be required to administer medication, a separate Medication Authority Form is to be completed by the Parent / Guardian. All medication is to be provided in the original packaging with a pharmacy label confirming the child’s name and correct dosage and with a letter of authority from the prescribing Doctor.*

*Office Use only*

*ABCC Medication Authority Form Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Doctor’s Letter of Authority Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication supplied*

*Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Labelling Y 🗌 Packaging Y 🗌 Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Labelling Y 🗌 Packaging Y 🗌*

***Does your child have any allergies? Yes □ No □***

If so, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mild □ Severe □ Anaphylaxis □

If Anaphylaxis, documentation and medication supplied:

*If ABCC will be required to administer medication, a separate Medication Authority Form is to be completed by the Parent / Guardian. A valid Anaphylaxis Action plan is to be supplied. All medication is to be provided in the original packaging with a pharmacy label confirming the child’s name and correct dosage and with a letter of authority from the prescribing Doctor.*

*Office Use only*

*Anaphylaxis Action Plan (valid for 1 year from date of issue) 🗌 Issue Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Doctor’s Letter of Authority Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication supplied*

*Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Labelling 🗌 Packaging 🗌*

*Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Labelling 🗌 Packaging 🗌*

 ***Does your child suffer from asthma? Yes □ No □***

If so, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mild □ Severe □

My child is asthmatic but has been given permission by the Head of Primary to carry their medication and to self-medicate Yes 🗌 No 🗌.

*If ABCC will be required to administer medication, a separate Medication Authority Form is to be completed by the Parent / Guardian. A valid Asthma Action plan is to be supplied. All medication is to be provided in the original packaging with a pharmacy label confirming the child’s name and correct dosage and with a letter of authority from the prescribing Doctor.*

*Office Use only*

*Asthma Action Plan (valid for 1 year from date of issue) Issue Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Doctor’s Letter of Authority Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication supplied*

*Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Labelling Y 🗌 Packaging Y 🗌 Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Labelling Y 🗌 Packaging Y 🗌*

***Does your child have any dietary requirements? Yes □ No □ Or food intolerances? Yes □ No □***

If so, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, is this intolerance life threatening? *Yes □ No □*

*Office Use only*

*Food Intolerance / Allergy Action plan (valid for 1 year from date of issue) 🗌 Issue Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Doctor’s Letter of Authority Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication supplied*

*Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Labelling 🗌 Packaging 🗌*

*Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Labelling 🗌 Packaging 🗌*

# Medical Condition Addendum

If you have answered Yes to any questions in Section 4 (excluding immunization information), ABCC will provide a copy of the Medical Condition Addendum for your information. Please complete below upon receipt.

🗌 I have received a copy of the following ABCC Policies and Procedure documents:

2.2 Medical Conditions Policy

2.3 Administering Medication Policy

2.4 Anaphylaxis and other Medical Issues Management Plan

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

Witness: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

# Additional Information

Does your chid have any religious / cultural needs? Yes 🗌 No 🗌

If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any dislikes, fears or phobias? Yes 🗌 No 🗌

If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child of Aboriginal or Torres Strait Island decent? Yes 🗌 No 🗌

Is your child from an non English speaking background? Yes 🗌 No 🗌

If yes, what nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like information from Government regulators or additional ABCC information? Yes 🗌 No 🗌

If possible, do you require a language other than English? Yes 🗌 No 🗌 What language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Kindergarten Excursion Form – Little Saints parents only to complete

During Term Time and Vacation Care St John’s Early Years ABCC may program activities outside the Kindergarten area but still within the precinct of Alpine Campus. These area could include:

⬥ Playgrounds ⬥ Oval ⬥ Tennis Courts ⬥ Under Covered Area ⬥ Primary ABCC rooms ⬥ College Chapel

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child to participate in activities programmed outside the Little Saints Kindergarten area but inside the St John’s Anglican College Alpine Place Campus precinct during term time and vacation care periods.

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

# 2020 Fee Schedule

|  |  |  |
| --- | --- | --- |
| Session | Description | Charge |
| Before School Care | Short | Signed in after 7.45am | $8.40 |
|  | Long | Signed in before 7.45am  | $13.30 |
|  |  |  |  |
| After School Care | Short  | Signed out before 4.00pm | $9.70 |
|  | Long | Signed out after 4.00pm | $20.60 |
|  |  |  |  |
| Vacation Care | Weekly | 5 days in CCS week and meets criteria below\* | $243.50 |
|  | 10 Day Fortnight | 10 days in CCS fortnight and meets criteria below\*. Attendance between the hours of 7.00am and 5.00pm only. | $435.00 |
|  | Daily | Individual days booked and meets the criteria below\*. | $51.30 |
|  | Casual | For all bookings received that do not meet the criteria below\*. | $58.50 |
|  | Half Day | Half day requirement must be requested on original booking form. Child must be collected prior to 12.30pm or signed in after 1.00pm. | $25.65 |

\**All vacation care rates are subject to booking being received by the Last Day Guaranteed Booking date on the vacation care booking form and payment being received by the Payment Due Date listed on the vacation care booking forms. Each day booked outside these guidelines will be charged the casual rate.*

Prices quoted for vacation care do not include any incursions or excursion scheduled. Scheduled incursions are compulsory for all attending either service. Excursions are compulsory for children in Prep and above. Kindergarten children are not eligible to attend off campus excursions. Charges for these activities will be charged directly to your ABCC account.

## 2020 Administration Fee Schedule

|  |  |
| --- | --- |
| Charge | Charge |
| Non Booking Fee An additional fee charged, whereby a child attends ABCC without prior notice. | $8.20 |
| Administration Fee An additional fee charged, when payments for vacation care have not been received by the due date. This fee will be charged on a per week / per child basis. | $28.00 |
| Absence Charged for a non attendance or whereby the required 24 hours’ (prior to the commencement of the session) cancellation notice has not been given | Morning $13.30 |
| Afternoon $20.60 |
| Vacation Care $48.70 |

# Booking Requirements

## Little Saints Only

Permanent (days below) plus any additional ad hoc casual bookings 🗌 Casual Only 🗌

***Before School Care***

Week 1 Start Date: \_\_\_\_\_\_\_\_\_ 🗌 Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thursday 🗌 Friday

Week 2 Start Date: \_\_\_\_\_\_\_\_\_ 🗌 Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thursday 🗌 Friday

***After School Care***

Week 1 Start Date: \_\_\_\_\_\_\_\_\_ 🗌 Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thursday 🗌 Friday

Week 2 Start Date: \_\_\_\_\_\_\_\_\_ 🗌 Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thursday 🗌 Friday

## St John’s Anglican College

Permanent (days below) plus any additional ad hoc casual bookings 🗌 Casual Only 🗌

***Before School Care***

Week 1 Start Date: \_\_\_\_\_\_\_\_\_ 🗌 Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thursday 🗌 Friday

***After School Care***

Week 1 Start Date: \_\_\_\_\_\_\_\_\_ 🗌 Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thursday 🗌 Friday

Vacation care programs and bookings forms are available at least 2 weeks before the vacation care period commences. The program is a mix of in house activities and excursion days.

Bookings are essential and can be made by returning the completed booking form, available on the College Website, by the Last Day Guarantee Booking date. Cancellation must be made at least 24 hours prior to the commencement of the session or an absence will be charged. If any activity or excursion has been scheduled on a day where care has been booked and then cancelled, any charge levied by the Activity Supplier will be applied to the family’s ABCC account.

# Permission & Agreement Details

## This pertains to your child’s continued attendance at ABCC, so take the time to read before you continue. Please tick the appropriate boxes and initial beside each to confirm your agreement.

* I give my consent to the information contained in the document being available to the Educators employed to work with my child in the ABCC program. I understand this information will be handled strictly in accordance with Privacy & Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child.
* I agree to notify the Nominated Supervisor, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
* I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled by providing my/our dates of birth, full legal name and the family & child Customer Reference Numbers. I also accept it is my responsibility to ensure confirmation of my child’s attendance at this service, via myGov
* I agree to inform the Nominated Supervisor of any planned absence, as soon as possible and to pay any fee that may be incurred as a result of the cancelled occurring outside the cancellation policy time frames.
* I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meals time and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.
* I agree to pay all fees (including excursion costs) of the days my child attends the program. I understand that 24 hours’ notice on non- attendance must be given, otherwise I will liable for, and charged for, the booked sessions. Activities programed during these sessions will be charged. ABCC is not notified by the school if a child is absent. Parents must notify ABCC directly via abcc@sjac.qld.edu.au.
* I understand that should my child be found unsupervised within the College precinct before 8.00 am or after 3.00pm on a school day, they will be sent to ABCC and families will be charged the appropriate the session rate.
* I authorise ABCC staff to provide any required first aid and to facilitate medical attention in the event of any emergency. I give permission for ABCC staff to obtain any medical, hospital, ambulance service, in case of an accident or emergency involving my child and I will accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact me in the event of any illness or accident.
* I authorise ABCC staff to liaise with other health/medical professionals in relation to the care of my child, if required.
* I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.
* I give permission for ABCC staff to assist my child to apply a SPF30+ sunscreen prior to outdoor activities.

OR BELOW

* I will supply my own sunscreen for my child to apply a SPF30+ sunscreen prior to outdoor activities.
* I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for all families to see and will also be used for the purposes of programming and evaluation.
* I give permission for photographs of my child to be published on the St John’s Anglican College Facebook, Instagram & Twitter accounts.
* I understand that should my child’s behaviour by unable to be supported by staff, I will be contacted and asked to collect my child.
* I understand that promotional material, programs, newsletters and account statements will be forwarded via email.
* I agree to adhere to the ABCC Policies and Procedures, as outlined in the ABCC Family Handbook.

*Parent/Guardian 1 Parent/Guardian 1*

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

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_*

*Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# ABCC Credit Card Authorisation Form

Please complete and return to allow ABCC to automatically process payments for term time and vacation care. Payments for vacation will be deducted as per the vacation care Booking form payment due dates. A quote will be provided confirming all permanent term time bookings. Please note that all quotes are processed at the long session rate.

1, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorise St John’s Anglican College ABCC or St john’s Early Years ABCC, to process payment of my ABCC fees as per the schedule below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card No: \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Expiry Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ CCV No: \_\_\_ \_\_\_ \_\_\_

Amount: Term Time $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / per fortnight

 Vacation Care $ As per vacation care statement issued

Please factor in any short sessions or cancellations to my payment. Confirming payment can be processed for less than the quote provided. 🗌 Yes 🗌 No

 *Term Time Care* *Vacation Care*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date | Amount | Receipt | By |  |  | Date | Amount | Receipt | By |
| Term 1 | 11/02/20 |  |  |  |  | April | 30/03/20 |  |  |  |
| 25/02/20 |  |  |  |  | 06/04/20 |  |  |  |
| 10/03/20 |  |  |  |  | 13/04/20 |  |  |  |
| 24/03/20 |  |  |  |  | Jun/July | 15/06/20 |  |  |  |
| 07/04/20 |  |  |  |  | 22/06/20 |  |  |  |
| Term 2 | 05/05/20 |  |  |  |  | 29/06/20 |  |  |  |
| 19/05/20 |  |  |  |  | 06/07/20 |  |  |  |
| 02/06/20 |  |  |  |  | Sept/Oct | 14/09/20 |  |  |  |
| 16/06/20 |  |  |  |  | 21/09/20 |  |  |  |
| 30/06/20 |  |  |  |  | Dec/Jan 21 | 30/11/20 |  |  |  |
| Term 3 | 28/07/20 |  |  |  |  | 07/12/20 |  |  |  |
| 11/08/20 |  |  |  |  | 14/12/20 |  |  |  |
| 25/08/20 |  |  |  |  | 21/12/20 |  |  |  |
| 08/09/20 |  |  |  |  | 04/01/21 |  |  |  |
| 22/09/20 |  |  |  |  | 11/01/21 |  |  |  |
| Term 4 | 20/10/20 |  |  |  |  | 18/01/21 |  |  |  |
| 03/11/20 |  |  |  |  |
| 17/11/20 |  |  |  |  |
| 01/12/20 |  |  |  |  |
| 08/12/20 |  |  |  |  |