

RASC REGISTRATION FORM

Please complete and return this form before the start of Term 3, 2017.

1. Details

Child/rens name/s

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Address

Child/ren's date/s of birth

Parent/Caregivers' name/s

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Home phone

Mobile

Work phone

Email address

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Emergency Contact 1.

Name

Address

Home Phone Work Phone

Mobile..... Relationship to Child/ren.....

.....

Emergency Contact 2.

Name

Address

Home Phone Work Phone

Mobile..... Relationship to Child/ren.....

2. Medical Information

In the case of an emergency we may need to call in emergency services. By signing this Registration form, you are giving permission for your child to be treated in an emergency situation. Please advise any medical conditions to ensure your child/ren is treated with the correct medical care. Include allergies and reactions expected and treatment plan:

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.....

Regular Doctor & contact number:

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3. Bookings and Fee Structure (GST incl.)

Regular payments for regular bookings are due 1 week/ 2 weeks / term in advance
Invoices for any unpaid fees are sent out monthly*

Regular bookings 1 child: \$20 /session 2 siblings: \$38 /session 3 siblings: \$55 /session

Payment method: Internet banking into RASC bank account number:

38-9007-0456474-00 (Please include name & reference details)

Extra fees: Late pickups incur \$5 for every 5 minutes after 6pm
Invoices sent out for outstanding fees incur \$5 admin fee*
Outstanding invoices incur \$10/ month late fee for every month from date of issue

WINZ subsidy is available to qualifying families. Please contact the Operator for details.

4. Collecting your child/ren

Please specify any persons other than parents/caregivers authorised to collect your child/ren

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Please inform RASC of any custody access issues that are in place for your child/ren.
Unauthorised persons will not be permitted to collect your child/ren.
If there is a change of person from those authorised to collect your child/ren, phone advice from a parent/caregiver to the Operator can be given prior to the session.

Self Sign Out

IF this is appropriate, please circle YES to allow your child to self sign out for various sport activities or to go home on their own after your instruction to us. YES

5. Further Information

Please advise if your child/ren has any allergies (food, animals, sunscreen etc)

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Please advise if there are any important cultural needs your child/ren may have

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6. Acceptance

All care is taken to provide supervision of your child/ren attending the programme.

I acknowledge, however, in signing this form that neither the staff nor management is liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the programme. As parent/ caregiver, you may be liable for any damage to person or property if directly or indirectly caused by your child/ren while attending the programme.

I agree and acknowledge that I have read, understood and accepted the RASC Service Information details and will abide by the RASC policies and procedures.

Unless RASC is otherwise notified, permission is also given for my child/ren to be photographed for RASC webpage usage.

Name: **Date:**

Signed:.....

Welcome to Roseneath After School Care, RASC

Please note all information on this form is held in confidence as per the Privacy Act and is only used by authorised staff /caregivers when necessary.

Your child/ren’s Emergency Civil Defence Kit that you have already prepared for School will be accessed in a civil emergency.