

**2020 REGISTRATION
& APPLICATION FORM**

**This form is for families that have an existing enrolment with PCCC.**

**2020 CHILD/FAMILY DETAILS**

**Childs Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian A Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Ph A:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address A:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Guardian B Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Ph B:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address B:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address for Billing and Centre Correspondence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There may be times when your child has an accident, injury, trauma or illness and the parent/guardian cannot be contacted. In these situations PCCC will contact one of the following people who are authorised to consent to medical treatment, administration of medication or collect and care for the child after accident, injury of illness.

**Name Authorised Contact 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Ph 1:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Authorised Contact 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Ph 2:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2020 CHILD SPECIFIC REQUIREMENTS**

1. Does your child have special educational needs, developmental delays, physical impairments? **YES ( ) NO ( )**

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child receive services ie: speech therapy, psychology, paediatrics, early intervention? **YES ( ) NO ( )**

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child have specific medical conditions needs?
Anaphylactic Asthma, Epilepsy, Allergies ***(please circle)* YES ( ) NO ( )**

**\*All children with specific medical conditions will be required to complete and submit their updated Medical Management Plans in consultation with their Program Leader prior to the commencement of their Program in 2020.**

1. Are there court orders relating to your child? If yes, you **must** provide a copy **YES ( ) NO ( )**

**2020 HOLIDAY LEAVE**

The Dolphin, Rosella and Koala Programs operate 50 weeks per year. Families should read the PCCC Fees and Payment Policy to understand their entitlement to Holiday Leave.

**□ I will NOT be taking PCCC Holiday Leave over January, my commencement week will be □ 06/01/2020**

**□ I will be taking PCCC Holiday Leave over January my commencement week will be □ 13/01/2020 (1 week)**

 **□ 20/01/2020 (2 weeks)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **7:30am – 4:30pm (9hrs)** |  |  |  |  |  |
| **8:30am – 5:30pm (9hrs)** |  |  |  |  |  |
| **9:00am – 6:00pm (9hrs)** |  |  |  |  |  |
| **7:30am – 5:30pm (10hrs)** |  |  |  |  |  |
| **8:00am – 6:00pm (10hrs)** |  |  |  |  |  |

**2020 REQUEST FOR DAYS**

 ***“PCCC will endeavour to accommodate your request as nominated above, however spaces are limited and cannot be guaranteed. PCCC will use Priority of Access Guidelines for Childcare Services rules to determine eligibility into Programs.”***

I confirm that I wish to accept the above permanent bookings offered at Prom Coast Centres for Children Foster. I understand that I will be charged for these sessions regardless of my child’s attendance or not, unless I have opted for January holiday leave. I also agree that I will notify PCCC should my child not be able to attend on a given day.

**Signed:** ………………………………………………….………………………………… **Date:** ………………………………………………

**Print Name:** ……………………………………………………………….…………………………………………………………………………..