

**CONFIDENTIAL:**    **THE RAINBOW ACTIVITY CENTRE RANDWICK (TRAC)**  
**90 Rainbow Street, Randwick NSW 2031**  
**Centre: 9398 7330**  
**Contact: Tanya Buick 0423 178 180**  
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# **REGISTRATION FORM 2019**

**This form is to be completed once a year and will be requested prior to the new year**

**CHILD:**

1. Child's Surname: \_\_\_\_\_ First Names: \_\_\_\_\_ M/F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Class: \_\_\_\_\_ Medicare No.: \_\_\_\_\_
2. Child's Surname: \_\_\_\_\_ First Names: \_\_\_\_\_ M/F \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Class: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

Who does your child/ren live with? \_\_\_\_\_

**MOTHERS DETAILS:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ DAYS YOU WORK: MON TUES WED THURS FRI (please tick)  
Phone (home): \_\_\_\_\_ (work) \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Country of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**FATHERS DETAILS:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ DAYS YOU WORK: MON TUES WED THURS FRI (please tick)  
Phone (home): \_\_\_\_\_ (work) \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Country of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Are there any court orders that need to be observed in relation to your child?    Y/N \_\_\_\_ If so, please provide a copy.

**EMERGENCY CONTACT:** In an event that neither parent can be reached and your child needs to be collected from the service due to a medical condition.

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

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

**WHO CAN COLLECT YOUR CHILD/REN FROM THE CENTRE AT OTHER TIMES:(Nominated persons)**

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

Phone: \_\_\_\_\_ Relationship to child \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to child \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to child \_\_\_\_\_

*Please advise centre staff either by email/phone/written note in the event of anyone other than a parent is collecting your child. We will **NOT** release a child/ren unless we have your permission. I.D. will be requested in the first instance for nominated persons who are unknown to staff.*

**MEDICAL DETAILS:**

Is your child fully immunised? Y/N \_\_\_ If No, please supply copy of your exemption certificate

Does your child/ren have any allergies/conditions? \_\_\_\_\_

If yes, please complete the medical condition Action Plan on our website.

Does your child/ren have any additional support needs staff need to be aware of? \_\_\_\_\_

Is your child/ren on any regular medication? : \_\_\_\_\_

Please provide a copy of any Asthma, Allergy Anaphylaxis Plan if this applies to your child. Forms are found on our website.

Also, please provide details on a separate sheet regarding any additional support needs your child may have.

**CULTURAL/ETHNIC BACKGROUND: (Statistical purposes only)**

Is your child/ren an Aboriginal or Torres Strait Islander: Y/N \_\_\_\_\_

Which your child/rens family speak another language at home: \_\_\_\_\_

Are there any foods that your child/ren may NOT have due to cultural beliefs: \_\_\_\_\_

Are there any customs or festivals that you **DO NOT** wish your child to participate in? \_\_\_\_\_

**WHAT DATE DO YOU WANT TO START PERMANENT CARE:** \_\_\_\_\_

**CHILD CARE SUBSIDY - CCS:**

Please provide the following information if you are registered to receive CCS. If you are not registered, please call Centrelink on 13 61 50 to inquire about your eligibility and registration.

Once registered for CCS you will be asked via your MyGov account to give permission for your bookings. PLEASE CHECK YOUR MYGOV ACCOUNT AND ACTION AS SOON AS POSSIBLE

Our family CRN is: \_\_\_\_\_ CRN holders date of birth is: \_\_\_\_\_

Child's CRN is: \_\_\_\_\_

Do you have any other children presently enrolled in another Childcare service? **Yes/No** \_\_\_ How many? \_\_\_\_\_

**PRIORITY OF ACCESS AND WAITING LIST:**

This information is required to ensure every family is allocated an appropriate priority listing for access to our service.

**FOR MORE INFORMATION ON PRIORITY OF ACCESS  
PLEASE VISIT**

<http://education.gov.au/priority-allocating-places>

Are you a sole parent/carer and are you working/training or studying? \_\_\_\_\_

Are you a family with both parents/carers and are both parents/carers working/training or studying? \_\_\_\_\_

Is your income threshold lower than \$45,114.00 for 2017/2018 financial year? \_\_\_\_\_

Are either parents/carers on an income support? \_\_\_\_\_

Does your family unit include a person with a disability? \_\_\_\_\_

Are you socially isolated? \_\_\_\_\_

**ADDITIONAL SUPPORTING EVIDENCE MAY BE REQUIRED ON DAYS WITH A WAITING LIST - YOU MUST PROVIDE FURTHER INFORMATION TO SUPPORT YOUR RESPONSES BELOW IF IT IS REQUESTED TO AVOID DELAYS OR SUSPENSION OF YOUR BOOKING!.**

Please initial your permission below for the following:

- \_\_\_ • The staff to administer PANADOL in the event that they have contacted me for permission via telephone.
- \_\_\_ • In the event of emergency medical treatment other than First Aid, I give permission to allow TRAC staff to call an ambulance if it is deemed necessary by the supervisor on duty.
- \_\_\_ • I give permission for staff to take photos of my child during activities/excursions. Staff must request permission before using any photographic material of my child/ren in either the Newsletter, TRAC App or on the TRAC website.
- \_\_\_ • From time to time and particularly in wet weather we will play a movie. We usually try to keep this to 'G' rated, however, from time to time this maybe a 'PG' movie. Do you give permission for your child to watch an appropriate 'PG' movie

**CONDITIONS OF ENROLMENT**

I AGREE TO COMPLETE THE ENROLMENT FORM IN FULL AND HAVE PROVIDED THE INFORMATION AS REQUESTED. I UNDERSTAND THAT INCOMPLETE ENROLMENT FORMS MAY DELAY MY ENROLMENT PROCESS AND THE ENROLMENT PROCESS MAY NOT BE COMPLETED UNTIL ALL INFORMATION IS SUPPLIED.

I AGREE TO PAY AN ANNUAL **REGISTRATION FEE OF \$50.00** AND A **REFUNDABLE BOND OF \$200 PER CHILD** UPON A SUCCESSFUL BOOKING REQUEST AND I AGREE TO PAY ALL FEES APPLICABLE TO MY USE OF THE SERVICE AND ANY SHORTFALL WITH CCB/CCR IN THE EVENT THAT CENTRELINK DOES NOT APPLY A FEE REDUCTION.

I WILL READ THE PARENT HANDBOOK AND THE CHILDREN'S CODE OF CONDUCT AND FAMILIARISE MYSELF WITH THE OPERATIONS AND EXPECTATIONS OF THE SERVICE. *(This can be viewed on our website)*

I AGREE TO INFORM MY CHILD/REN OF THE EXPECTED BEHAVIOUR WHEN ATTENDING TRAC AND SUPPORT THE SERVICE TO BE A PLACE OF SAFETY AND COOPERATION FOR ALL WHO ATTEND.

I UNDERSTAND THAT TRAC IS AN APPROVED SERVICE AND IS THEREFORE REQUIRED TO APPLY THE GOVERNMENTS PRIORITY OF ACCESS TO ALL FAMILIES REQUESTING CARE.

Signature:.....

Name:..... Date:.....

OFFICE USE ONLY:

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Date received:..... BR WL LOE SB P1/2/3 MP

## THANK YOU FOR YOUR ENROLMENT AT THE RAINBOW ACTIVITY CENTRE.

Please ensure you have completed your enrolment form carefully and in full. This assists us greatly in processing your enrolment in a timely manner. Your child/s attendance at the service depends on a completed enrolment.

Please assist us in providing an enjoyable experience for your child/ren at the centre by completing this short questionnaire. This assists us tremendously with being able to ensure that we program with all children's interests and preferences in mind.

We also encourage parent's to provide us with information that could assist with planning and programming and to be actively involved with the service. Please feel free to email any feedback or ideas at anytime via email or through the secure mailbox at TRAC .

What name does your child prefer to be called?	<b>Answers:</b>
What would your child like to eat for afternoon tea?  Please list a few of food items that are healthy and your child enjoys. Recipes are welcome!	
Please ask your child/ren what they would like to do in the school holidays, i.e. types of excursions, themes for a day, art & craft etc	
What are your child's special interests at this time? i.e. sports, games, activities they like to do	
We would like to encourage parent's to be involved in the service in a variety of ways such as participation in the Parent Review Panel, volunteer assistance during Vacation Care, working bees etc. How you would like to be involved?	