



## 3's Plus Programme

Tuesday		
Thursday	9am - 1pm	\$450 per term or \$45 a week
Friday		
Wednesday	9am - 2pm	\$550 per term or \$55 per week

### Your child's details:

First Name:..... Surname:.....

Date of Birth: / / Gender: M F

Address:.....

Suburb:..... Postcode:.....

Does your child family identify as Aboriginal and/or Torres Strait Islander origin?

Main language spoken at home:.....

Cultural Background (optional):.....

Medicare Card Number:..... Ref: .....

### Your family details:

#### Parent/Guardian 1:

First Name:..... Surname:.....

Phone:..... Email:.....

Address:.....

Occupation:..... Place of work: .....

#### Parent/Guardian 2:

First Name:..... Surname:.....

Phone:..... Email:.....

Address:.....

Occupation:..... Place of work: .....



Continued....family details:

Are there any custody arrangements or disputes? If yes, please provide details: .....

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.....

Are there any court orders in place? If yes, please provide details: .....

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.....

Medical Information and Authorisation:

Child's Doctor:..... Surgery:.....

Phone:..... Address:.....

Medical Information: Allergies\* ..... Asthma\* ..... Medical Condition..... Other: Provide details

.....

\*Please attach Anaphylaxis Allergy Plan or Asthma Management Plan

Is your child up to date with Immunisations: Please provide copy of your child's immunisation record.

In the event of an outbreak of a vaccine-preventable disease, should your child not be vaccinated, they will be excluded for the prescribed period by the Public Health Officer. Fees will still apply.

I hereby give permission to The Joondalup Family Centre to seek medical attention in the case of an emergency and agree to pay any expenses incurred for medical treatment and transport including ambulance.

Signature Parent/Guardian:..... Date:.....



*Emergency Contacts:*

Please note that should your emergency contact be required to pick up your child, they will need to provide photo ID.

Emergency contact 1:

First Name:..... Surname:.....

Date of Birth: / / Relationship to child: .....

Address:.....Phone:.....

I authorise this contact to:

Deliver and pick/up my child:..... Be contacted in an emergency if I am uncontactable:.....

Consent to medical treatment if I am uncontactable:.....

Emergency contact 2:

First Name:..... Surname:.....

Date of Birth: / / Relationship to child: .....

Address:.....Phone:.....

I authorise this contact to:

Deliver and pick/up my child:..... Be contacted in an emergency if I am uncontactable:.....

Consent to medical treatment if I am uncontactable:.....

*Additional Information:*

We are committed to providing a quality program, accessible to all children.

Do you have any concerns about your child's learning, development or behaviour?.....

Does your child have any other specific needs? Ie speech/hearing, cultural, dietary etc.....

Do you give permission for Educators to contact organisations and specialists who are involved in your child's health and development to obtain information and suggestions to achieve quality education outcomes for your child?.....



*Photo and Social Media Authorisation:*

Our program documentation requires the use of digital media, which is available to parents on request.

I acknowledge the staff at the centre will take photographs of my child while at the centre and these will be used for centre displays and documentation.

Signature Parent/Guardian:..... Date:.....

I acknowledge images of my child may appear in marketing material (non-identifying) for Joondalup Family Centre, including online such as the Joondalup Family Centre Facebook page.

Signed Parent/Guardian:..... Date:.....

*Sunscreen Authorisation:*

I understand that I am required to apply sunscreen to my child prior to attending the centre. Should reapplication be required, I authorise Joondalup Family Centre Staff to apply sunscreen 20 minutes prior to going outside

Signature Parent/Guardian:..... Date:.....

*General Agreement:*

I agree to abide by the policies and guideline of the Joondalup Family Centre.

I acknowledge that my child will not be accepted into care with any signs of communicable disease or condition that may compromise the health of others.

I acknowledge that in the event of illness or if my child becomes distressed, I will be contacted to collect my child.

I acknowledge that any medications will only be administered to my child when written authorisation is provided.

I understand that my child may venture to the Centre carpark for fire evacuation drills or incursions such as fire truck or police visits.

I understand that my child will participate in any or all of the activities offered in the centre. I agree my responsibility to familiarise myself with the program and to advise staff in writing if I do not wish for my child to participate in a particular activity.

Signature Parent/Guardian:..... Date:.....