



**SOPHIA
MUNDI**

Steiner Education and IB World School

Aftercare Program Enrolment Form

Please read and complete these forms carefully and sign and date the declaration on the last page. The information you provide will be treated confidentially and will assist us in providing appropriate care for your child. Your personal information will only be shared with The Family Assistance Office (Centrelink) in order for you to claim the Child Care Benefit Rebate. It is important that you advise us immediately of any changes to this information.

If you have any queries or concerns regarding Aftercare, please telephone the Aftercare Coordinator on 9419-9229.

Enrolment Date

INFORMATION ABOUT THE CHILD

Family Name

Child's full name	Age	Class	Date of Birth	Gender	M/F/ Other
1.				/	/
2.				/	/
3.				/	/

Home Address

Language(s) spoken in the home

Email Address

Providing your e-mail address will enable us (and will only be used) to keep you up-to-date with what is happening with the Aftercare program.

INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS

MOTHER

Name _____

Date of Birth (NOT optional)* / / _____

Address – as per child or _____

Telephone/s _____

Home _____

Work _____

Mobile _____

Does the child live with the mother?

Yes No (please tick)

GUARDIAN (if applicable)

Name _____

Date of Birth (NOT optional)* / / _____

Address – as per child or _____

Telephone/s _____

Home _____

Work _____

Mobile _____

Does the child live with this guardian?

Yes No (please tick)

FATHER

Name _____

Date of Birth (NOT optional)* / / _____

Address – as per child or _____

Telephone/s _____

Home _____

Work _____

Mobile _____

Does the child live with the father?

Yes No (please tick)

GUARDIAN (if applicable)

Name _____

Date of Birth (NOT optional)* / / _____

Address – as per child or _____

Telephone/s _____

Home _____

Work _____

Mobile _____

Does the child live with this guardian?

Yes No (please tick)

*To enable Aftercare to send customer usage data to centrelink via the online CCMS, you must provide us with your D.O.B. You will not be able to claim Child Care Benefit if you choose not to.

OTHER PERSONS TO BE NOTIFIED

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations Sophia Mundi Aftercare should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness or in the event that the parent or guardian cannot collect the child. Include any person who has lawful authority to consent to the medical treatment of the child; request or permit the administration of medication to the child or may authorise an educator to take the child outside the aftercare service.

Name _____

Address _____

Telephone/s _____

Home _____

Work _____

Mobile _____

Relationship to child _____

Name _____

Address _____

Telephone/s _____

Home _____

Work _____

Mobile _____

Relationship to child _____

COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers, duties or authorities of any person in relation to the child or access to the child?

No. Go to next section. Yes. Please complete the following:

1. Please provide the original court order/s to the office for photocopying to accompany this enrolment form;

2. If these orders:

a) Change the powers of a parent/guardian to:

- Authorise the taking of the child outside the service by a staff member of the service:
- Consent to the medical treatment of the child:
- Request or permit the administration of medication to the child
- Collect the child, AND/OR

a) Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

DETAILS OF PEOPLE WHO YOU AUTHORISE TO COLLECT YOUR CHILD.

Your consent is required for other people to collect your child from Sophia Mundi Aftercare on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. In the event that the child is not collected from Aftercare and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name	_____	Name	_____
Address	_____	Address	_____
_____	_____	_____	_____
Telephone/s	_____	Telephone/s	_____
Home	_____	Home	_____
Work	_____	Work	_____
Mobile	_____	Mobile	_____
Relationship to child	_____	Relationship to child	_____
_____	_____	_____	_____

PERSONS NOT AUTHORISED TO COLLECT MY CHILD.

Name _____

Name _____

CHILD'S HEALTH INFORMATION

Name Doctor/Medical Service

Telephone

Address Doctor/Medical Service

Medicare number

Do you have ambulance coverage? Yes No (please tick)

Ambulance member number

CHILD'S MEDICAL INFORMATION

Does your child have any special needs? For example – medical, behavioural, etc.? Yes No (please tick)

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

Does your child have any allergies or sensitivity? Yes No (please tick)

If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy.

ANAPHYLAXIS

Has your child been diagnosed at risk of anaphylaxis? Yes No (please tick)

Does your child have an auto injection device (eg EpiPen)? Yes No (please tick)

Has the anaphylaxis medical management plan been provided to Aftercare? Yes No (please tick)

Has a risk management plan been completed by the service in consultation with you? Yes No (please tick)

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.

ASTHMA

Has your child been diagnosed at risk of asthma? Yes No (please tick)

Has your child any history of asthma? Yes No (please tick)

Has the asthma medical management plan been provided to Aftercare? Yes No (please tick)

Has a risk management plan been completed by the service in consultation with you? Yes No (please tick)

In the case of asthma you will be provided with a copy of the services asthma management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.

Does your child have any other medical conditions?

(Eg. Epilepsy, diabetes etc that are relevant to the care of your child). Yes No (please tick)

If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

CHILD'S IMMUNISATION RECORD

Has the child been immunised? Yes No (please tick)

If yes, please provide a copy of one of the below:

- Child History Statement from the Australian Childhood Immunisation Register or
- Immunisation Status Certificate which are available through your Local Council

If no, please provide a copy of Immunisation Status Certificate which is available through your Local Council and they will mark the immunisation as incomplete.

Even if the child's immunisation is classed as incomplete we still require the information returned to us as required by law, to assist the school in an event of a Contagious Infection outbreak.

EDUCATIONAL

Please list any additional social, emotional or educational needs or interests that your child has. This will assist us in developing the aftercare service and programs.

CULTURAL, RELIGIOUS or SPECIAL NEEDS

Please provide any details about the cultural background of the child/ren and any special considerations, for example cultural, religious or dietary requirements or needs.

DIETARY RESTRICTIONS

Please list any dietary restrictions your child/ren may have.

BOOKING DETAILS (Please tick your choices below)

Number of Children: _____

Casual

Regular (please tick)

Monday

Tuesday

Wednesday

Thursday

CASUAL USE – Please ring the Aftercare Coordinator on 9419 9229 when care is required
OR email enquiries@sophiamundi.vic.edu.au

REGULAR/PERMANENT USE – Please circle the days required above.

NOTE: Change of days within a week (if places available) can be made by telephone, in person or email
with 24 hours notice.

PLEASE NOTE: Late cancellation (without 24 hrs notice) and absence without notice will incur fee of 100% of
the Aftercare sessional fee. There is no charge for approved absence.

FEES

Regular/Permanent Use = \$29 per day. Casual Use = \$29 per day.

Late Collection Fee = \$1 per minute after 6pm

FEE RELIEF

Please provide both your and your child/rens Customer Reference numbers (NOT optional):

Parent /Guardian

First Name: _____

Family Name: _____

Parent/Guardian DOB: _____

CRN: _____

Child _____

CRN: _____

Child _____

CRN: _____

Child _____

CRN: _____

Child _____

CRN: _____

If you do not have a CRN please refer to the Family Handbook for more information
on Fee relief/Child Care Benefit.

PHOTOGRAPHY

In Aftercare we sometimes wish to use photographs of the students for display in the Aftercare room or for use in
other Aftercare activities, for example, making a book.

Please indicate whether you are happy for photographs to be taken

of your child for use in Aftercare:

Yes No (please tick)

DECLARATION

I/We give permission for my/our child/children to attend the Sophia Mundi Steiner School Aftercare Program and authorise the person in charge to consent, where it is not possible to communicate with me, to the child/children receiving medical treatment as deemed necessary, at my/our expense.

I also accept full responsibility for my child's belongings whilst attending this program.

I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the after care staff of any absence of my child.

I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease.

In the event that my child is injured or becomes ill during the program, either an authorised person or myself shall collect my child as soon as possible.

I undertake to inform the Aftercare staff of any changes relevant to my child/children as soon as practicable, including change of contact details, authorised persons to collect, custodial changes or recent health changes.

I understand that all enrolment details are private and confidential.

This information will be used for Program purposes only and will be accessible to Aftercare staff, the Aftercare Committee, and the Sophia Mundi Steiner School Administration.

I understand that I can access this information and correct any necessary details whenever I wish.

Parent/Guardian's (printed name)

Date

Parent/Guardian's Signature

Office use:

Received:

Entered:



SOPHIA MUNDI Limited
St Mary's, Abbotsford Convent
1 St Heliers Street, Abbotsford Victoria 3067 Australia
T 03 9419 9229 F 03 9419 0835 E reception@sophiamundi.vic.edu.au www.sophiamundi.vic.edu.au
A.B.N 44 006 411 016



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