



# COMMUNITY LIVING & RESPITE SERVICES INC.

APPLICATION FOR  
Before School Care  
CHILDREN FOR WHOM CARE IS REQUIRED

After School Care

Vacation Care

Date \_\_\_\_\_

Surname

Given Names

Centrelink CRN

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT / GUARDIAN

MOTHER

FATHER

CENTRELINK CRN  
(MANDATORY)  
DATE OF BIRTH  
(MANDATORY)  
HOME ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

POSTAL ADDRESS

_____	_____
_____	_____

HOME PHONE

_____	_____
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MOBILE PHONE

_____	_____
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OCCUPATION

_____	_____
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OCCUPATION

Full Time/Part-Time / Casual

Full Time/Part-Time / Casual

NAME & ADDRESS OF  
EMPLOYER / STUDY  
CENTRE

_____	_____
_____	_____
_____	_____

WORK PHONE

_____	_____
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REASON FOR CARE

Respite

Work Related (includes study, looking for work)

DO YOU HAVE "EMERGENCY CARE" POSSIBILITIES  
(child has infectious disease)

(

YES

NO

ARE THERE ANY COURT ORDERS RELATING TO THE CHILD?  
(yes, please enclose copy of the current court order )  
yes - custody/access or domestic violence order?

(If  
If

YES

NO

APPLICANTS  
SIGNATURE

_____
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DATE

_____
_____

Community Living Respite Service Inc. is working towards being a registered member of The Cancer Council Victoria's SunSmart Program. The purpose is to reduce children's exposure to ultraviolet (UV) radiation, and thus reduce sunburn and the risk of skin cancer.

SunSmart registered Family Schemes agree to encourage measures to protect children from the harmful effects of the sun by the following:

- \* Ask children who do not have appropriate hats with them to play in an area protected from the sun.
- \* Consider the availability of shade in the family day care environment and encourage children to use shade during outdoor play periods.  
Whenever possible Carers are encouraged to schedule excursions and all other outdoor activities for 11am and after 3pm during daylight saving times (10am and after 2pm otherwise). The availability of shade is considered when planning excursions.
- \* Carers act as role models by wearing appropriate hats and clothing outdoors,
- \* seeking shade whenever possible and using SPF 30+ broad-spectrum sunscreen for skin protection.

**PARENTS OF CHILDREN ATTENDING CLUB TEEN ARE REQUIRED TO PROVIDE**

- \* SPF 30+ broad-spectrum, water resistant sunscreen for children's use during the day. Hats that protect the face, neck and ears (ie a broad brimmed (with brim of at least 6cm), legionnaire or bucket hat (with a brim of at least 5cm) and protective clothing for their children to use whenever they are outside.

**We require your permission to apply sunscreen to your children**

I.....	(Parent) give permission for sunscreen to be applied to the following children. Name/s
_____	_____
I.....	(Parent) <b>DO NOT</b> give permission for sunscreen to be applied to the following children. Name/s
_____	_____

Photographs and videos are now classified as 'personal informatin' under the information pricavy act 2000.

In order to comply with the privacy legislation in relation of photographs / videos taken when in childcare with Community Living & Respite Inc Club Teen and to enable caregivers and staff to take photos and record on video children in care your permission is needed. Any photos or videos taken will not be available for general publication in any form and will only be used within Community Living and Respite Services Inc.

**We require your permission to take photographs / videos of your children :**

I.....	(Parent) give permission for sunscreen to be applied to the following children. Name/s
_____	_____
I.....	(Parent) <b>DO NOT</b> give permission for sunscreen to be applied to the following children. Name/s
_____	_____

The following pages need to be completed for each individual child requiring care.  
These pages will be copied and given to the carer your child is placed with

<b>NAME OF CHILD</b>	_____	<b>DOB</b>	_____	<b>M/F</b>
<b>PARENT'S NAME</b>	_____			
<b>PARENT'S NAME</b>	_____			
<b>ADDRESS</b>	_____			
<b>HOME PHONE</b>	_____	<b>WORK</b>	_____	
<b>MOBILE</b>	_____			

<b>HOURS OF CARE REQUIRED</b>	<b>Casual or Permanent</b>	<b>Care to Start</b>
	<b>FROM</b>	<b>TO</b>
	MONDAY	
	TUESDAY	
	WEDNESDAY	
	THURSDAY	
	FRIDAY	
	SATURDAY	
	SUNDAY	

Is care required in school holidays, or curriculum days? YES / NO

**MEDICAL**

**DOCTOR**

**ADDRESS**

**PHONE**

**MEDICARE NUMBER**

**COMPANION CARD**

**Has your child ever had an asthmatic episode?** YES / NO

(If you child has Asthma, a current Asthma management plan **MUST** be supplied. Forms available from the office if needed.)

**Has your child ever had an anaphalaxis episode?** YES / NO

(If you child has Anaphlaxis, a current Anaphlaxis management plan **MUST** be supplied. Forms available from the office if needed.)

*If yes please explain*

**Regular Medications**

**Does Your Child have a diagnosed disability?**

**Are your child's immunisations up to day?** (If no please contact the office) YES / NO

**Permission given for sunscreen to be applied** YES / NO

**Permission given for photos/videos to be taken** YES / NO

**Does your child have any special cultural or religious requirements** YES / NO

If yes please explain \_\_\_\_\_

\_\_\_\_\_  
**Primary Language of Parents**

Primary Language of Child \_\_\_\_\_

**Usual Routines** (Eating, sleeping, toilet, discipline, Special Words, toys etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**School Attended** \_\_\_\_\_

**Address of School** \_\_\_\_\_

**Phone Number of School** \_\_\_\_\_

**Days & House Attended**

**MON**

**TUE**

**WED**

**THUR**

**FRI**

Do you require the Caregiver to be "on call" while you child is at preschool: \_\_\_\_\_ (If caregiver drops off and picks up child then those hours are paid to the Caregiver)

YES / NO

**People Who May Collect Child From Caregiver**

**Name**

**Address**

**Phone**

**EMERGENCY CONTACT (if parent is unavailable)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**ARE THERE ANY COURT ORDERS RELATING TO THE CHILD?**

YES / NO

(if yes) - custody / access or domestic violence order? \_\_\_\_\_

**PARENTS SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_