



Good Samaritan Care

## OUTSIDE SCHOOL HOURS ENROLMENT FORM 2020

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Thank you for choosing Good Samaritan Care for your child care needs.

To assist us in placing your child/ren, we ask that you fully complete the Enrolment Forms in this booklet and forward them to us with all the information that is needed in the checklist. We require these forms to be completed every year to ensure our records are up-to-date and compliant.

We look forward to supporting your family by providing education and care in a safe and fun environment.

## CHECKLIST

Before returning these forms, please complete the following checklist to ensure you have included all the required information.

### *I have completed and signed the following forms:*

- Family Enrolment Form
- Child Enrolment Form
- Enrolment Agreement
- Booking Form
- Method of Payment Form. DEBITSUCCESS Pty Ltd. pg. 7
- Telephone Centrelink to register my child into the service or log onto myGov.au

### *I have included copies of the following documents:*

- Health records showing immunisation status

### *I have included copies of the following documents: (if required):*

- Additional Child Enrolment Forms (if enrolling more than one child).
- Medical Action Plan (if your child has an allergy or intolerance)
- Custody documents
- Additional Needs or diagnosed disability documents.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

You will be required to inform Centrelink your child is starting childcare at Good Samaritan Care. To register for Child Care Subsidy to reduce your cost in childcare. You will be required to contact one of the following:

- Telephone Centrelink 13 61 50;
- Online at [www.humanservices.gov.au](http://www.humanservices.gov.au) ; or
- Visiting the Medicare office and speaking with a Family Assistance Officer.
- Log onto myGov.au

When contacting Centrelink please provide them with the programs service code below so Centrelink can easily link your child to our service.

Good Samaritan Care Approval Code:

## **OUTSIDE SCHOOL HOURS CARE - 1900 184 76 V**

Please print and sign the forms before returning to our OSHC centre.



Good Samaritan Care

# Child Enrolment Form 2020

## CHILD'S DETAILS

CHILD'S FULL NAME							GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD'S ADDRESS							POSTCODE	
CHILD'S COUNTRY OF BIRTH				CHILD'S DATE OF BIRTH	/	/		
CUSTOMER REFERENCE NUMBER							ELIGIBLE HOURS FOR THE SERVICE <input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> other	
CHILD'S YEAR LEVEL IN 2020				DATE CHILD STARTED/STARTS SCHOOL	/	/		
CULTURAL BACKGROUND	<input type="checkbox"/> Identify as Aboriginal <input type="checkbox"/> Identify as Torres Strait Islander <input type="checkbox"/> Identify as Aboriginal and Torres Strait Islander <input type="checkbox"/> Other:							
LANGUAGES	PRIMARY			SECONDARY				

## CARE ARRANGEMENTS

NAME OF THE PRIMARY CARER			
ARE THERE ANY CURRENT WRITTEN ARRANGEMENTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy must be provided. Relevant documentation may include parenting plans, parental responsibility plans, residence orders and contact order. * Parenting Order: Means a parenting order within the meaning of Section 64B (1) of the Family Law Act 1975 * Parenting Plan: Means a parenting plan within the meaning of Section 63C (1) of the Family Law Act 1975 includes a registered parenting plan within Section 63C (6) of the Act.		
IS THERE ANYONE LEGALLY DENIED ACCESS TO THE CHILD?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, a copy must be provided.		
NAME			RELATIONSHIP TO CHILD
NAME			RELATIONSHIP TO CHILD
NAME			RELATIONSHIP TO CHILD

## CULTURAL CONNECTIONS AND FAMILY TRADITIONS

DOES YOUR FAMILY OBSERVE ANY PARTICULAR RELIGIOUS OR CULTURAL PRACTICES THAT ARE SIGNIFICANT TO YOUR CHILD?

DO YOU CELEBRATE ANY CULTURAL/RELIGIOUS TRADITIONS?  
HOW DO YOU CELEBRATE THESE TRADITIONS?

WHAT 'FAMILY' TRADITIONS DO YOU CELEBRATE TOGETHER?  
(E.G. DINNER AT GRANDMAS EVERY SUNDAY,  
CAMPING ON LONG WEEKENDS.)

AS A FAMILY DO YOU HAVE ANY FAVOURITE FOODS?  
PLEASE PROVIDE DETAILS.

## MEDICAL INFORMATION

CHILD'S FULL NAME

CHILD'S MEDICARE NO

EXPIRY DATE

/ /

Does your child regularly experience any of the following? Please tick (✓) and provide details in space provided below. If yes, an individual action/medical care plan by an authorised medical practitioner may be required.

### KNOWN ALLERGIES

Yes  No What Causes the Allergies?

Mild  Severe  Anaphylactic (EpiPen must be provided at this service at all times whilst child is in care)

Symptoms:

Please provide details of any allergy management plan:

Action plan attached:  Yes  No

(A current year action plan from a medical practitioner with a current photo is required in order to proceed with this enrolment)

### DIETARY

Yes  No Please provide details:

### RESTRICTIONS

Medical  Personal Choice

### INTOLERANCES

Yes  No Please provide details:

Mild  Severe

Symptoms:

	Action plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ASTHMA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>What are the known triggers?</i>
	<input type="checkbox"/> Mild <input type="checkbox"/> Severe
	<i>Symptoms:</i>
	<i>Please provide details of any asthma management plan:</i>
	Action plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>(A current year action plan from a medical practitioner with a current photo is required in order to proceed with this enrolment)</i>
<b>IMMUNISATION STATUS UP TO DATE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>A copy of the Vaccination Certificate is required</i>
	<i>If NO. Parents who do not fully immunize their children) up to the age of 19 years of age) will cease to be eligible for Child Care Benefits, Child Care Rebate and the family Tax Benefit Part A end of year supplement (family assistance payment) <b>NO JAB NO PLAY.</b></i>
	<i>Additionally, your state or territory has a specialist service that can address immunisation issues with parents. Call the Victorian health department on: <b>1300 882 008</b> for assistance.</i>
	<i>If a child's vaccination record is incomplete the parent/carer will need to contact ACIR (Australian Childhood Immunisation Register) on 1800 653 809 to obtain current information. Please ensure the service is provided with updated records as your child is immunised (Rag 162). If your child's immunisation status is not up to date your eligibility to receive Child Care Benefit <u>will be</u> affected.</i>
	Has the approved provider or Educator sighted my child's health record?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MEDICATION</b>	Does your child take medication on a regular basis?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If YES please provide details:</i>
<b>PRIVATE HEALTH INSURANCE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Membership Number: _____ Membership Fund: _____
<b>AMBULANCE COVER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Ambulance Number: _____
<b>CHILDHOOD DEVELOPMENT</b>	Do you have any queries/ concerns regarding your child's development?  <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please provide details:</i>
<b>SPECIALIST SUPPORT SERVICES</b>	Is your child accessing any specialist support services?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Other  <i>If YES please provide details:</i>
<b>ADDITIONAL NEEDS</b>	Does your child present with any additional needs or have a diagnosed disability?  <input type="checkbox"/> Yes <input type="checkbox"/> No

## DOCTOR CONTACT DETAILS

<b>CHILD'S DOCTOR</b>		<b>PHONE NUMBER</b>	
<b>ADDRESS</b>			

## MEDICAL CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

- *I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for Educators to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or accident (Reg. 161).*
- *On enrolling my/our child/ren I/we understand that the service is unable to care for children who are sick or who have a contagious illness. I/We further acknowledge that a medical clearance may be necessary before my/our child is able to return.*
- *I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. paracetamol).*
- Prescribed medication, including asthma and anaphylaxis, will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the service medication form is completed
- I/We agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- I/We give permission for first aid qualified Educators to administer first aid and/or medication to my/our child as required.

<b>SIGNATURES:</b>	<b>PARENT/CARER 1</b>		<b>DATE</b>	
	<b>PARENT/CARER 2</b>		<b>DATE</b>	

**METHOD OF PAYMENT - This sheet must be completed annually.**

Administration Fee (once only): \$2.20. Bank Account Transaction Fee: \$0.88. Credit Card Transaction Fee: VISA/MasterCard: 2.35%. Amex 4.40%

I/We authorise and request Debitsuccess Pty Ltd ABN 095 551 581, APCA User ID Number 184534 to debit payments from my/our account, as specified below, at intervals and amounts as directed by Good Samaritan Care ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Debitsuccess DDR -Authorisation Form. **NOTE: If payments decline, Debitsuccess dishonour fee of \$14.95 applies per transaction.**

Please write the name of the account holder in which your child/ren will be using e.g. **SMITH family**

**CHOOSE YOUR PAYMENT METHOD:**

**Debit from Credit Card.** Start Date   Weekly  Fortnightly

VISA  MASTERCARD  AMEX

Card Number    Expiry Date

Name of Cardholder

By signing this form, I/We authorise Debitsuccess, acting on behalf of the Business, to debit payments from my specified Credit Card above and I/We acknowledge that Debitsuccess will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Debitsuccess for any successful claims made by the Card Holder through their financial institution against Debitsuccess.

**Debit from Bank, Building Society or Credit Union Account.** Start Date

Weekly  Fortnightly

**Financial Institution**  **Branch**

BSB Number - Account Number

Account Holder Name

I/We authorise Debitsuccess Pty Ltd ABN 095 551 581, APCA User ID Number 184534 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS).

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the Debitsuccess DDR Service Agreement, and I/We have read and understand same.

**Signature(s) of Nominated Account**

Date:

Date:





Good Samaritan Care

# Family Enrolment Form 2020

ACCOUNT DETAILS	
FAMILY NAME	
CHILD/REN NAME	1.
	2.
	3.

PARENT/CARER NO# 1 DETAILS (your child's booking will be registered under this contact person)										
FULL NAME										
DATE OF BIRTH	/	/	RELATIONSHIP TO CHILD							
CUSTOMER REFERENCE NUMBER (CRN)										
ELIGIBLE HOURS	<input type="checkbox"/> 24	<input type="checkbox"/> 50	<input type="checkbox"/> Other							
HOME ADDRESS										
	POSTCODE									
HOME PHONE									MOBILE	
EMAIL ADDRESS										
PRIMARY LANGUAGE SPOKEN									COB	
CULTURAL BACKGROUND									RELIGION	
OCCUPATION									WORK PHONE	
ORGANISATION/EMPLOYER										
WORK ADDRESS										
	POSTCODE									

## PARENT/CARER NO# 2 DETAILS

FULL NAME										
DATE OF BIRTH			/		/		RELATIONSHIP TO CHILD			
CUSTOMER REFERENCE NUMBER (CRN)										
ELIGIBLE HOURS		<input type="checkbox"/> 24		<input type="checkbox"/> 50		<input type="checkbox"/> Other				
HOME ADDRESS										
										POSTCODE
HOME PHONE						MOBILE				
EMAIL ADDRESS										
PRIMARY LANGUAGE SPOKEN						COB				
CULTURAL BACKGROUND						RELIGION				
OCCUPATION						WORK PHONE				
ORGANISATION/EMPLOYER										
WORK ADDRESS										
										POSTCODE:

## AUTHORISED NOMINEE/ EMERGENCY CONTACTS

(Other than those already listed on page 5+6).

**Please note:** You will be required to call and notify our service if one of the following authorised contacts will be collecting your child/ren.  
Reference: Section 170(5) of the Law and sections 160, 161, 102 & 99 of the National Regulations.

**PLEASE ENSURE YOU TICK THE APPROPRIATE AUTHORITIES FOR EACH OF YOUR NOMINATED EMERGENCY CONTACTS.**

### AUTHORISED NOMINEE/EMERGENCY CONTACT

FULL NAME		<p><i>This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities)</i></p> <p><input type="checkbox"/> consent to medical treatment/authorise administration of medication</p> <p><input type="checkbox"/> authorise an educator to take the child outside the education and care services premises</p> <p><input type="checkbox"/> collect the child from the education and care service.</p>
RELATIONSHIP TO CHILD		
ADDRESS		
HOME PHONE NUMBER		
WORK PHONE NUMBER		
MOBILE NUMBER		

AUTHORISED NOMINEE/EMERGENCY CONTACT	
FULL NAME	<p><i>This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities)</i></p> <input type="checkbox"/> consent to medical treatment/authorise administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> collect the child from the education and care service.
RELATIONSHIP TO CHILD	
ADDRESS	
HOME PHONE NUMBER	
WORK PHONE NUMBER	
MOBILE NUMBER	

AUTHORISED NOMINEE/EMERGENCY CONTACT	
FULL NAME	<p><i>This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities)</i></p> <input type="checkbox"/> consent to medical treatment/authorise administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> collect the child from the education and care service.
RELATIONSHIP TO CHILD	
ADDRESS	
HOME PHONE NUMBER	
WORK PHONE NUMBER	
MOBILE NUMBER	

AUTHORISED NOMINEE/EMERGENCY CONTACT	
FULL NAME	<p><i>This person is authorised to carry out the following responsibilities for my child (please tick appropriate authorities)</i></p> <input type="checkbox"/> consent to medical treatment/authorise administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> collect the child from the education and care service.
RELATIONSHIP TO CHILD	
ADDRESS	
HOME PHONE NUMBER	
WORK PHONE NUMBER	
MOBILE NUMBER	

This service is required to register all children enrolled and attending care in the Child Care Package system under the new software program called Child Care Management System (CCMS). This system processes CCS Child Care Subsidy claims for eligible parents/carers

Under this system the parent/carer and child CRN (Customer Reference Number) and DOB (date of birth) are the validators to enable reduced fees to be charged. It is essential that the information below precisely matches that submitted to Centrelink. Any discrepancies will lead to the service being unable to process the CCS claims to ensure the appropriate reduction in your fees. Any changes to my child's attendance, I will remember to log onto mygov to update my child's attendance record whenever it changes.

Where parents/carers hold separate CRN's a separate Family Enrolment form for each parent will need to be completed. To ensure that you are able to take advantage of the reduction in fees under CCS, please complete all the information required and return to the service.

<b>Signatures: Parent/Carer 1</b>		<b>Date</b>	
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Good Samaritan Care

# Enrolment Agreement 2020

## Consent & Permissions

<b>Parent/Carer 2</b>	<b>Date</b>
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In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the Permissions provide parents with options to consider, however, Consent Statements are a compulsory requirement of enrolment. Please complete an Enrolment Agreement 2020 for each child enrolled at Good Samaritan Care.

### PERMISSIONS

I/We understand and acknowledge the following:

<b>SUPPORT</b>	To support my/our child further whilst at the service, I/we give permission for the Coordinator/Director or service representative to liaise with school and/or specialist staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I/we authorise students under the supervision of Educators to undertake observation of my/our child for the purpose of curriculum planning and Educators in training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ACTIVITIES PERMISSION</b>	I/We encourage my/our child to start their homework while attending the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I/We give permission for my/our child to view PG Rated movies, programs and games while at the service.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I/We give permission for my/our child to participate in face painting activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HEALTH AND SAFETY PERMISSION</b>	I/We give permission for Educators to apply adhesive bandages (e.g. band aids) to my/our child. If no, please provide an alternative.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I/We give permission for my/our child to have 30+ sunscreen/insect repellent applied as required. If no, please provide an alternative.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	In case of an emergency or accident, I/we authorise a Qualified Medical Practitioner to administer anaesthetic, blood transfusions and perform operations if the emergency requires such treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MEDIA</b>	I/We understand that photos, videos and digital images are an integral part of the service's program and that my/our child's surname will not be displayed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I acknowledge that should my child/ren's images be required for use outside the service (e.g. Good Samaritan Care presentations, websites, promotional material) a separate permission form will be signed for each event.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I/We give permission for of images of my/our child to be used for service newsletters, service noticeboard displays, school/parish newsletters, learning journals, day books, digital frames etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If there are child protection or custody issues in relation to the display of media, please see the Coordinator/Director</i>		

<b>SIGNATURE/S:</b>	<b>PARENT/CARER</b>	<b>DATE</b>
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## CONSENT STATEMENT

I/We understand and acknowledge the following:

### GENERAL (CONDITIONS OF ENROLMENT)

- ✓ That I/we have read the Information Handbook and agree to abide by the Service policies, procedures and Mission, Vision and Values of Good Samaritan Care OSHC Service.
- ✓ That I/we understand that reasonable behaviour is expected by my child. Our service shall contact you if/when my child does not adhere to our service's policies, procedures, Missions, Vision and values and will be asked to remove my child from the service.
- ✓ That it is my/our responsibility to ensure all information associated with my/our child's enrolment is current and notify the service of any changes to details provided
- ✓ That my/our child is required to be signed in as attending a session of care by either parent/carer or authorised nominee to ensure all legal obligations are met.
- ✓ That I/we must notify the service if a person, who is not on the services' current records as authorised to collect my child, will be collecting my child from any session of care and that photo ID will be required on collection
- ✓ That I/we must provide alternative care arrangements when my/ our child is suffering from an infectious or contagious illness, as described in the exclusion guidelines in the Information Handbook or is generally unwell, or is deemed by service Educators to be unable to participate in the service program
- ✓ That information on this enrolment form may be provided upon request to either parent/carer detailed on this form
- ✓ That I/we must be contactable at all times whilst my child is in care. This may require alternative and/or work phone numbers
- ✓ I/we have completed a booking form nominating days of attendance required for my/our child
- ✓ I/we have completed a booking form allowing my child to attend excursions
- ✓ I/we have nominated an email address to which account statements, newsletters and other communications may be sent.
- ✓ For my/our child to participate in all activities offered by the service. I will advise the service in writing if I/we do not wish my/ our child to participate in a particular activity
- ✓ That the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families.

### FEES (CONDITIONS OF ENROLMENT)

- ✓ That Childcare fees incurred will be billed one week in advance and any remaining credit will be reimbursed by cheque within 30 days of my/our child's last day of attendance.
- ✓ That I/we consent to pay my child's childcare fees weekly or fortnightly.
- ✓ That fees incurred will be billed to us by DEBITSUCCESS payment system
- ✓ That I/we acknowledge that failure to pay fees incurred within the one or two-week timeframe will result in the withdrawal of my child's place in the service until the account is paid in full or a payment plan negotiated. Failure to adhere to the negotiated agreement may result in account referral to a debt collection agency the cost of which will be added to my account
- ✓ That childcare fees will be payable on absent days and cancellation of bookings, when one session prior notice is not given to service Educators.
- ✓ If cancelling a booking written notice of the final day will be provided.
- ✓ If my/our child is not collected from the service by closing time (6.15pm) a Late Fee penalty of \$2.00 per minute will be incurred as specified in the Late Collection Fee Policy.
- ✓ An additional \$50.00 fee will be charged to families who have continuously arrived late after closing time. This \$50.00 fee will be charged on top of the amount of minutes you have arrived late charge.
- ✓ That I/we are financially responsible for any wilful damage of equipment or property caused by my/our child/ren.
- ✓ That the above information is correct and precisely matches information submitted by me/us to Centrelink.
- ✓ That I/We understand that any discrepancies between the two may lead to our service being unable to claim CCS on my/our behalf. In this instance I/we will be required to pay full fees.
- ✓ I understand no refund of fees on any excursions or workshop costs will be reimbursed to you, even if prior notice has been given to service Educators.
- ✓ I understand no refund of fees on any excursions lunches & bus costs will be reimbursed to you, even if prior notice has been given to service Educators.
- ✓ I understand that I must sign the CWA (Complying Written Arrangement) form in order to receive continuation of Child Care Subsidy.
- ✓ Every time my child's bookings change, up or down a day, I must remember to log onto the Enrolment Notice section on mygov to update my child's attendance.

SIGNATURE/S:

PARENT/CARER

DATE



Good Samaritan Care

# Booking Form 2020

<b>CHILD/REN'S FULL NAME</b>		
<b>DO YOU REQUIRE A</b>	Permanent Booking? <input type="checkbox"/> Yes	Casual Booking? \$4.00 extra <input type="checkbox"/> Yes
<b>DATE OF COMMENCEMENT OF CARE</b>	/ / 2020	

WHICH DAYS YOU REQUIRE?	BEFORE SCHOOL CARE	AFTER SCHOOL CARE
	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

I agree and acknowledge that Officers/Educators of Good Samaritan Care of Our Lady's Parish, does not accept any liability for personal injury, property damage or loss sustained by any child/ren due to them participating in; Good Samaritan Care Before and After School Care Program unless the injury, damage or loss was caused by the proven negligence of Good Samaritan Care Program, its Directors or employees, or is otherwise required by law.

<b>PARENT/GUARDIAN SIGNATURE</b>		<b>DATE</b>	
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PRIORITY OF ACCESS	
<b>PLEASE INDICATE ONLY ONE PRIORITY MOST APPLICABLE TO YOU</b>	<input type="checkbox"/> 1 <sup>st</sup> Priority A child at risk of serious abuse or neglect <input type="checkbox"/> 2 <sup>nd</sup> Priority A child of a single parent/guardian who satisfies, or of parents/guardians who both satisfy the work/training/study test under Section 14 of the new A New Tax System (Family Assistance) Act 1999 <input type="checkbox"/> 3 <sup>rd</sup> Priority Any other child.

**WITHIN THESE THREE CATEGORIES PRIORITY IS ALSO GIVEN TO THE FOLLOWING CHILDREN:**

- Children in Aboriginal and Torres Strait Islander families.
- Children in families which include a disabled person.
- Children in families on low income (refer [www.deewr.gov.au](http://www.deewr.gov.au) for current income threshold).
- Children in families from culturally and linguistically diverse background.
- Children in socially isolated families.
- Children of single parents/guardians

