

YOUNG MOB LEARNING HOMEWORK CLUB
2021 REGISTRATON FORM

Please fill out this registration form in full and return your completed form via email to reception@pccctrust.com.au or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, Bundaberg QLD 4670

Students cannot attend Homework Club unless all forms have been completed



PARENT/ CARER INFORMATION: Please print clearly and in capital letters

| | | | |
|-----------------|--------|-------------|----------------------------|
| Surname: | | First Name: | |
| Street address: | | | |
| City: | State: | Post Code: | Date of Birth: / / |
| Phone: | | E-mail: | |

FOR THE PERSON COMPLETING THIS FORM: Please indicate relationship to students listed on this form:

Mother
 Father
 Grandparent
 Carer
 Other (please specify): _____
 Other [Please indicate]

Available phone number during club hours: Home phone Mobile Phone Work

Which homework club will you be attending? (please tick one):

Bundaberg
 Gladstone/Clinton
 Gladstone
 Woorabinda

| Student Number 1 | | | |
|------------------|------|-----------------------|-----------------------|
| First Name: | | Surname: | |
| Date of Birth: | Age: | Gender: | Year Level at School: |
| Name of School: | | School Suburb: | |
| Best Subjects: | | Challenging Subjects: | |

| Student Number 2 | | | |
|------------------|------|-----------------------|-----------------------|
| First Name: | | Surname: | |
| Date of Birth: | Age: | Gender: | Year Level at School: |
| Name of School: | | School Suburb: | |
| Best Subjects: | | Challenging Subjects: | |

| Student Number 3 | | | |
|------------------|------|-----------------------|-----------------------|
| First Name: | | Surname: | |
| Date of Birth: | Age: | Gender: | Year Level at School: |
| Name of School: | | School Suburb: | |
| Best Subjects: | | Challenging Subjects: | |

| Student Number 4 | | | |
|------------------|------|-----------------------|-----------------------|
| First Name: | | Surname: | |
| Date of Birth: | Age: | Gender: | Year Level at School: |
| Name of School: | | School Suburb: | |
| Best Subjects: | | Challenging Subjects: | |

Health Information

Medicare card number: _____

Allergies or special health concerns: Peanuts Asthma Seasonal Diabetes
 Other: _____

Medication needed: _____

Parent/Guardian Declaration

- I declare that I am the parent/carer/grandparent for the above listed students.
- I declare that the information I have provided on this form is complete and accurate.
- I give consent for photos of my child/children to be used for promotional purposes (Newsletter, Social Media).
- I, as a parent/guardian understand and acknowledge that the care of my child/children is my responsibility.
- I understand that providing false or misleading information or non-disclosure of relevant information may result in cancellation of student's homework club registration.
- I agree that any information of on this form changes, I will provide updated information to PCCC Trust LTD as soon as possible.

Name of Parent/Guardian:

Signature of Parent/Guardian

Date:

Does your child need transport assistance?

- I will drop off/pick pp PCCC staff member to pick up/drop off

I _____ give my child _____ permission to be picked up and dropped off when needed if I cannot do so myself.

Please sign PCCC Transport Agreement on page 6

ALL INFORMATION IS STRICTLY PRIVATE AND CONFIDENTIAL

PCCC Medical Consent Form

To: Any Medical Facility/Physician

From: _____
(Guardian)

(Child's Name)

(Date of Birth)

As the legal guardian of the above-named child, who is currently a registered member of the PCCC Homework Club Bundaberg, I hereby authorize the Homework Club supervisor, or designated assistant, to administer first aid, provide transportation to and from a medical service provider, and to request and authorise emergency medical treatment for my above names child while this child is participating in or travelling to/from Homework Club.

This authorisation extends inclusively from _____, 20____ through _____,20_____.

I assume responsibility for all expenses incurred in the treatment of my above-named child.

Guardian's Name

Guardian's Signature

Please refer to page 2, for allergies, medications etc.

Child's Details

Name _____ Date of Birth _____

Home Address: _____

List of Health Conditions:

List of Mental Health Conditions:

List of Allergies:
• _____
• _____

Emergency Contact Details (Next of Kin):

Full Name: _____ Address: _____

Contact Number: _____ Relationship to you: _____

Secondary Emergency Contact:

Full Name: _____ Address: _____

Contact Number: _____ Relationship to you: _____

Name of Regular Doctor and Surgery: _____

Any other medical issues that we need to be aware of (please list):

PCCC Transportation Agreement (To be completed by Guardian)

PCCC – Port Curtis Coral Coast Trust Homework Club

I, _____, give permission for PCCC or any approved employee of the above program, to transport my child(ren).

Name(s) & Ages of child(ren):

For the following reasons (check all that apply):

- Excursion to the park
- Emergency purposes
- Pick up and drop off support

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transport
2. Each child will board or leave a vehicle from the curb side of the street
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law
4. Any motor vehicle used to transport my child(ren) will have current registration and insurance, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license
5. The Parent/Guardian will be present at the time of drop off (between 5pm and 5:30pm). Children will not be left at their home if no Parent of Guardian is present, Parents/Guardian are to advise if other arrangements are required before drop off time as stated as above

Parent or Guardian Signature

Date

PCCC Staff Signature

Date

PCCC Homework Club Confidentiality Agreement

I, the Legal Guardian _____ acknowledge that I have read and understood the PCCC Confidentiality and Privacy Policy.

I agree that all my information about PCCC, staff, children, and families, sighted or heard, will be treated as strictly confidential and will not be discussed with any other person outside the centre.

I agree that my student/s are in the care of PCCC for the duration of Homework club. I give consent for PCCC staff to make informed decision regarding the health and wellbeing of my student/s. Including medical assistance if required, communication with the student/s school to obtain their homework, if not provided by the student.

Signature of Guardian: _____

Names of student/s:

1. _____
2. _____
3. _____
4. _____

Date: ____/____/____

Witness by PCCC Staff:

Name: _____

Signature: _____

Date: ____/____/____