

ENROLMENT FORM

Before and After School Care & Vacation Care

Before School Care:

- 7am – 9am
- \$12.00 per child per permanent session
- \$14.00 per child per casual session
- all activities and breakfast included

After School Care:

- 3.00pm – 6.30pm
- \$14.00 per child per permanent session
- \$16.00 per child per casual session
- all activities and afternoon tea included

- *PERMANENT SESSIONS*: where you use set sessions, each and every week. You will be charged for these sessions if your child is absent, unless we are given 1 week's notice (in writing). We also require one week's notice when cancelling these sessions.
- *CASUAL SESSIONS*: where you need sessions occasionally.

We are an Approved Child Care service and offer all entitled families Child Care Benefit as a reduction in fees.

To claim a reduction in fees, you must supply Customer Reference Numbers in this enrolment form. There will be one for the parent and one for each child. You will also need to inform us if you have other children in care at another centre.

- BOOKINGS ESSENTIAL

Phone: 9652 0074

Email: glenorieoosh@bigpond.com

ENROLMENT FORM

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.
Please read each section carefully before completing and signing and complete a separate form for each child you are enrolling.

SECTION 1: CHILD'S DETAILS

Child 1:

Child's Full Name: _____

Sex: Male ☐ Female ☐ Child's CRN: _____

Address of child: _____

Date of birth: ____/____/____

Country of birth: _____

Child's nationality: _____

Language/s spoken by child: _____

Families' religion: _____

Child 2:

Child's Full Name: _____

Sex: Male ☐ Female ☐ Child's CRN: _____

Address of child: _____

Date of birth: ____/____/____

Country of birth: _____

Child's nationality: _____

Language/s spoken by child: _____

Families' religion: _____

Child 3:

Child's Full Name: _____

Sex: Male ☐ Female ☐ Child's CRN: _____

Address of child: _____

Date of birth: ____/____/____

Country of birth: _____

Child's nationality: _____

Language/s spoken by child: _____

Families' religion: _____

Days you wish your child to attend the service (Please circle)

Before School care: Monday Tuesday Wednesday Thursday Friday OR Casual only

After School care: Monday Tuesday Wednesday Thursday Friday OR Casual only

* A separate form will be provided prior to each Vacation care period.

Child's expected start date at the service: ____ ____ / ____ ____ / ____ ____ ____ ____

SECTION 2: PARENT / GUARDIAN DETAILS

Parent / Guardian 1 Name: _____

Relationship to Child: _____

Date of Birth: ____ ____ / ____ ____ / ____ ____ ____ ____

Address: _____

Home phone number: _____ Mobile No. _____

Are you an Australian resident: YES ☐ NO ☐

Country of birth: _____

Language/s spoken at home: _____

Occupation: _____

Employer: _____

Work address: _____

Work telephone number: _____

Employment Status: Full-time ☐ Part-time ☐ Casual ☐ Not currently working ☐

Email Address: _____

CRN: _____

Parent / Guardian / Partner 2 Name: _____

Relationship to Child: _____

Date of Birth: ____ ____ / ____ ____ / ____ ____ ____ ____

Address: _____

Home phone number: _____ Mobile No. _____

Are you an Australian resident: YES ☐ NO ☐

Country of birth: _____

Language/s spoken at home: _____

Occupation: _____

Employer: _____

Work address: _____

Work telephone number: _____

Employment Status: Full-time ☐ Part-time ☐ Casual ☐ Not currently working ☐

Email Address: _____

CRN: _____

SECTION 3: CHILD CARE BENEFIT

Will you be claiming Child Care Benefit? YES ☐ NO ☐ If yes please provide details below.

Name of person claiming: _____

Date of Birth: ____/____/____

Will you be claiming CCB weekly or as a lump sum payment? (Please circle) YES ☐ NO ☐

If claiming as a lump sum, please complete a FAO 22 form provided by the service.

For Child Care Benefit purposes, it is important to advise the service if you use any other service simultaneously.

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

YES ☐ NO ☐ If **YES** please provide details:

NOTE: The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.

SECTION 5: EMERGENCY CONTACTS

I hereby authorise the staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency.

Please supply at least 2 names, other than the child's parents/guardians.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the service, and asked to collect your child when you can not be contacted.

Authority to collect your child from the Service

I hereby authorise the service staff to allow the following people to collect my child.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service.

SECTION 6: MEDICAL INFORMATION

Family Doctor's name: _____

Telephone number: _____

Does your child have any allergies (including asthma or anaphylaxis)? YES ☐ NO ☐

If **YES** please provide details, including a copy of a medical management plan (required for asthma and anaphylaxis) or risk minimisation plan prepared by the child's doctor (if applicable):

Does your child require regular medication? YES ☐ NO ☐ If **YES** please provide details:

Is your family a member of a Private Health Fund? YES ☐ NO ☐

Name of Private Health Fund: _____

Private Health Fund number: _____

Family Medicare number: _____

NOTE: Medication will only be administered in accordance with the services Medication Policy that you be will be provided with.

Immunisation

Has your child received the necessary immunisation for their age? YES ☐ NO ☐

If **NO**, please complete & attach an Immunisation Exemption Conscientious Objection form available from Medicare.

Medical Conditions/Additional Needs

Does your child have a medical condition or require additional assistance to meet their needs? YES ☐ NO ☐

If **YES** please provide details of the condition/needs they require assistance with:

SECTION 7: INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies? YES ☐ NO ☐ If **YES** please provide details:

Is there anything else our staff needs to know about your child? (E.g. cultural or religious requests, interests, dislikes, fears etc.)

NOTE: Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.

SECTION 8: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial.

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- Medical
- Dental
- Hospital
- Ambulance Service and transportation of the child by Ambulance.

2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

3. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

4. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the service or on an excursion.

NOTE: There are a number of reasons the service takes photographs/videos of the children, including:

- Providing visual documentation for families to see what their child does throughout the day
- To assist with evaluations of the program
- To use as part of promotion and publicity for the service
- Provide visual documentation to families through Facebook

5. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to have my child signed in and out on the appropriate documentation on arrival and departure each day they attend the service.

6. CHILD ABSENCE

I agree to notify the service if my child is absent on a day that they are booked in.

SECTION 9: PAYMENT OF FEES

1. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the service you are required to provide two (2) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of two weeks child care fees to the service.

2. ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the service.

4. SERVICE CLOSURE

No fee is charged while the service is closed over the Christmas period.

5. LATE FEE

Should children be present after the 6.30pm closing time, a late fee of \$1.00 per minute will apply.

6. PAYMENT OF FEES

As per the services Parent Handbook. Weekly fees are payable to the service by EFTPOS, cheque or money order. I understand that fees must be paid once invoiced within the stated due date, that my child's place at the service may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

7. COSTS OF DEBT RECOVERY

I (The Client) (The Parent) expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Glenorie OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (alternatively the number of days) specified this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

SECTION 10: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the service will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the service or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's.

SECTION 11: MEMBERSHIP

The service is an Incorporated Association and as such, by enrolling my child in the service I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at any General Meeting held by the service and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

The person nominated for member representation is: _____

SECTION 12: DECLARATION

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent and/or Guardian's Full Name (please print): _____

Signature: _____ Date: _____