Glenorie OOSH

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

Vacation Care:
- 7am – 6.30pm
- $50.00 per child per session
- Excursions extra cost
- All meals are 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 24 hours notice. 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 your 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 ARE 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 ☐

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.

<table>
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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>MOBILE</th>
<th>WORK PHONE</th>
<th>RELATIONSHIP TO CHILD</th>
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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 cannot 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.

<table>
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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>MOBILE</th>
<th>WORK PHONE</th>
<th>RELATIONSHIP TO CHILD</th>
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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 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, and initial each section to indicate you give your permission for each item.

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.

Initial ________

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.

Initial ________

3. PERMISSION FOR THE APPLICATION OF SUNSCREEN
I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

Initial ________

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

Initial ________

5. PERMISSION TO ALLOW CHILD TO CARRY OUT ACTIVITIES WITH NO SHOES ON
I hereby allow my child to be involved in activities where they will be wearing no shoes whilst they are at the service or on an excursion.

Initial ________

6. PERMISSION TO ALLOW CHILD TO USE THE GLENORIE PRIMARY SCHOOL PLAY EQUIPMENT
I hereby give permission for my child to use the play equipment on the grounds of Glenorie Primary School, including the monkey bars located on the south side of the OOSH Building, and the spider web play structure located near the C.O.L.A. Although staff will supervise these activities, I understand that the use of this equipment carries an inherent risk of accident or injury. A risk assessment has been carried out and is available to view in the OOSH Building.

Initial ________
7. PERMISSION TO ALLOW CHILD/REN TO COME INTO CONTACT WITH THE OOSH PETS
I hereby consent for my child/children to handle live animals whilst in the care of Glenorie OOSH.
I understand that the handling of any live animals poses some health risks e.g. Allergic reaction, bites or scratches.
Initial________

8. 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.
Initial ________

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

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 one (1) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of one week child care fees to the service.
Initial ________

2. ABSENCES FROM THE CHILD CARE CENTRE
Fees are payable for family holidays and sick periods if those days fall on a day that your child is booked into the service and notice hasn’t been given.
Initial ________

4. SERVICE CLOSURE
No fee is charged while the service is closed over the Christmas period.
Initial ________

5. LATE FEE
Should children be present after the 6.30pm closing time, a late fee of $1.00 per minute will apply.
Initial ________

6. PAYMENT OF FEES
As per the services Parent Handbook. Weekly fees are payable to the service by EFTPOS, cheque or Direct Deposit. 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.
Initial ________

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.
Initial ________

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.

Initial __________

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: ______________________________