

**A NOT FOR PROFIT CENTRE**

**Bonnells Bay School**

**Tel 0401-993-010**

**Fax: 02-49705388**

All information included in this form will be treated as confidential.

Child's Details

Child	Child's Full Name:	Male / Female:	DOB:	Centrelink Reference Number	School Child is Attending:	Year
1			/ /			
2			/ /			
3			/ /			
4			/ /			

Expected Attendance Pattern:

Please indicate times required

Before and After School Care

Times	Monday	Tuesday	Wednesday	Thursday	Friday
From	am	am	am	am	am
To	am	am	am	am	am
From	pm	pm	pm	pm	pm
To	pm	pm	pm	pm	pm

Please tick one of the following:

- Permanent Booking**
- Casual Booking**

Parent/Guardian Details

*Primary Parent/Carer Details*

<b>Name:</b>			
<b>Address:</b>			
<b>Date of Birth</b>			
<b>Relationship to Child</b>			
<b>Centrelink Reference Number</b>			
<b>Home Phone:</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>Occupation:</b>			
<b>Employer:</b>			
<b>Employer Address:</b>			
<b>Work Phone:</b>		<b>Work Mobile:</b>	

*Partners Details:*

<b>Name:</b>			
<b>Address:</b>			
<b>Home Phone:</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>Relationship to Child</b>			
<b>Occupation:</b>			
<b>Employer:</b>			
<b>Employer Address:</b>			
<b>Work Phone:</b>		<b>Work Mobile:</b>	

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 centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

**Legal Guardian/Foster Carer**

Please indicate if applicable: **YES** **NO**

**Emergency Contacts: 2 different telephone contacts needed**

I hereby authorise the staff of the centre to contact the following people, if I cannot be contacted, in the case of an emergency. Please supply at least 2 names. Emergency contacts cannot be either of the parents.

**NOTE:** It is important that you inform the people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, if you cannot be contacted.

<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Home Phone:</b>		<b>Home Phone:</b>	
<b>Mobile:</b>		<b>Mobile:</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	
<b>Relationship to Child/ren:</b>		<b>Relationship to Child/ren:</b>	

**Please list the names of people Authorised to pick up your child/ren:**

I hereby authorise the staff of Centre to allow the following people to collect my child from the centre.

**NOTE:** It is important that you inform these people that they will 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 Centre. Any person collecting a child must be over the age of 18. If there is an issue over the capability of a person picking up a child to do so safely the child will remain at the Centre while senior staff organize a family member or emergency contact to collect the child

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship to Child</u>

**Please list the names of any people NOT Authorised to pick up your child/ren**

<b>Name:</b>	<b>Relationship to children:</b>

**Medical Information:**

Please include any information, which may affect how we care for your child/ren.

Child:	Name:	Age:	Medical Condition:	Treatment:	Allergies:
1					
2					
3					
4					

Does your child have any cultural, religious or dietary requirements? **YES** **NO**

If **YES** please provide details:

\_\_\_\_\_

\_\_\_\_\_

**Medical Treatment Authorisation:**

I \_\_\_\_\_ give permission for Southlake Out Of School Hours Care to contact the appropriate medical, hospital, dental and/or the ambulance service in an event of a serious accident/ illness and/or injury occurring and also consent to the carrying out of appropriate medical, dental or hospital treatment.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Where possible the injured or sick child/ren will be referred to your family doctor or dentist. Please provide us with the following details:

<b>Doctor's Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Dentist's Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

<b>Medicare Number:</b>	
-------------------------	--

Is your family a member of a private medical fund? YES  NO

<b>Private Medical Fund:</b>	
------------------------------	--

<b>Medical Fund Number:</b>	
<b>Ambulance Cover:</b>	
<b>Date of Last Tetanus Injection:</b>	

Has your child/ren been fully immunised?                      **YES**                      **NO**

\*Please attach a copy of your child/ren’s immunisation record. This is needed at time of enrolment

If no, please refer to the non-immunised child agreement. (Conscientious objection form)

NOTE: This information is in your school immunisation paperwork.

**DOES YOUR CHILD HAVE:** (please circle)

	Child 1		Child 2		Child 3		Child 4	
<b>EPILEPSY</b>	YES	NO	YES	NO	YES	NO	YES	NO
<b>DIABETES</b>	YES	NO	YES	NO	YES	NO	YES	NO
<b>ADD or ADHD</b>	YES	NO	YES	NO	YES	NO	YES	NO
<b>ASTHMA*</b>	YES	NO	YES	NO	YES	NO	YES	NO
<b>ALLERGIES</b>	YES	NO	YES	NO	YES	NO	YES	NO
<b>OTHER</b>								

\*If yes to Asthma, an Asthma Management Plan is required at time of enrolment no exceptions.

If YES to any please give details, including a copy of a medical management plan 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Medication will only be administered to a child in accordance with the Centre’s Medication Policy.

Any medication not in original container and clearly labelled with the child’s name & dosage will not be administered.

If an **Epipen** is required parents will need to provide OOSH with a pen and keep it up to date

The Centre has an asthma pack with inhaler and nebuliser

I understand that OOSH staff, are unable to administer any form of medication without written permission from the parent/guardian.

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Has your child ever been hospitalised? YES  NO  If **YES** please provide details:

---

---

---

Health record of the child(ren) provided and sighted by staff? YES  NO

Staff to initial and date if sighted:

---

### **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 next to it.

#### **Permission for excursions**

I hereby give permission for my child to attend excursions or outings in the local area.

**NOTE:** If your child attends Vacation Care, separate permission forms will be given for specific excursions.

\*I give permission for staff to apply:

Sunscreen lotion: YES ( ) NO ( )

Insect Repellent: YES ( ) NO ( )

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*I give permission for staff to take my child/ren on walking excursions to local areas of interest. I understand that a staff ratio of 1:8 will be maintained.

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*I do/ do not give permission for photos to be taken of my child/ren by staff or students for publicity or study purposes.

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*I do/ do not give permission for my child/ren to view suitable PG videos under the supervision of Centre Staff. These video's will only be shown with permission of the co-ordinator and keep within the guidelines of appropriate content for children under the age of 15

\*Signature:..... Date:.....

Do you or any family member have any Skills/Interests/Hobbies or Cultural Heritage information that you would like to share, through a workshop during OOSH hours?

If so please tick the box and the Nominated Supervisor will discuss ideas with you.

Signature:..... Date:.....

**Individual Information**

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

Does your child have any particular food dislikes? YES  NO  If YES, please provide details

.....  
.....

Does your child fear anything in particular? YES  NO  If YES, please provide details

.....  
.....

Are there any words that have special meaning to your child that we may need to know?

YES  NO  If YES, please provide details

.....  
.....

Is your child attending another centre at the moment? YES  NO  If YES please give details

.....  
.....

**Notification of arrival and departure of children at the centre**

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

**Child Absence**

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

**NOTE:** If your child is absent from the centre a medical certificate must be provided to explain absences. The Centre needs to record the amount of allowable and approved absences your child is entitled. This is a requirement from the Department of Family and Community Services. Each child receives a certain number of allowable absence days at the beginning of the financial year that is paid by Child Care Benefit (CCB).

I have read the above information and agree to give my permission.

Signed(block capitals): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**What are your child/ren's hobbies and interests**

--

<b>Is there anything you would like staff to concentrate on while caring for your child/ren</b>

<b>Are there any specific psychological issues that staff may need to be aware of?</b> Eg; separation, anxiety, Low self esteem	<b>Are there any specific physical areas that you would like us to focus on</b> eg; fine motor skills, cutting, Gross motor ball, games etc	<b>Are there any behavioural issues in which you feel that your child may need additional assistance</b> eg; sharing, social skills, biting. hitting

**PAYMENT OF FEES**

**Objectives:**

**To ensure that the centre is paid for services provided**

**To ensure parents do not run into debt**

**Procedure:**

**FEE PAYMENT**

As per Parent Information Handbook - fees are to be paid in advance on the first day of the child's weekly attendance. Weekly fees are payable to the centre by EFTPOS, cash or cheque.

Weekly fees not paid in advance, on the first day of child care for the week, are considered to be Unpaid Fees and the parent/s will automatically be given an Unpaid Fees Notice by the Centre Coordinator.

Failure to pay outstanding accounts by the end of the following week will result in a formal notification of intent to refer the account to a debt collection agency and immediate discontinuation of care of the child. The initiation of a repayment schedule for the late fees with the Centre Coordinator, and reassurance, that the family can meet the weekly fees in advance requirements.

**NOTICE OF DISCONTINUATION OF ATTENDANCE**

When you wish to discontinue and terminate your child care place at the centre you are required to provide one week written notice to the Centre Coordinator, or you are liable to pay the equivalent of one weeks child care fees to the centre.

**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 Centre. Unless previous arrangements have been made with the child care centre or either yourself or the child has a medical certificate or complies with any ADDT requirements as noted in section 2.

#### **CENTRE CLOSURE**

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

#### **LATE FEE**

The Centre is open from 6.30am to 9.00am for Before School Care; 2.30pm to 6.00pm for After School Care and 6:30am to 6:00pm for Vacation Care. Staff are unable to accept children in the centre outside of these hours.

Should children be present after the 6.00pm closing time, a late fee of \$10.00 per 5 minutes will apply. Waiver of the late fee policy is at the discretion of the coordinator under exceptional circumstances.

#### **PAYMENT OF FEES**

I understand that fees must be paid once invoiced within the stated due date, that my child's place at the centre 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.

#### **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 (The Service's name) 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 in 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.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### **DISCLAIMER/INFORMED CONSENT**

I hereby acknowledge that:

- I have read and understand the Southlake Combined Out of School Hours and Vacation Care Service procedures, conditions and policies contained in this enrolment record and policy manual (section 2), which forms part of this agreement (and which may be changed by notice from time to time by the Centre at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the Southlake OOSH Service and have been put in place to protect my child/children.
- I must strictly comply with the Southlake OOSH 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 Southlake OOSH 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 Southlake OOSH 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 Centre (Information).

- I am totally responsible for the accuracy of the Information and my compliance with the Southlake OOSHC 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 Southlake OOSHC service or any other place (Other Person/s).
- I must first inform any Other Person/s about the Southlake combined Out of School Hours and Vacation Care 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 Southlake Community Services Inc trading as Southlake Combined Out of School Hours and Vacation care 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.

**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: \_\_\_\_\_

<b>How did you find out about us?</b>
How did you find out about us?
• School
Orientation Day
• Other Parent
• General word of mouth
• Brochure (where)?
• Flyer ( where)?
• OOSH bus
• Internet
• Other

**If any information, on this form, changes please notify staff immediately.  
 Please do not hesitate in providing any feedback in regards to this form**

.....

**OFFICE USE ONLY**

Enrolment Fee:

Paid \$ \_\_\_\_\_ Date \_\_\_\_\_

Copies of Family Law Court Papers attached?

YES

NO

Immunisation documentation provided?

YES

NO