



## KARIONG OUT OF SCHOOL HOURS CARE SERVICES ENROLMENT FORM

NB – All information on this form is treated as CONFIDENTIAL

**Please tick care required:** Before and After School Care  (initial enrolment fee \$25)  
Vacation Care  (initial enrolment fee \$15)

**Attendance:** (Please tick)

**Mornings:** Mon  Tues  Wed  Thurs  Fri  **Perm**  **Casual**   
**Afternoons:** Mon  Tues  Wed  Thurs  Fri  **Perm**  **Casual**

Date enrolment form completed: ..... Commencement date: .....

### **Centrelink information:**

***All families and children require a Customer Reference Number (CRN) even if paying full fees***

Have you registered with Centrelink? Yes  No

Family CRN Number ..... Name of CRN holder .....

Your percentage from Centrelink: .....% Number of siblings in care elsewhere: .....

Name of siblings in other care: .....

### **Child/ren Details**

**Child 1:** First Name:..... Middle Name:..... Last Name: .....

Date of birth: ..... Gender: Male  Female  CRN: .....

School year: K 1 2 3 4 5 6 (circle)

School: ..... Languages spoken at home: .....

Aboriginal Yes  No  Torres Strait Islander Yes  No

Cultural background: .....

**Child 2:** First Name:..... Middle Name:..... Last Name: .....

Date of birth: ..... Gender: Male  Female  CRN: .....

School year: K 1 2 3 4 5 6 (circle)

School: ..... Languages spoken at home: .....

Aboriginal Yes  No  Torres Strait Islander Yes  No

Cultural background: .....



**Child 3:** First Name:..... Middle Name:..... Last Name: .....

Date of birth: ..... Gender: Male  Female  CRN: .....

School year: K 1 2 3 4 5 6 (circle)

School: ..... Languages spoken at home: .....

Aboriginal Yes  No  Torres Strait Islander Yes  No

Cultural background: .....

**Parent 1/Guardian 1**

First Name:..... Middle Name:..... Last Name: .....

Gender: Male  Female  Date of birth: ..... CRN: .....

Address: .....

Home Phone:..... Work Phone:..... Mobile Phone:.....

Email: .....

Occupation: ..... Place of work: .....

Languages spoken at home: .....

Concession /Health Care cardholder? Yes  No

Preferred Method of Contact: Home Phone  Mobile  Email

Of Aboriginal or Torres Strait Islander descent?  Disability?  Primary Care Giver?

**Parent 2/Guardian 2**

First Name:..... Middle Name:..... Last Name: .....

Gender: Male  Female  Date of birth: ..... CRN: .....

Address: .....

Home Phone:..... Work Phone:..... Mobile Phone:.....

Email: .....

Occupation: ..... Place of work: .....

Languages spoken at home: .....

Concession /Health Care cardholder? Yes  No

Preferred Method of Contact: Home Phone  Mobile  Email

Of Aboriginal or Torres Strait Islander descent?  Disability?  Primary Care Giver?

**Family status:**

Both parents at home  Sole parent  Shared custody  Other

**Custody arrangements**

If you are separated or divorced, who has legal custody of the child?

Parent 1  Parent 2  Both

Parent 1 Access Arrangements?  Full  Limited

Parent 2 Access Arrangements?  Full  Limited

Are there any court orders, parent orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child?  Yes  No

**Emergency Contacts & Authorisations**

**1. Name:** ..... Relation to the child: ..... Mobile: .....

This person has authority to:

- Collect/Deliver the child to/from the service
- Give permission for excursions out of the service
- Consent to medical treatment
- Permit transportation by an ambulance service
- Request/Permit medication to be given to the child
- If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child

**2. Name:** ..... Relation to the child: ..... Mobile: .....

This person has authority to:

- Collect/Deliver the child to/from the service
- Give permission for excursions out of the service
- Consent to medical treatment
- Permit transportation by an ambulance service
- Request/Permit medication to be given to the child
- If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child

**3. Name:** ..... Relation to the child: ..... Mobile: .....

This person has authority to:

- Collect/Deliver the child to/from the service
- Give permission for excursions out of the service
- Consent to medical treatment
- Permit transportation by an ambulance service
- Request/Permit medication to be given to the child
- If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child

**Health and Medical Information**

Medicare Number: ..... Medical Centre Name: .....

Doctor Name: ..... Phone: .....

Address: .....

Dentist Name: ..... Phone: .....

Address: .....

Private Health Insurer: .....

Ambulance subscription

Authorisation for the child to self-administer medication

Do you give consent for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service?

Do you give consent for the service to seek transportation of the child by an ambulance service?

**Has the child been diagnosed at risk of Anaphylaxis?**  Yes  No

Please see staff for an Anaphylaxis plan: .....

**Does your child have any allergies: eg. food, medication, animals, insects?**  Yes  No

Please see staff for a care plan: .....

**Any special dietary requirements?**  Yes  No

Please see staff for a dietary plan: .....

**Any problems with hearing, sight, speech?**  Yes  No

Please clarify: .....

**Any health problems, operations, illnesses, disabilities?**  Yes  No

Please see staff for a care plan: .....

**Does your child take any regular medication?**  Yes  No

Please see staff for a care plan: .....

**Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?**

Yes  No Please clarify: .....

Please see staff for a care plan: .....

**Does either parent have a disability?**  Yes  No Please clarify: .....

**Is the family a single parent family?**  Yes  No Please clarify: .....

**Is your child/ren fully immunised?**

- Yes. Please provide a current Medicare record of immunisation for each child
- No. Please provide a list of what your child is or is not immunised against

**Routines**

Are there any aspects of the child cultural, ethnic, and/or religious background that you would like us to be aware of?

Yes  No Please clarify: .....

Any special considerations for your child? For example cultural, religious or additional needs?  Yes  No

Please clarify: .....

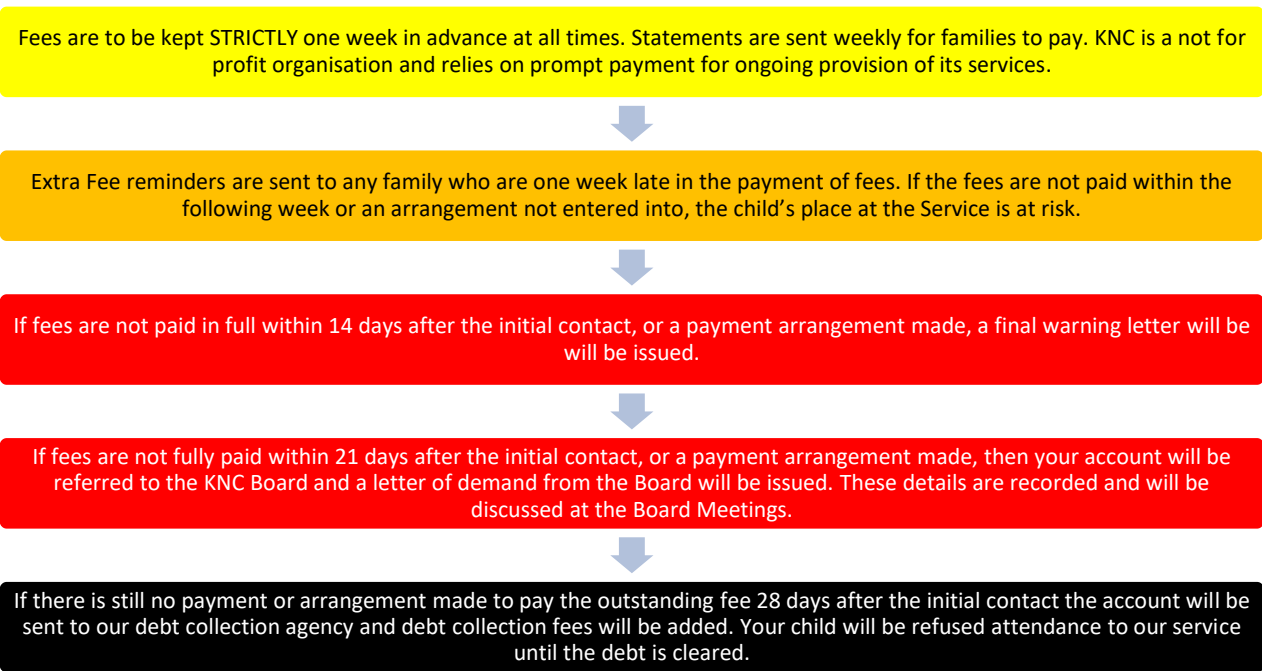
**Payment:**  Ipay  Bank Account  Credit/Debit Card

**Parent permission** (Please tick Yes or No)

- I have received a Parent Handbook .....  Yes  No
- I give permission for my child to be included in any photographs or video used for any publicity purposes .....  Yes  No
- I give permission for my child to be included in any photographs or videos for in house programs.....  Yes  No
- I give permission for my child to use the Centre’s sunscreen .....  Yes  No
- I give permission for my child to use the Centre’s insect repellent .....  Yes  No
- I give permission for observations and evaluations to be performed by the staff .....  Yes  No
- I give permission for my child/ren to travel in a staff member’s car if required .....  Yes  No
- I give permission for paracetamol or antihistamine to be administered if required (every effort will be made to call parents before administering any medication) .....  Yes  No
- I give permission for my child to use the centre’s Epipen and/or Ventolin in the case of an emergency if I have not provided these for my child .....  Yes  No
- I give permission for Antiseptic cream to be applied if required .....  Yes  No
- I give permission for band aids to be applied if required .....  Yes  No

**Agreement:**

- I agree to pay and keep my child/ren’s fees **one week in advance**.
- I also understand the Fee Matrix will be followed. If I do not honour this agreement, the Centre will give my details to **Pro Collect Credit Control**.



- I understand that to keep my child’s place, whenever they are absent from the Centre, fees are still required to be paid. Permanent bookings will be charged for public holidays that fall on booked days.
- On cancellation of a permanent booking if **7 or more days notice** has been given to cancel, **fees will be waived**. When cancelling with less than 7 days’ notice you will be charged the full daily fee.
- Cancellation of casual bookings must be done with 24 hours notice to avoid payment of the fee. If not, usual fees will be applied.
- On cancellation of a vacation care booking if **7 or more days notice** has been given to cancel, **fees will be waived**. When cancelling with less than 7 days’ notice you will be charged 25% of the fee.
- I absolve Kariong Out of School Hours Care from any liability in case of accident or illness that my child may incur as a result of his/her attendance at the Centre, or travelling to and from the Centre.
- I am responsible for the accuracy of information provided to the service and my compliance with the Services Policies and Procedures.
- I also understand (subject of any applicable law) that I will indemnify the service, its employees or any authorised persons from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child, by me or any third party, in connection with any act, omission or inaccuracy of information by me and or other persons failing to comply with any Policies and Procedures of the service.

This is an agreement between (Parent name) ..... and the Service.

Signed: ..... (Parent/Guardian) Date: .....

Signed: ..... (Staff) ..... (title)