



**KARIONG OUT OF SCHOOL HOURS CARE SERVICES ENROLMENT FORM and  
COMPLYING WRITTEN AGREEMENT**

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**

Before School Care Hours – 6:30am - 9:00am – Fees **Permanent \$20 - Casual \$21**  
After School Care Hours – 3:00pm - 6:30pm – Fees **Permanent \$27 - Casual \$28**  
Vacation Care Hours – 6.30am - 6.30pm – Fees **Inhouse \$55 - Excursion \$60**

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:** .....

**Address:**.....

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:** .....

**Address:**.....

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:** .....

**Address:**.....

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: .....

**Emergency Medical Attention –**

I/we the undersigned, being parents/carers of the before mentioned child, do hereby authorise Kariong OOSH to obtain any ambulance or hospital assistance that is deemed necessary to the welfare of my/our child.

If every reasonable effort to contact me/us has failed, and the doctor considers immediate medication, anaesthetic or minor surgery necessary, the doctor has my/our permission to administer same.

When I/we are unable to attend or be contacted, we authorise Kariong OOSH to obtain any non-life threatening medical or dental assistance, as is deemed necessary for the welfare of my/our child.

***Does your child have a diagnosis?***.....

.....

**Please provide any supporting documentation**

***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: .....

**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 my child to travel via bus (Busways) to and from the centre in the event of a localized emergency/ incident/inclement weather whereby the management deems walking unsafe.....  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

**Payment:**

Ipay – Account Name: Kariong Neighbourhood Centre Inc. BSB: **062 690** Account Number: **1002 2328**

Or

Bank Account Direct Debit BSB.....ACC Number.....Account Name:.....

I give permission for KNC OOSH to deduct the Gap Fee from my account weekly.....Signature

- 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**.

Fees are to be kept STRICTLY one week in advance at all times. Statements are sent weekly for families to pay. KNC is a not for profit organisation and relies on prompt payment for ongoing provision of its services.



Extra Fee reminders are sent to any family who are one week late in the payment of fees. If the fees are not paid within the following week or an arrangement not entered into, the child's place at the Service is at risk.



If fees are not paid in full within 14 days after the initial contact, or a payment arrangement made, a final warning letter will be issued.



If fees are not fully paid within 21 days after the initial contact, or a payment arrangement made, then your account will be referred to the KNC Board and a letter of demand from the Board will be issued. These details are recorded and will be discussed at the Board Meetings.



If there is still no payment or arrangement made to pay the outstanding fee 28 days after the initial contact the account will be sent to our debt collection agency and debt collection fees will be added. Your child will be refused attendance to our service until the debt is cleared.

- 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)