

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

NB – All information on this form is treated as CONFIDENTIAL

Do you require:

Before and After School Care ☐ (initial enrolment fee \$25)
Vacation Care ☐ (initial enrolment fee \$15)
Both ☐ (initial enrolment fee \$40)

There is a yearly resource levy of \$20 due July each year

For before and/or after school care please indicate sessions required: (Please tick)

Mornings: Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
Afternoons: Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

Are these sessions **Permanent** ☐ or **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	In house \$55 - Excursion \$60

Date enrolment form completed: Commencement date:

Child Details Please provide a copy of the child's birth certificate

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

Date of birth: Gender: Male ☐ Female ☐

CRN (Child and Parent CRN are different):

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 *Parent /Guardian 1- Account holder for person claiming CCS – Please ensure the account holder's CRN and date of birth is correct to ensure prompt and accurate matching with Centrelink*

Full Name:.....Relationship to child:

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

Address:

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

Email:

Required for Hubworks login and PIN and invoices

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

Full Name:.....Relationship to child:.....

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

Address:

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

Email:

Required for Hubworks PIN

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, duties and responsibilities or authorities of any person in relation to the child or access to the child?

☐ Yes ☐ No

If yes, please provide all relevant documentation and paperwork.

Are there any court orders relating to the child's residence or the child's contact with a parent or other person?

☐ Yes ☐ No

If yes, please provide all relevant documentation and paperwork.

Please note that without this documentation we cannot legally enforce the Order/s.

Emergency Contacts & Authorisations

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service. Education and Care Services National Regulations – Part 4.7, Regulation 161

There may be times or situations where your child has an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.

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 such as ADHD, Autism etc?

.....

Please provide any supporting documentation

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

Allergen/s

Please provide staff with and Anaphylaxis plan completed by the treating doctor and any prescribed or recommended medications. Please see Nominated Supervisor to complete a risk minimisation plan.

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

Allergen/s

Please see Nominated Supervisor to complete a risk minimisation plan

Any special dietary requirements? ☐ Yes ☐ No

Please list:

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

Please clarify:

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

Please see Nominated Supervisor for an Individual Behaviour Support Plan (ISBP):

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

Medication Name:

Please provide any medications in original packaging, with up to date script details and dosage requirements, and/or a letter from treating doctor for dosage instructions.

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

☐ Yes ☐ No Please clarify:

Please see Nominated Supervisor for an Individual Behaviour Support Plan (IBSP).

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:

Please tell us about your child's personality/ Like and Dislikes?

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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 my child to self-administer medication..... ☐ Yes ☐ No
- I give permission for the service to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service..... ☐ Yes ☐ No
- I give permission for the service to seek transportation for my child by an ambulance service ☐ 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

From time to time children partake in activities that require your permission. If you object to any of these activities please make your request known to The Nominated Supervisors.

- Nailpolish ☐ Yes ☐ No
- Face Paint ☐ Yes ☐ No
- PG Movies (For children over the age of 10 only unless specified otherwise) ☐ Yes ☐ No
- Listening to age appropriate music free from inappropriate themes or explicit language ☐ Yes ☐ No
- Cooking with supervision ☐ Yes ☐ No
- Bubble play ☐ Yes ☐ No
- Water play ☐ Yes ☐ No

Payment: Please Note your enrolment will not be accepted without these details.

iPay Payment Frequency - ☐ Weekly ☐ Fortnightly ☐ Monthly

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

OR

Credit/Debit Card Number

Card Expiry: CCV:

I give permission for KNC OOSH to deduct the Gap Fee from my account as advised. I understand that fees for any additional days will be paid at time of booking or no care can be provided.

Signature:

- I agree to pay and keep my child/ren's fees **one week in advance**.
- 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)