

Phone: (02) 43401724

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## 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   
 Vacation Care   
 Both

Non Refundable Enrolment Fee of \$30 due at time of enrolment

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 | <b>Permanent \$20 - Casual \$21</b>                                  |
| After School Care Hours –  | 3:00pm - 6:30pm – Fees | <b>Permanent \$27 - Casual \$28</b>                                  |
| Vacation Care Hours –      | 6.30am - 6.30pm – Fees | <b>\$65 per day. An additional fee may<br/>apply for excursions.</b> |

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: ..... Preferred Name: ..... 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 – These persons are separate from Parents/Guardians already listed**

*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.

**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?

.....  
.....  
.....  
.....  
.....  
.....

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

- I have received a Parent Handbook .....  Yes  No

**Medical permission** (Please tick Yes or 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 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

**Photograph, Program and Social Media permission** (Please tick Yes or No)

- .....  Yes  No
- I give permission of observations and evaluations to performed by the staff.....  Yes  No
- I give permission for my child to be included in photographs for the documentation of the program and inclusion in portfolios.....  Yes  No
- I understand that these photos will be available at the service only.....  Yes  No
- I give permission for my child to be included in photographs and/or videos used for publicity purposes. These publicity purposes include:
  - Kariong Neighbourhood Centre Facebook Page  Yes  No
  - Kariong Out of School Hours Facebook Page  Yes  No
  - Kariong Neighbourhood Centre Website  Yes  No
  - Publication in the Kariong Connection  Yes  No
  - Publication in any other Newspaper and/or media outlet  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 Supervisor.

- Nail Polish  Yes  No
- Face Paint  Yes  No
- PG Movies  Yes  No
- Listening to age appropriate music free from explicit 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:.....

Date of first payment: .....

**OR**

Credit/Debit Card Number .....

Card Expiry: ..... CCV: .....

Date of first payment: .....

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 and will be charged at full fee rate or no care can be provided. Any eligible CCS payments will credit to my account and form part of any advance account status.

Signature: .....

- I agree to pay and keep my child/ren's fees **one week in advance**.
- I understand that fees are to be paid by Direct Debit via the iPay payment system provided by Hubworks.
- 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.
- 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 understand that if I drop my child to the service prior to 6:30 am or collect my child after 6:30pm there is a late fee of \$20 per child, per quarter hour.
- 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)

|                        |
|------------------------|
| <b>OFFICE USE ONLY</b> |
|------------------------|

## Enrolment Checklist

|               |                              |                             |                        |
|---------------|------------------------------|-----------------------------|------------------------|
|               |                              |                             | Request to supply sent |
| Family CRN    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                        |
| Child CRN     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                        |
| Court Orders  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                        |
| Details _____ |                              |                             |                        |

|               |                              |                             |  |
|---------------|------------------------------|-----------------------------|--|
| Bus Child     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Details _____ |                              |                             |  |

|  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
|  |                              |                             | Request to supply sent                            |
| Emergency Contact Details                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Immunisation Document                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Copy of Birth Certificate                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Medical Information                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medication<br>required                            |
| Allergy or Asthma                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Action Plan<br>Supplied<br>Medication<br>Supplied |
| Details entered to Hubworks              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Ipay Details supplied                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Ipay Payment frequency and amount        | Frequency                    | Amount                      | Date of first payment                             |
| Enrolment Fee Charged                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Resource Levy Charged                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Hubworks login details emailed to parent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |

Signed: \_\_\_\_\_ (staff) Date: \_\_\_\_\_