**ENROLMENT FORM 2021**

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| Parents  Please attach  Photo of your child here |

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| **OFFICE USE ONLY** | | **CHECKLIST PAYMENT** | |
| **ACCOUNT NAME** |  | **Immunisation Record** |  |
| **DATE RECEIVED** |  | **Medical** |  |
| **EDUCATOR** |  |  |  |
| **ORIENTATION** | Date: | **Payment type**  **Direct debit** | **Total Paid** |

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| --- | --- | --- |
| **CHILDS DETAILS** | **School attending** | **CHILD CRN** |
| **Family Name** | **First Name** | **If known by another name?** |
| **Address of Child** | **Date of birth** | **Dietary needs** |
| **GENDER** | **Translator needed yes/no** | **Nationality**  **Australian Resident yes/no** |
| **Cultural Background**  **Aboriginal/ Torres Strait Islanders** | **Religion** | **Language spoken** |
| **Childs Interest** | **Favourite Sport** | **Childs dislike** |

|  |  |  |
| --- | --- | --- |
| **PARENT DETAILS** | **Relations to child** | **Parent CRN** |
| **Family Name** | **First Name** | **Date of birth** |
|  |  |  |
| **Home Address** | **Postal Address (if different)** | **Email Address** |
|  |  |  |
| **Home Number** | **Mobile Number** | **Work Number** |
|  |  |  |
| **Occupation** | **Employer** |  |
|  |  |  |
| **Language spoken** | **Translator needed yes/no** | **Nationality**  **Australian Resident yes/no** |

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| **PARENT DETAILS** | **Relations to child** | **Parent CRN** |
| **Family Name** | **First Name** | **Date of birth** |
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| **Home Address** | **Postal Address (if different)** | **Email Address** |
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| **Home Number** | **Mobile Number** | **Work Number** |
|  |  |  |
| **Occupation** | **Employer** | **Nationality** |
|  |  |  |
| **Language spoken** | **Translator needed yes/no** | **Nationality**  **Australian Resident yes/no** |

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| **PARENT/GARDIAN DETAILS** | **Relations to child** | **Parent CRN** |
| **Family Name** | **First Name** | **Date of birth** |
|  |  |  |
| **Home Address** | **Postal Address (if different)** | **Email Address** |
|  |  |  |
| **Home Number** | **Mobile Number** | **Work Number** |
|  |  |  |
| **Occupation** | **Employer** | **Nationality** |
|  |  |  |

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| --- | --- | --- |
| **PARENTS/GARDIAN DETAILS** | Relations to child | Parent CRN |
| **Family Name** | **First Name** | **Date of birth** |
|  |  |  |
| **Home Address** | **Postal Address (if different)** | **Email Address** |
|  |  |  |
| **Home Number** | **Mobile Number** | **Work Number** |
|  |  |  |
| **Occupation** | **Employer** | **Nationality** |
|  |  |  |

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| --- | --- |
| **MEDICAL INFORMATION** | **Childs Name** |
| Doctor/Medical Centre |  |
| Telephone Number |  |
| Medicare No & Number on card |  |
| Type of Cover | Ambulance cover Private Health |
| I give permission for ambulance transport and treatment, medical, hospital or dental assistance in emergency and agree to pay all incurred costs | Print name: Signature: |

|  |  |  |
| --- | --- | --- |
| Does your child require regular medication? | Yes/No | Please provide details |
| Does your child have any allergies?  Including asthma or anaphylaxis | Yes/No | Please provide details |
| Does your child have any medical condition or require additional assistance to help with their needs? | Yes/No | Please provide details  Please provide details, including management plans, risk minimisation plans communication plan |
| Does your child have dietary requirements? | Yes/No | Please provide details |

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| **IMMUNISATION INFORMATION** |  |
| Please supply a copy of Childs Immunisation History statement with enrolment form | Date: |

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| --- | --- | --- |
| **EMERGENCY CONTACT (*non parent*)**  **I hereby authorise the Educators of College Club OOSH to contact the following people, if I cannot be contacted in case of an emergency. Must be 18 years+** | **Relation to child** | **Contact Number** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

* It is important that you inform the above people to show identification. Only those people to whom you have given authority will be permitted to collect your child from the service.
* Contacts MUST be available to pick your child up during the hours of care and be within a reasonable distance from the centre.
* This gives the following persons authority to collect your child from the premises if contacted

|  |
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| **DENY**  **I hearby authorise the Educators of Tomaree Community College OOSH to DENY the following persons access to my child/ children** |
| 1. |
| 2. |

|  |  |
| --- | --- |
| **COURT ORDERS** |  |
| Are there any court orders, parenting orders or parenting plans involved with your child/children registered? | Yes/No |
| Have you attached a copy of the court orders, parenting orders, or parenting plans?  (this is a requirement before attending) | Yes/No |

Note: This service cannot enforce custody issues without a copy of the relevant court order being provided. Please discuss any custody issues with the Nominated Supervisor or Certified Supervisor prior to enrolment. Any change made during your child /children enrolment period must be notified with documentation.

**BOOKINGS**

**Payment Booking**

A permanent booking is ongoing throughout an entire school term.

Two weeks’ notice is to be given for cancellation.

All changes must be made in writing at the beginning of a new school term. Understanding the full policy and agreement with condition of this booking. (Please see Fee Policy)

Use the following table to indicate your child/children attendance by marking the box corresponding required days.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BEFORE SCHOOL**  **$20.00 per session** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **AFTER SCHOOL**  **$24.00 per session** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Vacation Care WK 1**  **$58.00 per session** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Vacation Care WK2**  **$58.00 per session** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Vacation Care WK3**  **$58.00 per session** | Monday | Tuesday | Wednesday | Thursday | Friday |

**For extra bookings or cancelations please contact OSHC mobile 0497769358**

**Or in office hours call 49841011 (9 to 4:30)**

Expected start date at service: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

**Casual Booking**

Casual booking is required only when requested. Casual booking can be made via email or communication book within the centre, requesting certain casual days. Please note that these days may not be available with short notice, and upon confirmation of acceptance booking will be confirmed and charged. Please contact the college by phone (49841011) **OSHC mobile 0497769358** or email [training@tomareecc.nsw.edu.au](mailto:training@tomareecc.nsw.edu.au). Please do not contact the educator personal phone.

**AUTHORISATION AND APPROVAL**

NOTE: Please read the following carefully. If you do not give permission for any of the following, please cross it out and initial.

1. **PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY**

That in the case of accident or other emergency resulting in the need for immediate medical attention. I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

* Medical
* Dental
* Hospital
* Ambulance service and transportation of the child by ambulance

Yes / No

1. **PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY**

That in the case of accident or other emergency resulting in the need for immediate medical attention. I hereby give permission for the service to carry out appropriate first aid treatment

Yes / No

1. **PERMISSION FOR THE APPLICATION OF SUNSCREEN**

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

YES / No

1. **PERMISSION FOR PHOTOGRAPHS / VIDEO TO BE TAKEN**

I hereby consent to my child being photographed/video while they are at the service or an excursion for.

Please note: There are several reasons the service may take photographs/video of the children including:

* Providing visual documentation for families to see what their child has done throughout the day
* To assist with evaluation of the programme
* To use as part of promotion and publicity for the service
* All photographs and video will be kept on premises
* Shared on our face book page

YES/NO

1. **NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN OF THE SERVICE**

I agree to have my child signed in and out on the IPAD QIKKIDS Kiosk on arrival and departure each day they attend the service.

Yes / No

1. **Transport**

I give permission for my child to be transported in the College club bus or in an educator’s car

YES/NO Car Seat YES/NO

Please see permission form

1. **CHILD ABSENCE**

I agree to notify the service if my child is absent on a day that they are scheduled to attend

Yes/No

Note: If your child is absent due to having an infectious disease you will need a doctor’s certificate for clearance to return to centre. As the service, must record all allowable and approved absences your child is entitled to under Child Care Benefit legislation

**PAYMENT OF FEES**

1. **NOTICE OF DISCONTINUATION OF ATTENDANCE**

When you wish to discontinue, and terminate your childcare place at the service you are required to provide written notice to the Nominated Supervisor. (Two weeks’ notice)

1. **ABSENCE FROM THE CHILD CARE CENTRE**

Fees are payable for the bank/public holidays and sick periods if those days fall on days your child was booked into the service.

1. **SERVICE CLOSURE**

No fee is charged while the service is closed over the Christmas New year period

1. **LATE FEE**

Should children be present after the 6.00pm closing time, a late fee of $10 for every 15 min late.

You must notify staff by Phone that you will be late for pick up, to prevent this late fee, this will apply per child. College before 4:30pm (49841011) or The OSHC mobile 0497769358

1. **PAYMENT OF FEES**

A per service Parent Handbook, fees to be paid in advance on the first day of the child’s weekly attendance. Weekly fees are payable directly to the service via direct debt (please allow 3 days for transfer)

I understand that fees must be paid once invoiced with the stated due date, that my child’s placement service 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.

1. **COST OF DEBT RECOVERY**

I understand and agree that I am liable for any recovery costs including administration fees, debt recovery fees, solicitor’s fees and disbursements incurred by College Club OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment 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.

**DISCLAIMER / INFORMED CONSENT**

I hereby acknowledge that:

* I have read and understand the service procedures contained in the enrolment record and policy manual which forms part of this agreement (at which may be changed by notice from time to time by the service at its sole discretion) – (Policies and Procedures)
* The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children
* I must strictly comply with the Policies and Procedures at all times
* The information provided in this enrolment record is to the best of my knowledge true and correct
* I will inform the 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 service will rely on the information provided by me in this enrolment record, in any Notice of Change and other instructions / information (of any nature whatsoever) I give to the service (information)
* I am completely responsible for the accuracy of the information and my compliance with the Policies and Procedures
* I am completely responsible for the suitability and actions of any person/persons I authorise to visit, deliver, and or collect my child/children to and from the service or any other place (Other Person/s)
* I must inform any Other Persons /about the Policies and Procedures and they must be strictly comply with them also
* Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I will indemnify the service it employees of any of its authorised persons from any loss, damage, claim, costs 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 Persons failing to comply with any Policies and Procedures and or due to the inaccuracy of the information and or the acts or omissions of

The Other Persons.

**DECLARATION**

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate

PARENT / GUARDIANS FULL NAME: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT / GUARDIANS FULL NAME: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT / GUARDIANS FULL NAME: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_