

THE COLLEGE CLUB

ENROLMENT FORM 2022/2023

Parents
Please attach
Photo of your child
here

Nominated Supervisor is Joanne Drake

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

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

THE COLLEGE CLUB

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	Nationality	Australian Resident
Translator needed yes/no	Cultural background	yes/no

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	Nationality
Language spoken	Nationality	Australian Resident
Translator needed yes/no	Cultural background	yes/no

THE COLLEGE CLUB

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	Nationality
Language spoken	Nationality	Australian Resident
Translator needed yes/no	Cultural background	yes/no

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
Language spoken	Nationality	Australian Resident
Translator needed yes/no	Cultural background	yes/no

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents. However, should this prove impossible, it will be necessary for authority to be given for treatment to be undertaken.

MEDICAL INFORMATION	
Doctor Name	
Medical Centre Address	
Telephone Number	
Medicare No, ref number & expiry	
Type of Cover	Ambulance cover Private Health

THE COLLEGE CLUB

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 (r92, r162)	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

IMMUNISATION INFORMATION	
Please supply a copy of Childs Immunisation History statement with enrolment form (as per r162)	Date:

Authorised Nominees

Please list the names of any person at who

1. You authorise to be contacted and / or to collect your child in the event of an emergency where we are unable to contact you, or the other primary carer listed in the PARENTS details above.
2. Is authorised to consent to medical treatment of, or to authorise administration of medication to the child
3. Is authorised to authorise an educator to take the child outside of the service premises
4. Authority to authorise the education and care service to transport the child or arrange transportation of the child

EMERGENCY CONTACT (<i>non parent</i>) 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 and address
1. Please circle 2, 3, 4 dot point above		
2. Please circle 2, 3, 4 dot point above		
3. Please circle 2, 3, 4 dot point above		

THE COLLEGE CLUB

- 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

DENY I hereby 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? <small>(this is a requirement before attending)</small>	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.

Permanent/Casual

Expected start date at service: _____/_____/_____

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.

THE COLLEGE CLUB

BEFORE SCHOOL \$22.00 per session	Monday	Tuesday	Wednesday	Thursday	Friday
AFTER SCHOOL \$26.00 per session	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care WK 1 \$60.00 per session Excursion	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care WK2 \$60.00 per session Excursion	Monday	Tuesday	Wednesday	Thursday	Friday

For extra bookings or cancelations please contact OSHC mobile 0497769358 6:30am to 9:00am

Or in office hours call 49841011 (9:00 – 4:30)

Casual Booking

Casual booking is required only when requested. Casual booking can be made via email, phone 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. Please do not contact the educator personal phone.

Complying Written Agreement, you are entering into a Complying Written Arrangement (CWA) with this Service. The fees for the service and operating hours are available as part of the enrolment package, at the Service and on request. Where a family has selected permanent bookings, the option for casual bookings will be nominated with Centrelink as part of your CWA to ensure you have flexibility in selecting sessions of care now and in the future. If you have completed this enrolment form but not selected sessions of care for enrolment, your CWA will be lodged with Centrelink as a request for Casual Care only.

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

THE COLLEGE CLUB

2. 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

3. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I give permission for the staff at the service to provide SPF 30+ broad-spectrum, water-resistant sunscreen to my child

YES / No

4. 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

YES/NO

5. Transportation Authorisation

Permission for your child to be dropped off and picked up from school in staff cars or The College Club Bus **YES/NO Please see form attached.**

The College Club Staff car **YES/NO Please see form attached.**

Seatbelts and restraints must meet Australian Standards (AS/NZS1754) and be marked as complying with the Australian Standard.

The requirements for seatbelts or safety restraints in NSW are set out in rules 265 and 266 of the NSW Road Rules 2014. Under NSW Road Rules 2014 Rule 266: For passengers 4 years old and over but under 7 years, suitable, properly fastened and adjusted child restraints with inbuilt harness OR properly positioned approved booster seat with a lap sash seatbelt that is properly adjusted and fastened.

6. Permission for transport for excursions **YES/NO (permission form to filled in day of excursion)**

7. Bus driver is Joanne Drake Class C license bus seats 12 no more, Medium rigid license needed for bigger bus.

THE COLLEGE CLUB

8. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN OF THE SERVICE

I agree to have my child signed in and out on the IPAD Xplor Kiosk QR code on arrival and departure each day they attend the service or please let staff know and they will sign in and out.

Yes / No

9. CHILD ABSENCE

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

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 **Yes/No**

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)

If your booking is a permanent booking, fees for the TWO WEEKS will still be required.

2. 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.

3. SERVICE CLOSURE

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

4. 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

5. 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.

10. COST OF DEBT RECOVERY

THE COLLEGE CLUB

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 always comply with the Policies and Procedures
- 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 complying 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) _____

THE COLLEGE CLUB

Signature: _____ Date: _____

PARENT / GUARDIANS FULL NAME: (please print) _____

Signature: _____ Date: _____

PARENT / GUARDIANS FULL NAME: (please print) _____

Signature: _____ Date: _____