

# Cardiff OOSH & Vacation Care

## Enrolment Form

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.

Please read each section carefully before completing and signing. Please complete a separate form for each child you are enrolling.

### SECTION 1: PARENT / GUARDIAN DETAILS

**Parent / Guardian 1 Full Name:**

\_\_\_\_\_

Relationship to Child:

\_\_\_\_\_

Date of Birth:

\_\_\_/\_\_\_/\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Home phone number:

\_\_\_\_\_ Mobile No. \_\_\_\_\_

Work telephone number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

CRN:

\_\_\_\_\_

Would you prefer to receive your invoices via email or hard copy?    Email ☐    Hard copy ☐

[Staff Use Only: Added to Address Book ☐ ]

**Parent / Guardian 2 Full Name:**

\_\_\_\_\_

Relationship to Child:

\_\_\_\_\_

Date of Birth:

\_\_\_/\_\_\_/\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Home phone number:

\_\_\_\_\_ Mobile No. \_\_\_\_\_

Work telephone number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

CRN:

\_\_\_\_\_

## SECTION 2: CHILD CARE BENEFIT

Will you be claiming Child Care Benefit? YES ☐ NO ☐

**Please complete the below information for the parent/guardian that will be claiming Child Care Benefit.**

Name of person claiming: \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_

Will you be claiming CCB weekly or as a lump sum payment? Weekly ☐ Lump Sum ☐

If claiming as a lump sum, please contact Centrelink to arrange.

For Child Care Benefit purposes, it is important to advise the service if you use any other service simultaneously.

## SECTION 3: CHILD'S DETAILS

Child's Full Name: \_\_\_\_\_  
Sex: Male ☐ Female ☐ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's CRN: \_\_\_\_\_  
Name of School Attending: \_\_\_\_\_  
School Grade: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Language/s spoken by child: \_\_\_\_\_

Is your child Aboriginal or Torres Strait Islander? (optional) No ☐ Aboriginal ☐ Torres Strait Islander ☐

Days you wish your child to attend the service (Please circle)

**Before School care:** Monday Tuesday Wednesday Thursday Friday OR Casual only

**After School care:** Monday Tuesday Wednesday Thursday Friday OR Casual only

\* A separate form will be provided prior to each Vacation care period.

Child's expected start date at the service: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

YES ☐ NO ☐ If **YES** please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.

## SECTION 6: MEDICAL INFORMATION

Family Doctor's Name: \_\_\_\_\_

Family Doctor's Address/Practice: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Childs Medicare number: \_\_\_\_\_

Is your family a member of a Private Health Fund? YES ☐ NO ☐

Does your family have ambulance coverage? YES ☐ NO ☐

Is your child up to date with required immunisations? YES ☐ NO ☐

Speech Impairment	Y / N / U	Diabetes	Y / N / U	Hay fever	Y / N / U
Vision Impairment	Y / N / U	Autism Spectrum Disorder	Y / N / U	Headaches	Y / N / U
Mobility Impairment	Y / N / U	ADD/ADHD	Y / N / U	Migraines	Y / N / U
Hearing Impairment	Y / N / U	Food Allergies	Y / N / U	Disorders?	Y / N / U
Allergic to Dyes	Y / N / U	Allergic to Stings	Y / N / U	Allergic to Band-Aids	Y / N / U
Allergic to Grasses	Y / N / U	Allergic to Soap etc.	Y / N / U	Allergic to Sunscreens	Y / N / U
Allergic to Dust	Y / N / U	Allergic to Sprays	Y / N / U	Allergic to Other?	Y / N / U

Does your child have any allergies? YES ☐ NO ☐

Does your child have asthma? YES ☐ NO ☐

If **YES** please provide details, including a copy of a medical management plan prepared by the child's doctor or risk minimisation plan prepared by the child's doctor (if applicable):

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Does your child require regular medication? YES ☐ NO ☐ If **YES** please provide details:

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Does your child have a medical condition or require additional assistance to meet their needs? YES ☐ NO ☐

If **YES** please provide details of the condition/needs they require assistance with:

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## SECTION 6: INDIVIDUAL INFORMATION

*This information assists staff in the daily care and education of your child.*

Does your child have any dietary requirements other than allergies? YES ☐ NO ☐ If **YES** please provide details:

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Is there anything else our staff needs to know about your child? (e.g. cultural or religious request, interests, dislikes, fears etc.)

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**NOTE:** Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.

## SECTION 7: EMERGENCY CONTACTS

I hereby authorise the staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency.  
*Please supply at least 2 names, other than the child's parents/guardians.*

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

**NOTE:** It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency with your child or the service and asked to collect your child when you cannot be contacted

### Authority to collect your child from the Service

I hereby authorise the service staff to allow the following people to collect my child.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

**NOTE:** It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service.

After checking that it has been completed in full, Coordinator to initial each page here →

## **8: AUTHORISATION AND APPROVAL (PERMISSION)**

**NOTE:** Please read this section carefully. If you do not give your 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.

### **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 treatments.

### **3. PERMISSION FOR THE APPLICATION OF SUNSCREEN**

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

### **4. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN**

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

**NOTE:** There are a number of reasons the service takes photographs/videos of the children, including:

- Providing visual documentation for families to see what their child does throughout the day
- To assist with evaluations of the program
- To use as part of promotion and publicity for the service

### **5. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE**

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

### **6. CHILD ABSENCE**

I agree to notify the service if my child is absent on a day that they are booked in.

**NOTE:** The service needs to record the amount of allowable and approved absences your child is entitled to under Child Care Benefit legislation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 9: PAYMENT OF FEES

### 1. Admin Levy

Upon being offered a place at the service, parent(s) or guardian are required to pay an Admin Levy of \$20.00 per child or \$50.00 for 3 children or more.

This Admin Levy is an annual cost to families and will be added to their invoice upon re-enrolment each November.

Admin Levy payments are payable to the service by, BPAY, deposit, cheque or money order.

### 2. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the service you are required to provide two (2) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of two weeks child care fees to the service.

### 3. ABSENCES FROM THE CHILD CARE CENTRE

Families are required to notify the supervisor of your child's absence from the centre through phone, email or in person.

Permanent bookings are required to pay the calculated fee regardless of attendance unless two weeks' notice in writing is provided to the centre supervisor.

### 4. PUPIL FREE DAYS

In the event of pupil free pupil free days the centre will provide a Vacation Care day for those schools affected.

### 5. SERVICE CLOSURE

No fee is charged while the service is closed for Public Holidays or over the Christmas period.

### 6.. LATE FEE

Should children be present after the 6.00pm closing time, a late fee of \$10.00 per 5 minutes will apply.

### 7. PAYMENT OF FEES

As per the services Parent Handbook, fees are to be paid in advance on the first day of the child's weekly attendance. Weekly fees are payable to the service by EFTPOS, cheque, or direct debit. I understand that fees must be paid once invoiced within the stated due date, that my child's place at the 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.

### 8. OUTSTANDING DEBT

*I understand that recovery of outstanding OOSH or Vacation Care fees may be placed in the hands of a debt Collection Agency. Payment of fees charged by the Debt Collection Agency will be the responsibility of the family with the outstanding debt.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 10: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion) (Policies & 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 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 any other instructions/information (of any nature whatsoever) I give to the service (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the service or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and those they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee's or any of its authorised person/s from any loss, damage, claim, cost 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 Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's.

## SECTION 12: DECLARATION

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

**Parent and/or Guardian's Full Name (please print):** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Nominated Supervisor Full Name (please print)** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_