

Hinchinbrook OOSH

Enrolment Form

Please read each section carefully before completing and signing and complete a separate form for each child you are enrolling. **Please Note:** If you need assistance with filling out this form please speak to an educator who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

SECTION 1: CHILD'S DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):					
Middle Name:		Surname:			
Name Usually Called:					
Child's home address:					
Child lives with:					
Date of Birth:		Sex (Please circle):	Male / Female		
Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>					

Morning Care

Days of attendance (Please circle):	Monday	Tuesday	Wednesday	Thursday	Friday
Session Start Time:					
Session End Time:	9.00AM	9.00AM	9.00AM	9.00AM	9.00AM

Afternoon Care

Days of attendance (Please circle):	Monday	Tuesday	Wednesday	Thursday	Friday
Session Start Time:	3.00PM	3.00PM	3.00PM	3.00PM	3.00PM
Session End Time:					
Child's Start Date:					

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Language spoken at home:	
Ethnicity:	
Religion:	
Is the Child of Aboriginal or Torres Strait Islander Descent?	Yes / No

Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Religious celebrations:	

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	
Please outline any dietary considerations e.g. cultural or religious request likes and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):			
Has your child received the necessary immunisation for their age? If NO , please complete & attach an Immunisation Exemption Conscientious Objection form available from Medicare.			Yes/No

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Child's Registered Dental Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	
Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No

Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?

(Please Circle) Yes / No

If yes, please provide a medical management plan, which the child’s medical practitioner has prepared.

The Plan should include:

- A photo of the child
- If relevant, state what triggers the medical condition, allergy or anaphylaxis
- First aid needed
- Contact details of the doctor who signed the plan
- When the Plan should be reviewed.

Does the child have any dietary restrictions? *(If yes, please attach relevant details.)*

Medication will only be administered if it is in the original container with the original label, with instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:

- The label must contain the child’s name and
- Parents must provide any verbal or written instructions provided by the medical practitioner.

Education and Care Services National Regulations Regulation 95

Any medication, including non-prescription medication like paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form. *Education and Care Services National Regulations Regulation 93*

**Parent 1:
Signature:**

**Parent 2:
Signature:**

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?

Yes/No

Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?

Yes/No

Please be advised that if the Child is diagnosed with **asthma or anaphylaxis** and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible.

Yes/No

Education and Care Services National Regulations - Regulation 94.

DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child

(For example, favourite activities, fears, diagnosed disabilities, medical condition, Learning difficulties, experienced Trauma, Grief and loss)

FAMILY INFORMATION

Does the child have any siblings? If so, please provide the number of siblings that are attending other child care services.

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:		
Parent Surname:		
Address:		
Phone Number/s:	(H)	
	(M)	
	(W)	
Parent Date of Birth:		
Email address:		
Relationship to child:		
Country of Birth:		
Parent Centrelink Reference Number (CRN):		
Please provide any relevant cultural background details:		
Does the child live with you? (Please circle):	Yes / No	
Occupation:		
Place of employment:		
Hours of work:		

SECONDARY PARENT*Education and Care Services National Regulations - Regulation 160 (3b)*

Parent Name:		
Parent Surname:		
Address:		
Phone Number/s:	(H)	
	(M)	
	(W)	
Parent Date of Birth:		
Email address:		
Relationship to child:		
Country of Birth:		
Parent Centrelink Reference Number (CRN):		
Please provide any relevant cultural background details:		
Does the child live with you? (Please circle):	Yes / No	
Occupation:		
Place of employment:		
Hours of work:		

COURT ORDER*Education and Care Services National Regulations - Regulation 160 (3c, d)*

Are there any court orders, parenting 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	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	

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

The information on this form is compulsory-Regulation 160-162

FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform 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.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H)		
	(M)		
	(W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

SECOND EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

Full Name:			
Relationship to child:			

The information on this form is compulsory-Regulation 160-162

Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU NEED CLARIFICATION.

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO

PHOTOGRAPHY & VIDEO:

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service a security bond of \$ 50 dollars. The bond secures your child's placement at the service, and is refundable at the termination of your child's place, provided that two weeks' notice in writing is given. The bond may be used to cover and/or settle your final account. Bond payments are payable to the service by direct debit or cash.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness, on holidays and public holidays during school terms.
- I agree to complete a direct debit form and submit it alongside this enrolment form. Direct debit begins on the Tuesday of the third week of each school term. This payment is to cover the first two weeks prior to this payment. This means payments are always two weeks in arrears. Direct debit schedules will be provided for the year in term 1 and for new enrolments.
- I agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Hinchinbrook OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payments. 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.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be

called by Service staff to collect my child.

- 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 agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to give two weeks written notice to withdraw my child or reduce booked days.
- I agree to notify the service if my child/ren is absent on a day that they are booked in.
- I agree and give permission for staff to offer sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I am aware that the Parent Handbook with the Service's Policy Manual is accessible to all families through Story Park. I agree to follow, support and abide by these Policies and I am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or by email.
- I, or someone I know has a skill they could share with the children.
- I have provided accurate and up to date information on the Written Arrangement
- I understand that 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.
- I have read and understand the services procedures and conditions contained in this enrolment record. The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children

DECLARATION

I hereby declare, that, the information provided in this enrolment form is true and accurate.

1-Parent and/or Guardian's Full Name (please print): _____

Signature: _____ Date: _____

2-Parent and/or Guardian's Full Name (please print): _____

Signature: _____ Date: _____

Nominated Supervisor Full Name (please print): _____

Signature: _____ Date: _____

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

1. You and your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES NO

2. Are you liable for fees for care provided at an approved child care service?

YES NO

3. Do you meet residency requirements?

YES NO

4. Does your child meet immunisation requirements?

YES NO

5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?

YES NO

6. Have you received confirmation about your Child Care Subsidy?

YES NO

The information on this form is compulsory-Regulation 160-162