

Out of School Hours Care Enrolment Form

Community First Step
25 Barbara Street, Fairfield 2165
Ph: 9727 4333 Fax: 9727 4943
Mobile: 0402 437 632 Email: childrensservices@cfs.asn.au



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 and complete a separate form for each child you are enrolling.

Service (Please circle) : Guildford Public School OSHC
Allambie Road OSHC

Tangerine Street OSHC
St John's Park OSHC

SECTION 1: CHILD DETAILS

Child First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male / Female Date of Birth: _____ Country of Birth: _____

Address: _____

School: _____

Cultural Background: _____ Primary Language: _____ Religion: _____

Is your child of Aboriginal or Torres Strait Islander descent? Yes / No

Please circle days you wish your child to attend the service **(B&A ONLY)**

Before School care: Monday Tuesday Wednesday Thursday Friday

After School care: Monday Tuesday Wednesday Thursday Friday

Information required to claim CCB/CCR:

Child CRN: Number of children attending other childcare services: _____

Parent/Guardian CRN:

Parent/Guardian Name: _____ Parent/Guardian DOB: _____

SECTION 2: PARENT/GUARDIAN DETAILS

Parent/Guardian/Partner 1 Name: _____ Relationship to child: _____

Date of Birth: _____ Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Occupation: _____

Place of Work: _____ Languages Spoken at Home: _____

Parent/Guardian/Partner 2 Name: _____ Relationship to child: _____

Date of Birth: _____ Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Occupation: _____

Place of Work: _____ Languages Spoken at Home: _____

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SECTION 3: EMERGENCY CONTACTS AND AUTHORISATIONS

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.*

Contact 1 Name: _____ **Relationship to child:** _____

Address: _____

Home Telephone: _____ **Work Telephone:** _____ **Mobile:** _____

This person has authority to:

- Collect/Deliver your child to/from the service: Yes / No
- Give permission for excursions out of the service: Yes / No
- Consent to medical treatment for your child: Yes / No
- Permit transportation of your child by an ambulance service: Yes / No
- Request/Permit medication to be given to your child: Yes / No
- If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child: Yes / No

Contact 2 Name: _____ **Relationship to child:** _____

Address: _____

Home Telephone: _____ **Work Telephone:** _____ **Mobile:** _____

This person has authority to:

- Collect/Deliver your child to/from the service: Yes / No
- Give permission for excursions out of the service: Yes / No
- Consent to medical treatment for your child: Yes / No
- Permit transportation of your child by an ambulance service: Yes / No
- Request/Permit medication to be given to your child: Yes / No
- If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child: Yes / No

Contact 3 Name: _____ **Relationship to child:** _____

Address: _____

Home Telephone: _____ **Work Telephone:** _____ **Mobile:** _____

This person has authority to:

- Collect/Deliver your child to/from the service: Yes / No
 - Give permission for excursions out of the service: Yes / No
 - Consent to medical treatment for your child: Yes / No
 - Permit transportation of your child by an ambulance service: Yes / No
 - Request/Permit medication to be given to your child: Yes / No
 - If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child: Yes / No
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NOTE: It is important that you inform the authorized 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. 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.

SECTION 4: Health & Medical Information

Medicare Number: _____ Private Health Insurer: _____

Doctor name: _____ Phone: _____

Address: _____

Does your child have any allergies (including asthma or anaphylaxis)? Yes / No

If **YES** please include a copy of a medical management plan (required for asthma and anaphylaxis) or risk minimisation plan prepared by the child's doctor (if applicable)

Does your child take any regular medication? Yes / No

NOTE: Medication will only be administered in accordance with the services Medication Policy that you be will be provided with.

Medical Conditions/Additional Needs

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:

Immunisation

Has your child received the necessary immunisation for their age? Yes / No

If **YES** please supply a copy of the child's Immunisation History Statement with this enrolment form. If **NO**, please complete an Immunisation Exemption Conscientious Objection form available from Medicare.

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SECTION 5: Custody Arrangements

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: 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:

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

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: 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.

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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. PERMISSION TO PARTICIPATE IN WALKING EXCURSIONS

I hereby consent my child to participate in walking excursions in the local area

6. PERMISSION TO WATCH MOVIES

I hereby consent my child to watch movies rated G or PG and suitable to children under the age of 12 years old.

7. PERMISSION TO PLAY VIDEO GAMES

I hereby consent my child to play video games rated G or PG and suitable for children under the age of 12 years old.

8. PERMISSION FOR THE APPLICATION OF FACE PAINT

I hereby give permission for staff to apply face paint to my child as part of the centre program.

9. 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.

10. CHILD ABSENCE

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

SECTION 9: PAYMENT OF FEES

1. BOND

Upon being offered a place at the service, parent(s) or guardian are required to pay 2 full weeks fees as a security bond and 1 full weeks fees in advance payment.

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 EFTPOS or cheque.

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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

Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the service.

4. SERVICE CLOSURE

No fee is charged while the service is closed over the Christmas period.

5. LATE FEE

Should children be present after the 6.00pm closing time, a late fee of \$2.00 per minute will apply.

6. 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. 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 paid by the due date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

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.

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- I must strictly comply with the Policies and Procedures at all times.
 - 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 that 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: _____

OFFICE ONLY

Days required: _____ **Date of commencement:** _____

Bond Paid: \$ _____ **Copy of Immunisation received: Yes / No**

Copy of Birth Certificate received: Yes / No