

# FLORAVILLE ENROLMENT FORM



The information on this form is compulsory with Regulation (160-162). 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. A separate form for each child you are enrolling must be complete.

## **CHILD'S DETAILS**

Child's full name: \_\_\_\_\_

Sex: Male  Female  Child's CRN: \_\_\_\_\_

Address of child: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of birth: \_\_\_\_\_

Child's nationality: \_\_\_\_\_

Language spoken: \_\_\_\_\_

Families' religion: \_\_\_\_\_

Child's school: \_\_\_\_\_

## **PARENT / GUARDIAN DETAILS**

1. Parent / Guardian Name: \_\_\_\_\_ CRN: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Australian resident: YES  NO

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

2. Parent / Guardian Name: \_\_\_\_\_ CRN: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Australian resident: YES  NO

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**BOOKINGS**

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

<b>Before School care</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Casual only</b>
<b>After School care:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Casual only</b>
<b>Selected dates:</b>						

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

**IMPORTANT INFORMATION ABOUT YOUR CHILD**

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 the service with these orders/plans prior to first enrolled day.

**NOTE:** The service cannot enforce custody issues without a copy of the relevant court order being provided.

Has your child received the necessary immunisation for their age?    YES     NO

Family Doctor's name: \_\_\_\_\_ Contact number: \_\_\_\_\_

- Does your child have any medical conditions? e.g. Asthma, anaphylaxis, diabetes, allergies, additional needs diagnosis, etc.    YES     NO
- Does your child require regular medication? YES     NO     If **YES** please provide details:  
\_\_\_\_\_

If **YES** please provide details, including a copy of a current medical management plan prepared by the child's doctor. You will also be required to complete the service medical pack before your child's first enrolled day.

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

Name of Private Health Fund: \_\_\_\_\_ Health Fund number: \_\_\_\_\_

Family Medicare number: \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary requirements or allergies? YES     NO  If **YES** please provide details:  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS**

- 1. I hereby authorise the educators of the service to contact the following people, if I cannot be contacted, in the case of an emergency. YES  NO
- 2. I hereby authorise the service to contact the following people, if I cannot be contacted, in the case of the need to consent to medical treatment of my child or to authorise administration of medication to my child. YES  NO
- 3. I hereby authorise the following people, to authorise an educator to make decisions regarding the care and wellbeing of my child. (e.g.) Permission to attend a change of venue for an excursion. YES  NO
- 4. I hereby authorise the service educators to allow the following people to collect my child. YES  NO

Authorised person full name (3 people must be listed)	Address	Contact number	Relationship to child

Is there anything else our educators should know about your child? (e.g. Cultural or religious request, interests, dislikes, fears)

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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.*

**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: \_\_\_\_\_

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

**1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY** - That in the case of accident or 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 child.

YES  NO

**2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY** - That in the case of accident or emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments. YES  NO

**3. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY** - I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment. YES  NO

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

I hereby give permission for educators to apply sunscreen to my child before outdoor activities. YES  NO

### **5. 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. YES  NO

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.

### **6. PERMISSION TO PARTICIPATE IN THE FOLLOWING EVENTS/CELEBRATIONS/TRANSPORT**

- I give permission for my child to participate in celebrations at the service such as Christmas, Easter & birthdays.
- I give permission for my child to travel on the OOSH insured owned buses, OOSH privately insured vehicle or a hired bus purchased by the OOSH for the purpose of transporting my child to and from school and any excursions carried out by the OOSH during NSW school holiday periods. YES  NO

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

I agree to sign my child in and out using XPLOR on arrival and departure each day they attend the service. YES  NO

### **8. CHILD ABSENCE**

I agree to notify the service if my child is absent on a day that they are booked in. (24 hours' notice is required to have the fee removed from your weekly invoice). YES  NO

## **PAYMENT OF FEES**

1. **NOTICE OF DISCONTINUATION OF ATTENDANCE** - When you decide to discontinue and terminate your child's care at the service you are required to provide two weeks written notice to the nominated supervisor.
2. **SERVICE CLOSURE** - No fee is charged while the service is closed over the Christmas or public holiday periods.
3. **LATE FEE** - Should children be present after the closing time, a late fee of \$10.00 per 5 minutes will apply.
4. **PAYMENT OF FEES** - As per the services Parent Handbook, weekly fees are payable to the service by bank transfer or cash payment at the service. I understand that fees must be paid once invoiced by the stated due date and that my child's place at the service may be terminated if fees are not up to date.
5. **COSTS OF DEBT RECOVERY** – I agree that I am liable for any recovery costs including administrative fees, debt recovery fees, solicitor fees and disbursements incurred by Active OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment. 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.

## **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 always.
- 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.
- 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.
- I am responsible for the accuracy of the information and my compliance with the Policies & Procedures.
- I am 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
- I must first inform any other person/s about the Policies & Procedures and that they must strictly comply with them.

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

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