

ACTIVE OOSH BONNELLS BAY

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. You must complete a separate form for each child you are enrolling.

CHILD'S DETAILS

Child's full name		Sex		DOB	
Address		School			
		CRN			
Country of birth / Culture		Religion			

PARENT/GUARDIAN 1 DETAILS (CLAIMING CCS)

Full name		Sex		DOB	
Address		CRN			
		Contact number			
Relationship to child		Australian resident	YES	NO	
Email address (mandatory)		Work number			
		Employer			

PARENT/GUARDIAN 2 DETAILS

Full name		Sex		DOB	
Address		CRN			
		Contact number			
Relationship to child		Australian resident	YES	NO	
Email address (mandatory)		Work number			
		Employer			

BOOKING REQUESTS

	Monday	Tuesday	Wednesday	Thursday	Friday	Casual only
BSC (Please tick)						
ASC (Please tick)						
Vacation Care (Please tick)						
Child's start date						

DOCTOR OR MEDICAL CENTRE INFORMATION

Is your child immunised?	YES NO	Medicare number	
Doctor or medical service name		Contact number	
Address			
Does your child have any medical conditions? E.g. Asthma, anaphylaxis, diabetes, allergies, or additional needs diagnosis?	Please state type of condition:		
Does your child require regular medication?	Please state the prescribed medication:		
Does your child have any dietary restrictions?			
If your family a member of a private health fund?	Please state the fund and number:		

LEGAL INFORMATION (CIRCLE YES OR NO)

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child? If yes, please provide a copy. NOTE: The service cannot enforce custody issues without a copy of the relevant court order being provided.	YES	NO
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EMERGENCY DETAILS (CIRCLE YES OR NO)

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
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
I hereby authorise the following people, to authorise an educator to take my child outside the service premises. e.g. for transportation or to make changes regarding transport to and from the service (excursions)	YES	NO
I hereby authorise the following people, to authorise the service to transport my child or arrange transportation of my child.	YES	NO
I hereby authorise the service educators to allow the following people to collect my child.	YES	NO

Authorised person full name	Address	Contact number	Relationship to child

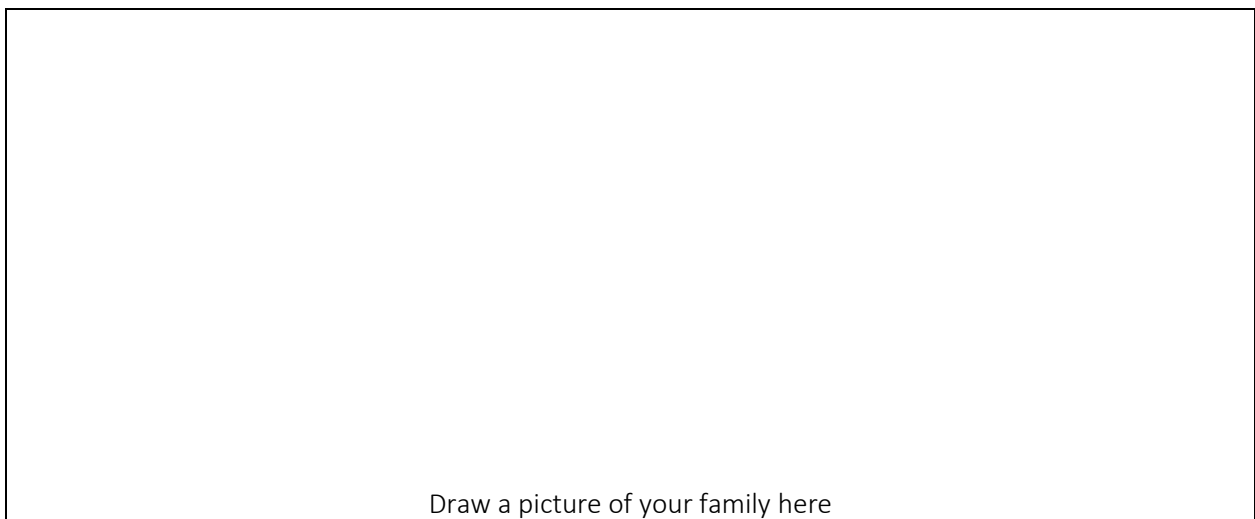
AUTHORISATION AND APPROVAL (PERMISSION)

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 consent to the service seeking urgent medical, dental or ambulance transport to hospital in the event of my child being injured or becoming ill whilst at the service.	YES	NO
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
ADMINISTRATION OF ASTHMA RELIEVER FROM ASTHMA EMERGENCY ASTHMA KIT - I authorise that if my child suffers an emergency asthma attack or displays severe difficulty breathing whilst at the service, first aid procedures will be administered immediately. A staff member with current First Aid qualifications may administer reliever medication from the Asthma Emergency Kit adhering to the specific procedures.	YES	NO
PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY - I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age and weight in the event of my child experiencing a temperature higher than 38.5°C and if any other measures to reduce their temperature have not been successful.	YES	NO
ADMINISTRATION EMERGENCY TREATMENT FOR ALLERGIES OR ANAPHYLAXIS - I agree that if my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, the Nominated Supervisor will immediately call an ambulance and a staff member with current Anaphylaxis Management training will follow the recommended treatment from the ambulance staff. This may involve administering an adrenaline auto-injector such as an EpiPen from the service's Emergency First Aid Kit.	YES	NO
PERMISSION FOR THE APPLICATION OF SUNSCREEN I hereby give permission for educators to apply sunscreen to my child before outdoor activities.	YES	NO
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. The service takes photographs/videos of the children, including: <ul style="list-style-type: none"> • 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. 	YES	NO
PERMISSION TO PARTICIPATE IN THE FOLLOWING EVENTS/CELEBRATIONS/TRANSPORT <ul style="list-style-type: none"> • 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
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
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
I have read and understood the information in this enrolment application. I understand that my child's enrolment at Active OOSH depends on my acceptance of the Policies and Procedures, a copy of which I have access to on request.	YES	NO
I understand it is my responsibility to keep the service informed with all relevant information including, but not limited to, personal information such as: <ol style="list-style-type: none"> a. Emergency contact details b. Medical conditions and diagnosis c. Medical management risk minimisation plans d. Change in family structures (Court Orders/parenting plans) 	YES	NO

ACTIVE OOSH ALL ABOUT ME



CHILD'S NAME			
DATE OF BIRTH		NICKNAME	
FAVOURITE FOOD			
LIKES			
DISLIKES			
DO YOU ATTEND BSC, ASC or VC			
MY FAVOURITE SONG IS			
MY FAVOURITE BOOK IS			
MY FAVOURITE TOY IS			
GOALS			
I LIVE WITH			
LANGUAGE I SPEAK AT HOME			
MY CULTURAL BACKGROUND			
OUR CULTURAL TRADITIONS INCLUDE			



Draw a picture of your family here

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Is there anything else our educators should know about your child? (e.g. Cultural or religious request, interests, dislikes, fears)	
What are some of your child's favourite foods?	
Does your family have any activity or resource suggestions?	

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.

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	
Parent and/or Guardian's signature	
Date	