

# TINTINHULL OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM

85 Tintinhull Road Tintinhull NSW 2352

Phone 0409202608

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.

## SECTION 1: CHILD'S DETAILS

Child's Full Name: \_\_\_\_\_

Sex: Male  Female  non-Binary

Child's CRN: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Language/s spoken by child: \_\_\_\_\_

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

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

**Vacation Care:** Monday Tuesday Wednesday Thursday Friday OR Casual Only

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

**SECTION 2: PARENT / GUARDIAN DETAILS**

**Parent / Guardian 1 Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home phone number: \_\_\_\_\_

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

Are you an Australian resident:

YES  NO

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

Language/s spoken at home: \_\_\_\_\_

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

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

Work address: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employment Status:

Full-time  Part-time  Casual  Not currently working

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

CRN: \_\_\_\_\_

**Parent / Guardian / Partner 2 Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home phone number: \_\_\_\_\_

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

Are you an Australian resident:

YES  NO

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

Language/s spoken at home: \_\_\_\_\_

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

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

Work address: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Employment Status:

Full-time  Part-time  Casual  Not currently working

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

CRN: \_\_\_\_\_

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

**SECTION 3: CHILD CARE SUBSIDY**

Will you be claiming Child Care Subsidy? YES  NO  If yes please provide details below.

Name of person claiming: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Do you have other children in approved child care YES  NO

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

DOB: \_\_\_\_\_ CRN: \_\_\_\_\_

**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:

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

Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person?

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 5: 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

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

**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 can not be contacted

**Medical treatment/authorization for medication**

I hereby authorise the staff of 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 authorize administration of medication to my child. *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 consent to medical treatment for your child or an authorization for medication when you cannot be contacted

**Care and Wellbeing of my child**

I hereby authorize the following people to authorize an educator to make decisions regarding the care and wellbeing of my child. Any person who is authorized to authorize an educator to take the child outside the education and care service premises. EG Permission to attend a venue for an excursion that has had a last-minute change.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

**NOTE:** It is important that you inform the above people that you have included them that they may be contacted to give this authorization.

Any person who is authorized to authorize the education and care service to transport the child or arrange transportation of the child. *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 that they may be contacted to give this authorization.*

**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.*

**SECTION 6: MEDICAL INFORMATION**

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

Doctor's Address: \_\_\_\_\_

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

Does your child have any medical condition EG? Asthma, anaphylaxis, diabetes, allergies, additional needs diagnosis, etc.

YES  NO

If **YES** please provide details, including a copy of a medical management plan prepared by the child's doctor. You also need to complete and attach the Centre Risk Minimization Plan.

Medical Management Plan \_\_ (attached – please tick)

Risk Minimization Plan \_\_ (attached – please tick)

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

\_\_\_\_\_

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

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

Private Health Fund number: \_\_\_\_\_

Child's Medicare number: \_\_\_\_\_

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

**Immunisation**

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

If **NO**, please complete & attach an Immunisation Exemption Conscientious Objection form available from Medicare.

**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:

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**Behavioural Conditions/Additional Needs**

Does your child have a behavioural condition? YES  NO

If YES please provide details of

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**SECTION 7: 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 requests, 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 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 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.

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

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

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

I hereby consent/do not 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*

## 6. 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.

## 7. CHILD ABSENCE

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

**NOTE:** *If your child is absent from the service a medical certificate must be provided to explain absences. The service needs to record the amount of allowable and approved absences your child is entitled under Child Care Benefit legislation.*

## SECTION 9: PAYMENT OF FEES .

### 1. SERVICE CLOSURE

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

### 2. LATE FEE

Should children be present after the 6.00pm closing time, a late fee of \$5.00 per 5 minutes will apply.

### 3. PAYMENT OF FEES

Invoices are issued on a fortnightly basis. Fees are payable to the service by EFTPOS or direct credit to the OSHC bank account (Regional Australia Bank BSB 932000 Account No 100468611 Account Name: Tintinhull Public School OSHC). The preferred method of payment is by direct debit through iDebitpro (direct debit request form is attached). I understand that fees must be paid once invoiced within the stated due date, that my child's attendance at the service **will be suspended if fees are not up to date**, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

### 4. COSTS OF DEBT RECOVERY

I (The Client) (The Parent) expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by (The Service's name) as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (alternatively the number of days) specified this agreement. 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.

## 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

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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.
- 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 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: \_\_\_\_\_

## TINTINHULL OSHC ENROLMENT FORM CONSENTS

My child \_\_\_\_\_ has permission to leave  
OSHC premises while under supervision of Tintinhull OSHC staff for supervised activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

My child \_\_\_\_\_ has permission to  
watch movies, videos that are 'G' rated and/or 'PG' rated.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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