

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff



2020 Heathcote East Out Of School Hours Care Enrolment Form – Guardian and Nominee details

| | | | |
|--|---|---|--|
| In Case of Emergency or Bush fire please supply us with a mobile phone number that can be at the centre to pick up your child within 30minutes of being notified. | | | |
| Guardian 1 Details | | | |
| Relationship to the child: | Mother <input type="checkbox"/> | Father <input type="checkbox"/> | Other <input type="checkbox"/> Please Specify: |
| Are you the parent/guardian who receives CCS | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you eligible to claim CCS | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Surname: | | First Name: | |
| Date of Birth: | | Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address: | | | |
| Suburb: | | State: | Postcode: |
| Home Phone: | | Mobile Phone: | |
| Work Phone: | | | |
| Email Address: | | | |
| Work Status: | Working <input type="checkbox"/> | Looking for work <input type="checkbox"/> | Studying/Training <input type="checkbox"/> Disability or Disabled Carer <input type="checkbox"/> |
| Employer: | | | |
| Address of Employer: | | | |
| Suburb: | | State: | Postcode: |
| Occupation: | | | |
| Guardian 2 Details | | | |
| Relationship to the child: | Mother <input type="checkbox"/> | Father <input type="checkbox"/> | Other <input type="checkbox"/> Please Specify: |
| Are you the parent/guardian who receives CCS through the Department of Human Services: | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you eligible to claim CCS | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Surname: | | First Name: | |
| Date of Birth: | | Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address is the same as Guardian 1 | Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes you may leave the address line blank.) | | |
| Address: | | | |
| Suburb: | | State: | Postcode: |
| Home Phone: | | Mobile Phone: | |
| Work Phone: | | | |

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| | | | | |
|--|---|---|--|---|
| Email Address: | | | | |
| Work Status: | Working <input type="checkbox"/> | Looking for work <input type="checkbox"/> | Studying/Training <input type="checkbox"/> | Disability or Disabled Carer <input type="checkbox"/> |
| Employer: | | | | |
| Address of Employer: | | | | |
| Suburb: | | State: | | Postcode: |
| Occupation: | | | | |
| Authorised Nominee (must be over 18 years of age) | | | | |
| <p>Authorised Nominee is a person who the parent/guardian has given permission to collect the child from an education and care service:</p> <ul style="list-style-type: none"> ✓ should the parent/guardians be unavailable ✓ in the event of an incident, injury, trauma, illness, emergency, ✓ persons permitted to authorise the administration of medication to your child and ✓ persons to authorise an educator to take the child outside the education and care services premises <p><u>At least one authorised nominee must be provided.</u></p> | | | | |
| Nominee 1 | | | | |
| Surname: | | First Name: | | |
| Relationship to Child: | | Mobile Phone: | | |
| Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> | Home Phone: | | |
| Address | | | | |
| Suburb: | | State: | | Postcode: |
| Work Phone: | | | | |
| Nominee 2 | | | | |
| Surname: | | First Name: | | |
| Relationship to Child: | | Mobile Phone: | | |
| Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> | Home Phone: | | |
| Address | | | | |
| Suburb: | | State: | | Postcode: |
| Work Phone: | | | | |
| Parent/Guardian Permission | | | | |
| <p>I give my permission for the above nominees to collect my child from the education and care service should the parent/guardian not be available to collect my child from the service and to authorise the administration of medication for my child.</p> | | | | |
| Parent/Guardian Signature: | | | | Date: |

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2018 – 2020 - Heathcote East Out Of School Hours Care Enrolment Form – Child 1 Details

Priority of access guidelines:

The Priority of Access Guidelines must be used by approved services to allocate available child care places where there are more families requiring care than places available. When filling vacant places, a service must fill them according to the following priorities:

- Priority 1 – a child at risk of serious abuse or neglect
- Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test
- Priority 3 – any other child. Within these main Priority categories, priority should also be given to children in:
 - Aboriginal and Torres Strait Islander families
 - families which include a disabled person Priority of Access Guidelines for Child Care Services 2
 - families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$43,727 for 2015-2016 or who or whose partner is on income support
 - families from a non-English speaking background
 - socially isolated families
 - Single parent families.

Child's Details

| | | | |
|---|--|--|---|
| Child's Given Names: | | Surname: | |
| Child Address details the same as Parent 1 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Please complete if address details are different to parents : | | | |
| Address: | | | |
| Suburb: | | State: | Postcode: |
| Date of Birth: | | <i>Copy of Birth Certificate must be submitted with this enrolment.</i> | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Gender Other <input type="checkbox"/> please details that will assist: | | | |
| Country of Birth: | | | |
| Does your child attend another program: | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , Name of Program: | |
| Indigenous Origin (please tick relevant box): | | Does your child speak a language other than English at home? | |
| Aboriginal <input type="checkbox"/> | Torres Strait Islander <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please specify: | |
| Aboriginal and Torres Strait Islander <input type="checkbox"/> | Neither Aboriginal or Torres Strait Islander <input type="checkbox"/> | Cultural background: | |
| Does your child have any siblings? If yes , please provide details: | Name | | D.O.B |
| | | | |
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| Court Orders | |
| Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide a copy. |
| Health | |
| Does your child have any allergies, intolerances or dietary restrictions, e.g. foods, medicine, grass, sunscreen etc.? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |
| Does your child have any medical conditions? E.g. asthma, diabetes, epilepsy etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |
| Does your child have a medical action plan? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide a copy. |
| Has your child been diagnosed as at risk of anaphylaxis? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please attach anaphylaxis medical plan. |
| Does your child take any regular medication? E.g. Ventolin, etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |
| Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Asperger's, behaviour etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |
| Does your child suffer from fears or phobias? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |
| Does your child have a need for additional assistance in any of the following areas? | |
| Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs <input type="checkbox"/> | |
| If your child has a diagnosed disability is there anything that you do or modify at home ? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: <i>Please provide diagnosis letters where applicable. This will assist in us gaining additional educators and support for your child where needed and give educators as much relevant information to cater for your child's needs. Diagnosis letters must be signed by the allied health professional.</i> |
| Cultural Diversity | |
| Are there any cultural or religious beliefs we need to be made are of: | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |
| Are there any policies and procedures which may contravene your family values or beliefs? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |

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| | |
|---|--|
| Are there any traditions your family honours and can share with the education and care service? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |
| Are there any child rearing practices or values that we need to honour? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: |

Immunisation

| | |
|--------------------------|--|
| Is your child immunised? | Yes <input type="checkbox"/> If yes , Immunisation records must be submitted with this enrolment. |
| | No <input type="checkbox"/> If no , 'Immunisation Exemption Conscientious Objection form' must be submitted with this enrolment. Found at http://www.medicareaustralia.gov.au |

Medical / Dental Information

| | | | | | |
|---------------------------------|--|---|----------------|-----------|--|
| Name of Doctor/Medical Service: | | | | | |
| Address of Doctor: | | | | | |
| Suburb: | | State: | | Postcode: | |
| Phone Number: | | Medicare Number: | | | |
| Private Health Insurance: | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , Name of Fund and Membership Number: | Name of Fund: | | |
| Ambulance Insurance: | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Membership No: | | |
| Name of Dentist/Dental Service: | | | | | |
| Address of Dentist: | | | | | |
| Suburb: | | State: | | Postcode: | |
| Phone Number: | | | | | |

Parent/Guardian Permission
 I give my **permission** for the education and care service to seek information from the doctor, dentist or medical service named above about how to manage any allergy, medical condition or dental injury experienced by my child.
 Yes No

| | | | |
|-----------------------------------|--|--------------|--|
| Parent/Guardian Signature: | | Date: | |
|-----------------------------------|--|--------------|--|

Please note: your child cannot commence at the education and care service if all information above is incomplete.

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2018 – 2020 - Heathcote East Out Of School Hours Care Enrolment Form – Child 2 Details

Priority of access guidelines:

The Priority of Access Guidelines must be used by approved services to allocate available child care places where there are more families requiring care than places available. When filling vacant places, a service must fill them according to the following priorities:

- Priority 1 – a child at risk of serious abuse or neglect
- Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test
- Priority 3 – any other child. Within these main Priority categories, priority should also be given to children in:
 - Aboriginal and Torres Strait Islander families
 - families which include a disabled person Priority of Access Guidelines for Child Care Services 2
 - families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$43,727 for 2015-2016 or who or whose partner is on income support
 - families from a non-English speaking background
 - socially isolated families
 - Single parent families.

Child's Details

| | | | |
|---|--|--|---|
| Child's Given Names: | | Surname: | |
| Child Address details the same as Parent 1 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Please complete if address details are different to parents : | | | |
| Address: | | | |
| Suburb: | | State: | Postcode: |
| Date of Birth: | | <i>Copy of Birth Certificate must be submitted with this enrolment.</i> | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Gender Other <input type="checkbox"/> please details that will assist: | | | |
| Country of Birth: | | | |
| Does your child attend another program: | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , Name of Program: | |
| Indigenous Origin (please tick relevant box): | | Does your child speak a language other than English at home? | |
| Aboriginal <input type="checkbox"/> | Torres Strait Islander <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please specify: | |
| Aboriginal and Torres Strait Islander <input type="checkbox"/> | Neither Aboriginal or Torres Strait Islander <input type="checkbox"/> | Cultural background: | |
| Does your child have any siblings? If yes , please provide details: | Name | | D.O.B |
| | | | |
| | | | |
| | | | |

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| | | |
| Court Orders | | |
| Are there any court orders, parenting orders or parenting plans in relation to the child or access to the child? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide a copy. | |
| Health | | |
| Does your child have any allergies, intolerances or dietary restrictions, e.g. foods, medicine, grass, sunscreen etc.? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |
| Does your child have any medical conditions? E.g. asthma, diabetes, epilepsy etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |
| Does your child have a medical action plan? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide a copy. | |
| Has your child been diagnosed as at risk of anaphylaxis? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please attach anaphylaxis medical plan. | |
| Does your child take any regular medication? E.g. Ventolin, etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |
| Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Asperger's, behaviour etc. | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |
| Does your child suffer from fears or phobias? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |
| Does your child have a need for additional assistance in any of the following areas? | | |
| Learning Needs <input type="checkbox"/> Communication Needs <input type="checkbox"/> Mobility Needs <input type="checkbox"/> Interpersonal Needs <input type="checkbox"/> Other Needs <input type="checkbox"/> | | |
| If your child has a diagnosed disability is there anything that you do or modify at home ? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: <i>Please provide diagnosis letters where applicable. This will assist in us gaining additional educators and support for your child where needed and give educators as much relevant information to cater for your child's needs. Diagnosis letters must be signed by the allied health professional.</i> | |
| Cultural Diversity | | |
| Are there any cultural or religious beliefs we need to be made are of: | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |
| Are there any policies and procedures which may contravene your family values or beliefs? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |

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| | | | |
|---|--|--|----------------|
| Are there any traditions your family honours and can share with the education and care service? | | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |
| Are there any child rearing practices or values that we need to honour? | | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details: | |
| Immunisation | | | |
| Is your child immunised? | Yes <input type="checkbox"/> If yes , Immunisation records must be submitted with this enrolment. | | |
| | No <input type="checkbox"/> If no , 'Immunisation Exemption Conscientious Objection form' must be submitted with this enrolment. Found at http://www.medicareaustralia.gov.au | | |
| Medical / Dental Information | | | |
| Name of Doctor/Medical Service: | | | |
| Address of Doctor: | | | |
| Suburb: | | State: | Postcode: |
| Phone Number: | | Medicare Number: | |
| Private Health Insurance: | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes , Name of Fund and Membership Number: | Name of Fund: |
| Ambulance Insurance: | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Membership No: |
| Name of Dentist/Dental Service: | | | |
| Address of Dentist: | | | |
| Suburb: | | State: | Postcode: |
| Phone Number: | | | |
| Parent/Guardian Permission | | | |
| I give my permission for the education and care service to seek information from the doctor, dentist or medical service named above about how to manage any allergy, medical condition or dental injury experienced by my child. | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Parent/Guardian Signature: | | Date: | |

Please note: your child cannot commence at the education and care service if all information above is incomplete.

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2018 – 2020 – Accounts and CWA agreement – OSHC

| Accounts | | |
|--|--|---|
| Name of person responsible for payment of account: | | |
| I would like to receive my account by: | Email <input type="checkbox"/> Mail <input type="checkbox"/> | <i>Accounts are emailed on a weekly basis (Mondays and Fridays)</i> |
| Email address for accounts: | | |
| Alternate Email for accounts: | | |

| Childcare Subsidy Information | | | |
|--|---------|--------------|---------|
| <i>CRN and DOB are essential to claim. If you do not intend to claim CCS to reduce your fees, we will still require your CRN to comply with government reporting requirements.</i> | | | |
| Details | Child 1 | Child 2 | Child 3 |
| Surname: | | | |
| First Name: | | | |
| Date of Birth: | | | |
| Childs CRN | | | |
| Account Holder Name: | | | |
| Account Holders CRN: | | | |
| Account Holder D.O.B | | | |
| My child attends another children's service | | | |
| Name of other program: | | | |
| Parent/Guardian Signature: | | Date: | |

Effective as of 2nd July 2018

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Days Required – Before School Care – Permanent {B}

A new agreement must be completed when changing permanent days – 2 weeks' notice is required to cancel a permanent position. 2 weeks' notice is required to pause position if going on holidays. Absent days require a doctor's certificate. Please notify staff of absence by 7am or you will be charged an absent child fee. (This is to ensure correct staffing for ratios is provided)

| Please tick permanent days | Session Start | Session End | Usual Fee |
|------------------------------------|---------------|-------------|-----------|
| <input type="checkbox"/> Monday | 6:45am | 8:45am | \$18.00 |
| <input type="checkbox"/> Tuesday | 6:45am | 8:45am | \$18.00 |
| <input type="checkbox"/> Wednesday | 6:45am | 8:45am | \$18.00 |
| <input type="checkbox"/> Thursday | 6:45am | 8:45am | \$18.00 |
| <input type="checkbox"/> Friday | 6:45am | 8:45am | \$18.00 |

Days Required – Before School Care – Casual {C}

Families are required to email or call the service by 7am to notify that their child will be attending. If you have an on-going casual position you must cancel your ongoing casual position by 7am by notifying the centre on a weekly basis.

| | Session Start | Session End | Usual Fee |
|---|---------------|-------------|-----------|
| <input type="checkbox"/> Monday | 6:45am | 8:45am | \$20.00 |
| <input type="checkbox"/> Tuesday | 6:45am | 8:45am | \$20.00 |
| <input type="checkbox"/> Wednesday | 6:45am | 8:45am | \$20.00 |
| <input type="checkbox"/> Thursday | 6:45am | 8:45am | \$20.00 |
| <input type="checkbox"/> Friday | 6:45am | 8:45am | \$20.00 |
| <input type="checkbox"/> One off attendances. | 6:45am | 8:45am | \$20.00 |

Days Required –After School Care – Permanent {B}

A new agreement must be completed when changing permanent days – 2 weeks' notice is required to cancel a permanent position. 2 weeks' notice is required to pause position if going on holidays. Absent days require a doctor's certificate. Please notify staff of absence by 2:30pm or you will be charged an absent child fee. (This is to ensure correct staffing for ratios is provided)

| | Session Start | Session End | Usual Fee |
|------------------------------------|---------------|-------------|-----------|
| <input type="checkbox"/> Monday | 3:15pm | 6:15pm | \$22.00 |
| <input type="checkbox"/> Tuesday | 3:15pm | 6:15pm | \$22.00 |
| <input type="checkbox"/> Wednesday | 3:15pm | 6:15pm | \$22.00 |
| <input type="checkbox"/> Thursday | 3:15pm | 6:15pm | \$22.00 |
| <input type="checkbox"/> Friday | 3:15pm | 6:15pm | \$22.00 |

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Days Required –After School Care – Casual {C}

Families are required to email or call the service by 7am to notify that their child will be attending. If you have an on-going casual position you must cancel your ongoing casual position by 7am by notifying the centre on a weekly basis.

| | Session Start | Session End | Usual Fee |
|---|---------------|-------------|-----------|
| <input type="checkbox"/> Monday | 3:15pm | 6:15pm | \$24.00 |
| <input type="checkbox"/> Tuesday | 3:15pm | 6:15pm | \$24.00 |
| <input type="checkbox"/> Wednesday | 3:15pm | 6:15pm | \$24.00 |
| <input type="checkbox"/> Thursday | 3:15pm | 6:15pm | \$24.00 |
| <input type="checkbox"/> Friday | 3:15pm | 6:15pm | \$24.00 |
| <input type="checkbox"/> One off attendances. | 3:15pm | 6:15pm | \$24.00 |

Confirmation of bookings.

I am aware that I will need to provide a signed **extra-curricular form** if my child is attending OSHC and requiring to go to an outside event or activity between the OSHC hours of a morning or afternoon. (Late arrival or early departure) this is inclusive of excursions where children need to leave the service at an earlier time than 8:45am.

By Signing below I am confirming my days at OSHC and aware of the session hours and fees applied.

| | | | |
|------------------------------|--|--------------|--|
| Guardian 1 Signature: | | Date: | |
|------------------------------|--|--------------|--|

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2018 – 2020 Heathcote East Out Of School Hours Care Enrolment Form – Authorisation

| Authorisations | |
|--|--|
| I authorise my child to participate in all activities offered by the education and care service: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent for my child to participate in local excursions e.g. walks to local parks and sports ovals under supervision of educators - <i>Notification will be provided for any excursions involving the use of transport or away from the centre.</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent for my child to participate in activities conducted within the service e.g. extracurricular activities and shows - <i>Notification will be provided for any activities which are not covered by our fee structure.</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In the event of an accident, injury, trauma or illness, I consent to my child being given medical treatment in an emergency situation from a registered medical practitioner, hospital or ambulance service. I consent to my child being transported by ambulance to hospital, if required. I agree to meet any medical and ambulance expenses incurred: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to my child being collected from and brought to the education and care service by those listed as parent/guardians and authorised nominees, and can be contacted in the event my child has an accident, injury, trauma or illness: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I understand and accept that medication can only be administered to my child when authorisation has been given by the parent/guardian or authorised nominees detailed on this enrolment form – <i>authorisation will not be accepted from any personal not listed on this form.</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to the administration of a bronchodilator using an inhaling devise if my child should suddenly collapse and/or have difficulty breathing: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to my child being removed from the education and care service in the event of an emergency evacuation, and may be relocated to another venue as instructed by emergency services – <i>families will be notified in this instance.</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In accordance with Cancer Council recommendations, I consent for SPF30+ sunscreen to be applied to all unprotected areas of skin on my child for outdoor play: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to an educator applying a Band-Aid and saline wash as a form of first aid, if deemed necessary: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent for my child to view G rated programs (TV, DVD, videos or movies) and play G rated computer games: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to University and TAFE students observing and sighting my child's records as a requirement of their studies – <i>I understand authorisation will need to be granted.</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to my child's photograph to be utilised in QikKids Childcare Management Software and for identification purposes. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I am aware that Heathcote East OSHC Policy and Procedure Manual, centre floor book (program) and Quality Improvement Plan is available at the service and online and can be accessed at any time: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to my personal information being used for the purpose of claiming CCS from the Department of Education and Workplace Relations (DEEWR) and other Government Departments: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to the collection and disclosure of information for the primary purpose of providing quality care for my child and family and understand that the service has a confidentiality policy on handling information. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to my child participating in Water play on hot days (water bombs and water guns) | Yes <input type="checkbox"/> No <input type="checkbox"/> |



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| | |
|---|--|
| I consent to my child having a zooper doper ice block on hot days | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to my child using face paint, body paint, nail polish, and make-up and hair accessories. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I consent to my child making and participating in science experiments / slime play and will notify educators if my child has reactions to certain ingredients. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I am Aware that Heathcote east OSHC and Vac is nut aware and will not provide any items with nuts | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I am aware of my responsibility on BYO technology day that my child's internet must be disabled and it is the parent's responsibility to ensure games are suitable (G rated). Devices will be removed immediately if children are found to be watching or playing inappropriate materials. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I understand that if I do not provide my child/children with a hat for outside activities or a helmet for wheels activities that my child/ren will not be able to participate in those activities. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Vacation Care: I acknowledge that once I make my booking for vacation care that I am not entitled to any refunds or credits, should I cancel my child/rens bookings (except under extreme/extenuating circumstances on application to the service Director). I further acknowledge that I am unable to change the original days that have been booked as staff, activities and meals have already been accounted for. I understand that I will be invoiced in advance for Vacation Care bookings. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Clothing: I understand that my child needs to be dressed appropriately, including hats, and shirts with sleeves, jumper for outdoor play. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Parent/Guardian Signature: _____ | Date: _____ |

Terms and Conditions

| | | |
|--|-----|-------|
| I/We _____ | and | _____ |
| <i>(insert Parent/Guardian names) agree to the following terms and conditions:</i> | | |
| <ol style="list-style-type: none"> 1. I/We agree to pay all fees and charges by the due date for any account rendered, and understand that the accepted method of payment is via direct debit arrangements, Cheque or Cash. 2. I/We understand that in the event of financial hardship, special arrangements may be made on application to the Nominated Supervisor. 3. I/We expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Heathcote East P & C OSHC as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment 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. 4. Understand if I/We do not receive a Weekly statement or believe a statement is incorrect, I/We are responsible for promptly notifying the Coordinator within 2 weeks of receiving 5. Understand that my booking/enrolment will be cancelled if the account remains outstanding and will be forwarded to a collection agency for recovery. 6. Indemnify Heathcote East OSHC and any person associated with the education and care service in relation to any claim for damages as a result of an accident, injury or trauma to my child unless it is the direct result of negligence on behalf of Heathcote East OSHC or associated persons. 7. I/We understand that a minimum of two (2) weeks' notice is required to withdraw or change my child's booking with the education and care service. 8. I/We understand, that Child Care Subsidy cannot be applied to my fees if my child is absent on his/her first and last days(s), and full fees will apply. 9. I/We understand, that Child Care Subsidy can only be applied to my child's first forty two (42) absence days, any additional absence days will be charged at full fees, unless 'additional absence' reasons apply and relevant supporting documentation is provided. 10. I/We understand that a late fee of \$10.00 per child for every ten (10) minutes or part thereof will be charged for children picked up after closing time. | | |



All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff

11. I/We agree that a yearly enrolment/administration fee of \$50.00 is payable per child (\$30 for existing families), is non-refundable and will be charged to my account at the time of enrolment/re-enrolment.
12. I have read and understand the Centre's 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 Centre at its sole discretion) (Policies & Procedures).
13. The Policies and Procedures incorporate any relevant statutory obligations imposed on the Centre and have been put in place to protect my child/children.
14. I will inform the Centre immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change). I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
15. I am totally responsible for the suitability and actions of any person/persons whom I authorize to visit, deliver, and or collect my child/children to/from the Centre or any other place (Other Person/s).
16. I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
17. The Centre is an Incorporated Association and as such, by enrolling my child in the Centre I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at any General Meeting held by the Centre and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

Declaration - The information I/We have provided on this form is correct, and understand it is our responsibility to update details should they change.

| | | | |
|-------------------------------------|--|--------------|--|
| Parent/Guardian 1 Signature: | | Date: | |
| Parent/Guardian 2 Signature: | | Date: | |