

# Randwick OOSH Enrolment Form

Full name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Year group in 2023: \_\_\_\_\_

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

Child CRN: \_\_\_\_\_ Gender: \_\_\_\_\_

Does your child have a sibling that already attends Randwick OOSH: **YES / NO**

*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 the form.*

*Please complete a separate form for each new child you are enrolling.*



## Parent/Guardian Details

|  |   |
|--|---|
| Parent/Guardian #1 Name (family assistance registered parent):   | Parent/Guardian #2 Name:  |
| Relation to child:   | Relation to child:  |
| Gender:  | Gender:   |
| Home Address:<br>.....<br>.....  | Home Address (if different to #1):<br>.....<br>.....  |
| Home Phone Number:   | Home Phone Number (if different to #1):   |
| Mobile Phone Number:   | Mobile Phone Number:  |
| Email Address:   | Email Address:  |
| <b>Work Details</b><br>Occupation:.....<br>Company Name: .....<br>Address: .....<br>.....<br>Phone Number: ..... | <b>Work Details</b><br>Occupation: .....<br>Company Name: .....<br>Address: .....<br>.....<br>Phone Number: ..... |
| Are you currently: working / studying / unemployed (circle)  | Are you currently: working / studying / unemployed (circle)   |
| <u>PARENT/GUARDIAN</u> (family assistance registered parent)   |   |
| CRN:   | D.O.B:  |

## Additional Information

|                               |  |
|-------------------------------|--|
| Language(s) spoken at home:   | Cultural background of child/family:   |
| Family's religion (optional): | Is your child of Aboriginal or Torres Strait Islander Origin? (Please circle)<br>Aboriginal/Torres Strait Islander/Neither |

Are there any specific cultural or religious considerations we need to be aware of?

**Custody Matters**

|  |            |           |
|--|------------|-----------|
| Are there any court orders/parenting orders/parenting plans relating to the child? | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|

If you have circled yes, please attach a copy to be kept in your child’s file at the centre.

**NOTE:** The service cannot enforce custody requirements without a copy of relevant Court Orders being provided. Please discuss any custody matters with the Director before enrolment.

**Contacts (Please provide a minimum of 1)**

Please list below people **OTHER THAN PARENTS/GUARDIANS**, who are authorised to collect your child from Randwick OOSH or to be an Emergency contact. All names not listed on this form that have previously been provided, will be removed from your authorisation list. **Please ensure all contacts are over the age of 18.**

|   |            |           |
|---|------------|-----------|
| If you have another child already enrolled at the service, please circle if you would like to authorise the existing contacts on your account to apply to the child on this enrolment form.<br>If yes, you do not need to provide additional authorised contacts below. | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|

**Authorisation descriptions:**

**Collection:** A person who is authorised to collect the child from the service

**Medical:** A person who is authorised to consent to medical treatment or administration of medication to the child

**Excursion:** A person who is authorised to authorise an educator to take the child out of the service

**Contact Only:** A person who is to be notified of an emergency involving the child if any parent cannot be contacted immediately

|            |                                     |                        |   |
|------------|-------------------------------------|------------------------|---|
| Full Name: | Contact Number(s) (during the day): | Relationship to child: | Please circle the type of authorisations you provide for this person:<br><b>COLLECTION / MEDICAL<br/>EXCURSION / CONTACT ONLY</b> |
|            |                                     |                        |   |
| Address:   |                                     |                        |   |

|            |                                     |                        |   |
|------------|-------------------------------------|------------------------|---|
| Full Name: | Contact Number(s) (during the day): | Relationship to child: | Please circle the type of authorisations you provide for this person:<br><b>COLLECTION / MEDICAL<br/>EXCURSION / CONTACT ONLY</b> |
|            |                                     |                        |   |
| Address:   |                                     |                        |   |

|            |                                     |                        |   |
|------------|-------------------------------------|------------------------|---|
| Full Name: | Contact Number(s) (during the day): | Relationship to child: | Please circle the type of authorisations you provide for this person:<br><b>COLLECTION / MEDICAL<br/>EXCURSION / CONTACT ONLY</b> |
|            |                                     |                        |   |
| Address:   |                                     |                        |   |

|            |                                     |                        |   |
|------------|-------------------------------------|------------------------|---|
| Full Name: | Contact Number(s) (during the day): | Relationship to child: | Please circle the type of authorisations you provide for this person:<br><b>COLLECTION / MEDICAL<br/>EXCURSION / CONTACT ONLY</b> |
|            |                                     |                        |   |
| Address:   |                                     |                        |   |

**NOTE:** Only names of people you have provided with collection authorisation will be allowed to collect your child from the centre, unless staff have been informed otherwise by a parent/guardian.

### Child Attendance

Please indicate the day(s) your child will attend the centre.

- Please tick if you wish to enrol on a casual basis only

|    | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|----|--------|---------|-----------|----------|--------|
| AM |        |         |           |          |        |
| PM |        |         |           |          |        |

**NOTE:** Bookings carry over from year to year unless you have otherwise informed the centre. Please only mark the day(s) that you have been offered/currently have. Do not mark day(s) you are waiting on.

### Randwick OOSH is a Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS) Approved Service Families wishing to apply for CCS should contact Centrelink

**Please note:**

- Enrolments will be allocated as follows:
  - Priority 1 ~ a child at risk of harm
  - Priority 2 ~ a child or a parent (or both parents) who satisfies the Government's work, training, study test
  - Priority 3 ~ any other child

*A childcare service may require a Priority 3 child to vacate a place to make room for a child with a higher priority.*

- Booked days incur a charge and need to be paid for when children are absent.
- Children requiring CASUAL days must request this prior to the day to ensure that a position is available. Please speak to the Director to find out more about casual vacancies.

### Photo

Please attach a recent photo of your child.

**NOTE:** Your child's photo will assist Randwick OOSH staff during the orientation period, in the case of allergies, dietary requirements or additional needs and in the case of an emergency.

### Medical Information

|   |     |    |
|---|-----|----|
| <p>Does your child have any <b>allergies</b> (including asthma or anaphylaxis)?<br/><i>If yes, please provide details, including a copy of an action plan/medical management plan (required for asthma and anaphylaxis) and a risk minimisation plan prepared by your child's doctor (if applicable).</i></p> <p><b>NOTE:</b> Children with asthma or anaphylaxis are not permitted to attend the service unless all relevant documents are provided and a spare epi-pen/reliever is provided to be kept at the centre.</p> | YES | NO |
| <p>Does your child follow any special diet requirements for religious, medical or health reasons?<br/><i>If yes, please specify.</i></p>  | YES | NO |
| <p>Does your child require any long term/regular medication?<br/><i>Please indicate the reason for the medication (A Medication Form will need to be completed)</i></p>   | YES | NO |

|  |     |    |
|--|-----|----|
| Is your child fully immunised for their age? | YES | NO |
|--|-----|----|

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Name of Doctor: |  |                  |  |
| Address:        |  |                  |  |
| Phone Number:   |  | Medicare Number: |  |

### 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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**NOTE:** Medication will only be administered in accordance with the centre's Medication Policy.

### Attachments

I have attached:



- Any court orders/parenting orders/parenting plans relating to my child (if applicable)
- A recent photo of my child
- A copy of an action plan/medical management plan (required for asthma and anaphylaxis)
- A risk minimisation plan prepared by your child's doctor (if applicable)

### Authorisation and Approval (permission) (please circle your response):

|   |     |    |
|---|-----|----|
| Do you give permission for your child to be photographed/videoed at the centre or on excursions that may be used for centre purposes including website and newsletters?<br><b>NOTE:</b> There may be a number of reasons the service takes photographs/videos of your child while they are at the service including: Providing visual documentation to families or to assist with evaluations of the program. | YES | NO |
| Do you give permission for the centre to apply sunscreen and/or insect repellent to your child?   | YES | NO |
| Do you give permission for a Randwick OOSH staff member to administer an age/weight appropriate dose of a fever reducing agent to your child, should he/she have a fever while awaiting your arrival to seek medical treatment?   | YES | NO |
| Do you give permission for your child to be taken to Alison Park/Queens Park for activities in after school care on any given day?<br><b>NOTE:</b> On all excursions there will be a 1:8 staff to child ratio. All children will return to the centre by 5.00pm   | YES | NO |

## **CONFIRMATION OF CHILDCARE AGREEMENT**

As part of your enrolment at Randwick OOSH we require you to confirm acceptance of the childcare agreement. This agreement is between Eastern Out of School Hours Care Pty Ltd – Randwick OOSH and the parent/guardian listed on this Enrolment Form **(the parties)**.

Acceptance of these items as well as any other relevant information exchanged between the parties can be used as a Complying Written Agreement for Child Care Subsidy purposes.

The date this arrangement is the date of submission written at the bottom of this enrolment.

The care provided is for the child/ren listed on this enrolment form.

The care provided is under permanent and/or casual agreement where days and sessions can be changed by the parent or guardian in line with policies and procedures.

Our session details are as follows:

Before School Care (permanent and/or casual agreement) – 7.30am to 9:00am

After School Care (permanent and/or casual agreement) – 3.00pm to 6:00pm

Vacation Care (casual agreement) – 7:30am to 6:00pm

Procedures and guidelines surrounding fees are outlined in the Fees Policy and within our Family Handbook provided in your Enrolment Package. The services fees may vary from time to time and any changes will be communicated with a minimum of 2 weeks' notice.

By signing the Enrolment Form you are confirming acceptance of this arrangement and the authorisations/acknowledgments section above.

### **Disclaimer/Informed Consent**

I hereby acknowledge that:

- In an emergency Eastern OOSH will seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service; and my child will be transported to hospital by ambulance.
- That medication will not be administered to my child unless (excluding asthma and anaphylaxis medications):
  - The medication is in its original container
  - My child's name is on the medication
  - The medication is current
  - A separate medication form has been obtained by Randwick OOSH staff and filled out by the parent/guardian
- That I must become familiar with all information provided in the orientation before the commencement of my child's first day.
- I understand that fees are to be paid fortnightly and I need to make payment on time (which may be changed by notice from time to time at the sole discretion of the service) (Policies and Procedures)
- When caring for my child/children the service will rely on the information provided by me in this enrolment form. It is my responsibility to notify the service of any changes or other instructions/information (of any nature whatsoever).
- I understand that once my child is in year 3 or above, they will be given the option to be signed out of Before School Care at 8.30am. Once signed out, children will walk to the school playgrounds/class line to be supervised by school teachers. I understand it is my responsibility to notify Randwick OOSH in writing if I do not wish for my child to have this authorisation. *[Only applicable for Before School Care attendance]*
- If deemed more practical (e.g. due to obstructed walkways or construction), I understand that Randwick OOSH staff may transport my child/children to different areas of the school grounds by utilising external pedestrian footpaths and streets that surround Randwick Public School
- The Policies & Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child.

- I must strictly comply with the Policies and Procedures at all times. Copies are available at the centre.
- I have read and understood all information set out in the Family Handbook.
- 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.

**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 Guardians Full Name (please print): \_\_\_\_\_

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

*The information requested in this form is in accordance with the Education and Care Services National Regulations and the Education and Care Services National Law*

**Updated: October 2022**

*Office use only:*

|                       |                     |                    |
|-----------------------|---------------------|--------------------|
| <u>Date Received:</u> | <u>Received By:</u> | <u>Entered By:</u> |
| <u>Notes:</u>         |                     |                    |