



OUTSIDE SCHOOL HOURS CARE enrolment forms 2018



centacare
catholic support services. providing help. creating hope.

child care services

Thank you for choosing Centacare for your child care needs.

To assist us in placing your child/children, we ask that you fully complete the Enrolment Forms in this booklet and forward them to us with all the information that is required in the checklist.

These forms are to be completed every year to ensure our records are up-to-date and compliant.

We look forward to supporting your family by providing education and care in a safe and fun environment.

CHECKLIST

Before returning these forms, please complete the following checklist to ensure you have included all the required information.

I have completed and signed the following forms:

- Family Enrolment Form
- Child Enrolment Form*
- Enrolment Agreement*
- Information Required for CCB

I have included copies of the following documents:

- Health records showing immunisation status

I have included copies of the following documents: (if required):

- Additional Child Enrolment Forms (if enrolling more than one child)
- Medical management plan and/or action plans provided by a medical practitioner (if your child has a diagnosed medical condition eg. asthma, anaphylaxis etc)
- Legal documents, including but not limited to, regarding custody arrangements (i.e court orders/parental agreements etc.)
- Documents regarding additional needs or diagnosed disability

* A Child Enrolment Form, Care Plan and Enrolment Agreement needs to be completed for each child. You can save copies of this pdf for each child.

Please print and sign the enrolment form before returning to your OSHC Service.

ACCOUNT NAME	
CHILD/REN NAMES	

PARENT/CARER 1 DETAILS

 Full Name:

 Customer Reference Number:

 Relationship to Child:

Home Phone:

 Mobile Phone:

 Email Address:

 Date of Birth:

Address:

 Post Code:

Occupation:

 Work Phone:

 Organisation/Employer:

Work Address:

 Post Code:

Primary Language Spoken:

 Nationality:

Cultural background:

 Religion:

PARENT/CARER 2 DETAILS

 Full Name:

 Customer Reference Number:

 Relationship to Child:

Home Phone:

 Mobile Phone:

 Email Address:

 Date of Birth:

Address:

 Post Code:

Occupation:

 Work Phone:

 Organisation/Employer:

Work Address:

 Post Code:

Primary Language Spoken:

 Nationality:

Cultural background:

 Religion:

OFFICE USE ONLY : Date & Time Received:	By Whom:	Date Entered:	By Whom:
Orientation Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Enrolment Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Charged to Account	Date:	Amount:
Commencement Date:			
Original Enrolment form held at [Service name and suburb]:			
Comments:			

AUTHORISED NOMINEE/ EMERGENCY CONTACTS

(other than those already listed on page 1 of the Family Enrolment Form 2018)
See section 170(5) of the Law and sections 160, 161, 102 & 99 of the Regs.

Authorised Nominee/Emergency Contact 1

Full Name:	This person is authorised to provide the following authorisations for my child (please tick appropriate authorities): <input type="checkbox"/> authorise to medical treatment/ authorise administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> deliver or collect the child to/ from the education and care service and authorisation for Qikkids Kiosk
Relationship to child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	

Authorised Nominee/Emergency Contact 2

Full Name:	This person is authorised to provide the following for my child (please tick appropriate authorities): <input type="checkbox"/> to medical treatment/authorise administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> deliver or collect the child to/ from the education and care service and authorisation for Qikkids Kiosk
Relationship to child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	

Authorised Nominee/Emergency Contact 3

Full Name:	This person is authorised to provide the following for my child (please tick appropriate authorities): <input type="checkbox"/> to medical treatment/ authorise administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> deliver or collect the child to/ from the education and care service and authorisation for Qikkids Kiosk
Relationship to child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	

Authorised Nominee/Emergency Contact 4

Full Name:	This person is authorised to provide the following for my child (please tick appropriate authorities): <input type="checkbox"/> to medical treatment/authorise administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> deliver or collect the child to/ from the education and care service and authorisation for Qikkids Kiosk
Relationship to child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	

Please ensure you have ticked the appropriate authorities for each of your nominated emergency contacts.

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

Date:

CHILD'S DETAILS

Child's Full Name:

Child's Address:

Name child is known by:

Commencement Date:

Child's Age at Enrolment:

Customer Reference Number:

Child's Date of Birth:

Gender:

Child's Weight:

Date child started or starts school:

Child's Year Level/Grade in 2018:

School attending in 2018:

Child's Country of Birth:

Cultural background:

Identify as Aboriginal

Identify as South Sea Islander

Identify as Torres Strait Islander

Other:

Do not wish to respond

First (Primary) Language:

Second Language:

Child's Medicare Number:

Expiry Date: M M Y Y

CARE ARRANGEMENTS

Name of the Primary Carer(s):

Are there any current written arrangements?

Yes No

If yes, a copy must be provided

Relevant documentation may include parenting plans, parental responsibility plans, residence orders and contact order.

TO ENABLE SERVICES TO COMPLY WITH COURT ORDERS/PARENTING ORDERS A COPY MUST BE PROVIDED.

Is there anyone legally denied access to the child?

Yes No

If yes, a copy must be provided

Name:

Relationship to child:

Name:

Relationship to child:

Name:

Relationship to child:

Name:

Relationship to child:

CULTURAL CONNECTIONS AND FAMILY TRADITIONS

Does your family observe any particular religious or cultural practices that are significant to your child?

Do you celebrate any cultural/religious traditions? How do you celebrate these traditions?

What 'family' traditions do you celebrate together? (e.g. Dinner at grandmas every Sunday, camping on long weekends.)

Are there any specific songs/stories you share with your child/ren?

As a family do you have any favourite foods? Please provide details.

MEDICAL INFORMATION

Child's Full Name: _____

Does your child have a diagnosed medical condition? Please tick (✓) and provide details in the spaces provided below. If yes, an action plan/medical management plan by an authorised medical practitioner may be required

KNOWN ALLERGIES <input type="checkbox"/> NO <input type="checkbox"/> YES	What causes the allergy? _____			
	<input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic (Epipen must be provided to the service at all times child is in care)			
	Symptoms: _____			
	Medical management plan and/or action plan attached: <input type="checkbox"/> NO <input type="checkbox"/> YES (A current year medical management plan and/or action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment)			
DIETARY RESTRICTIONS <input type="checkbox"/> NO <input type="checkbox"/> YES	Special dietary restrictions (provide details) <input type="checkbox"/> Medical <input type="checkbox"/> Personal Choice			
INTOLERANCES <input type="checkbox"/> NO <input type="checkbox"/> YES	What causes the intolerance? _____			
	<input type="checkbox"/> Mild <input type="checkbox"/> Severe			
	Symptoms: _____			
	Current Action Plan: (provide details)			
ASTHMA <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Mild <input type="checkbox"/> Severe			
	What symptoms does your child present with when experiencing asthma?			
	Asthma action plan provided? <input type="checkbox"/> NO <input type="checkbox"/> YES (updated plan required when a change occurs)			
HIGH TEMPERATURES <input type="checkbox"/> NO <input type="checkbox"/> YES	Current medical management plan and/or action plan: (provide details)			
SEIZURES <input type="checkbox"/> NO <input type="checkbox"/> YES	Known triggers: _____			
	Date of last seizure: _____	Trigger (if known): _____		
	Current medical management plan and/or action plan: (provide details)			
IMMUNISATION STATUS UP TO DATE <input type="checkbox"/> NO <input type="checkbox"/> YES A copy of the Vaccination Certificate is required	Hepatitis B	<input type="checkbox"/> NO <input type="checkbox"/> YES	Haemophilus influenzae type b	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Measles, mumps & rubella	<input type="checkbox"/> NO <input type="checkbox"/> YES	Pneumococcal	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Whooping Cough	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rotavirus	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Diphtheria, tetanus & pertussis	<input type="checkbox"/> NO <input type="checkbox"/> YES	Meningococcal C	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Polio	<input type="checkbox"/> NO <input type="checkbox"/> YES	Varicella	<input type="checkbox"/> NO <input type="checkbox"/> YES
	If NO to any above, I have completed the "Agreement to Withdraw My Child" form <input type="checkbox"/> NO <input type="checkbox"/> YES			
	If a child's vaccination record is incomplete the parent/carer will need to contact ACIR (Australian Childhood Immunisation Register) on 1800 653 809 to obtain current information. Please ensure the service is provided with updated records as your child is immunised (Reg 162). If your child's immunisation status is not up to date your eligibility to receive Child Care Benefit may be affected (if applicable for service type).			
OFFICE USE ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES	Is an individual medical management plan/action plan by an authorised medical practitioner required?			
	Yes <input type="checkbox"/> No <input type="checkbox"/> Date plan supplied to service ____/____/____ expiry date ____/____/____			
	Yes <input type="checkbox"/> No <input type="checkbox"/> CCCS CH Form Risk Minimisation Plan (Reg 162)			
	Yes <input type="checkbox"/> No <input type="checkbox"/> CCCS CH POL Medical Conditions Policy provided to families			
	Yes <input type="checkbox"/> No <input type="checkbox"/> Health records for child sighted			

Does your child take prescribed medication on a regular basis? <input type="checkbox"/> NO <input type="checkbox"/> YES	For what conditions?
Does your child take non-prescribed medication on a regular basis? <input type="checkbox"/> NO <input type="checkbox"/> YES	For what conditions?
Do you have any queries/concerns regarding your child's development? <input type="checkbox"/> NO <input type="checkbox"/> YES	Provide details:
Is your child accessing any specialist support services? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Speech therapy:
	<input type="checkbox"/> Occupational therapy:
	<input type="checkbox"/> Hearing:
	<input type="checkbox"/> Vision:
	<input type="checkbox"/> Mobility:
Does your child present with any additional needs or have a diagnosed disability? <input type="checkbox"/> NO <input type="checkbox"/> YES	Provide details: (attach doctor's certificate, written diagnosis or other relevant medical information)
	Provide details:
Any other relevant health management information (e.g. premature birth) <input type="checkbox"/> NO <input type="checkbox"/> YES	Provide details:

MEDICAL CONTACT DETAILS	
Child's Doctor:	Phone Number:
Address:	
Child's Dentist:	Phone Number:
Address:	
Child's Paediatrician:	Phone Number:
Address:	

MEDICAL CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

- I/We authorise the staff of the approved provider to administer first aid commensurate with their level of training to my child / children as required.
- I/We authorise the staff of the approved provider to provide any required first aid for our child/children and to facilitate medical attention/obtain medical treatment in the event of an incident or emergency. This includes hospitalisation and the engagement of the ambulance service including for transportation if required.
- I/We accept responsibility for payment of all expenses associated with medical treatment for our child/children.
- I/We accept the approved provider will make every effort to contact me/us in the event of any illness/injury/trauma (incident) and /or emergency as required under Regulation 86.
- On enrolling my/our child/children I/we understand the service is unable to care for children who are unwell or who have an infectious or contagious illness. I/We further acknowledge a medical clearance may be required by the service prior to the return of my child/children to the service.
- I/We understand legislation requires the service to hold generic medication for asthma and anaphylaxis.
- I/We understand the service is unable to administer prescription medication (except in the event of an emergency) unless I/we have completed a CCCS CH FORM – Authorisation to Administer medication form, the prescription medication is in its original container, a dispensing label is attached by a pharmacist that details the name of the child and dosage to be given.
- I/We understand the service is unable to administer non-prescription medication (except in the event of an emergency) unless I/we have completed a CCCS CH FORM – Authorisation to Administer medication form. A service may request that the non-prescription medication provided to the service in its original container, has a dispensing label attached by a pharmacist and the label that details the name of the child and dosage to be given.
- I/We agree to complete a CCCS CH FORM – Medication Administered form as required.
- I/We acknowledge a service will record any medication administered by staff on a CCCS CH Form - Medication Administration Form.
- For further information refer to CCCS CH POL Medical Conditions Policy.

Parent/Carer 1 Signature: _____ Date: _____ Parent/Carer 2 Signature _____ Date: _____

ACCOUNT NAME	
CHILD'S NAMES	
Name of Service attending in 2018	

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the Permissions provide parents with options to consider, however, Consent Statements are a compulsory requirement of enrolment.
 Please complete an Enrolment Agreement 2018 for each child enrolled at this Centacare Child Care Service.

PERMISSIONS (Please Tick Yes or No)

I/We understand and acknowledge the following:

Support/Communication

- To support my/our child further whilst at the service, I/we give permission for the Coordinator/Director or service representative to liaise with school and/or specialist staff or share relevant enrolment information with the school (where appropriate). YES NO
- I/We authorise students under the supervision of staff to undertake observation of my/our child for the purpose of curriculum planning and Educators in training. YES NO

Activities Permission

- I/We encourage my/our child to start their homework while attending the program. (Outside School Hours Care only) YES NO
- I/We give permission for my/our child to view PG Rated movies, programs and games while at the service. (Outside School Hours Care only) YES NO
- I/We give permission for my/our child to participate in face painting activities. YES NO

Health and Safety Permission

- I/We give permission for staff to apply latex (e.g. band aids) to my/our child. If no, please provide an alternative. If permission is not provided (i.e. latex allergy). The parent/carer is requested to provide suitable product to be stored at the service YES NO
- I/We give permission for my/our child to have 50+ sunscreen/insect repellent applied as required. If no, please provide an alternative. YES NO
- In case of an emergency or incident, I/we authorise a qualified Medical Practitioner to administer treatment (ie anaesthetic, blood transfusions and perform operations) if the emergency requires such treatment. YES NO
- I/We will provide non-prescription or prescription teething gel (with pharmacy label) and give permission for staff to apply the gel to my/our child. (Long Day Care only) YES NO

Media

- I/We provide authorisation for the service to take photos, videos and digital images of my child/children. I/We acknowledge these images will be stored by the approved provider. YES NO
- I/We give permission for images of my child/children to be used for service newsletters, service noticeboard displays, school/parish newsletters, learning journals, day books, digital frames etc. YES NO
- I/We understand that photos, videos and digital images are an integral part of the service's program and that my/our child/children's surname will not be displayed with images taken. YES NO
- I/We acknowledge that should an external party (students/excursion provider/incursion provider etc) wish to take images of our child/children, the external party will be required to seek permission from the Parent/Carers in advance. YES NO
- I/We acknowledge that should CCCS wish to use my child/children's image outside of the service (eg. CCCS presentations, websites, promotional material etc) a separate authorisation form will be provided to the Parent/Carer for completion. YES NO
- I/We acknowledge that if there are child protection or child custody matters in relation to the display of images, the Parent/Carer is required to bring this to the attention of the Coordinator/Director. YES NO

If there are child protection or custody issues in relation to the display of media, please see the Coordinator/Director

Parent/Carer 1 Signature: _____

Date: _____

Parent/Carer 2 Signature _____

Date: _____

CONSENT STATEMENT

I/We understand and acknowledge the following:

GENERAL (CONDITIONS OF ENROLMENT)

- that I/we have read the Information Handbook and agree to abide by the Service policies, procedures and Mission, Vision and Values of Centacare Child Care Services
- that it is my/our responsibility to ensure all information associated with my/our child's enrolment is current and notify the service of any changes to details provided
- that my/our child is required to be signed in as attending a session of care by either parent/carer or authorised nominee to ensure all legal obligations are met
- that I/we must notify the service if a person authorised by a parent (who is not on the services' current records as authorised to collect my child) will be collecting my child from any session of care. Photo ID maybe required on collection
- that I/we must provide alternative care arrangements when my/our child is suffering from an infectious or contagious illness, as described in the exclusion guidelines in the Information Handbook or is deemed by service staff to be unable to participate in the service program
- that information on this enrolment form may be provided upon request to either parent/carer detailed on this form
- that I/we must be contactable at all times whilst my child is in care. This may require alternative and/or work phone numbers
- I/we have completed a Request for Booking form nominating days of attendance required for my/our child
- I/we have nominated an email address to which account statements, newsletters and other communications may be sent
- for my/our child to participate in all activities offered by the service. I/We will advise the service in writing if I/we do not wish my/our child to participate in a particular activity
- that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families
- that I/we have read the CCCS HS POL Sleep and Rest Policy and agree to abide by the practices of Red Nose (formally SIDS and KIDS) adopted by CCCS when placing a child to sleep or rest (regardless of age)
- for enrolment of children under the age of 2 years, I/we agree to complete a CCCS PP Form - Sleep and Rest Profile form as part of the enrolment process, and as required throughout the child's attendance
- CCCS reserves the right to modify and implement changes to a prescribed policy/procedure at anytime and acceptance of enrolment is acceptance of CCCS Policies and Procedures. CCCS will communicate any changes to families and provide a 14 day period for consultation and feedback.
- I/we give permission for staff to take my/our child/children outside the approved premises for the purpose of emergency drills.

FEES (CONDITIONS OF ENROLMENT)

- the conditions outlined in the services Fact Sheet 2 (Fee Schedule)
- if cancelling a booking written notice of the final day will be provided
- I/we understand that Child Care Benefit and Child Care Rebate will only apply at this service until my/our child's last day of actual attendance (not applicable for stand-alone Kindergartens on Catholic School Sites)
- that child care fees incurred will be paid in advance as per Fact Sheet 2 (Fee Schedule) and any remaining credit will be reimbursed by EFT or cheque within 30 days of my/our child last day of attendance
- if my/our child is not collected from the service by closing time a Late Fee penalty will be incurred as specified in the Fees Schedule – Fact Sheet 2 (Fee Schedule)
- that I/we are financially responsible for any willful damage of equipment or property by my/our child
- that an administration fee may be applicable should I/we request archived information relevant to my/our child's attendance
- that the above information is correct and precisely matches information submitted by me/us to Centrelink. I/We understand that any discrepancies between the two may lead to the service being unable to claim CCB and CCR on my/our behalf. In this instance I/we will be required to pay full fees
- failure to pay fees incurred within prescribed timeframes may result in withdrawal of child care until account is paid in full or a payment plan negotiated. Failure to adhere to negotiated agreement may result in account referral to a debt collection agency, the cost of which will be added to account.

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature

Date:

This Service is required to register all children enrolled and attending care in the DEEWR Child Care Management System (CCMS). This system processes CCB claims for eligible parents/carers as well as calculating and lodging information for the payment of a Tax Rebate.

Under this system the parent/carer and child CRN (Customer Reference Number) and DOB (date of birth) are the validators to enable reduced fees to be charged. It is essential the information below precisely matches that submitted to Centrelink. Any discrepancies will lead to the service being unable to process the CCB claim to ensure the appropriate reduction in your fees.

Where parents/carers hold separate CRN's a separate form for each parent will need to be completed. To ensure you are able to take advantage of the reduction in fees under CCMS, please complete the information below and return to the service.

MULTIPLE CHILD PERCENTAGE:	Do you have other children who will be attending an approved service other than this service? <input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL Number of Children in Care: (including at this service)

* It is the parent/carer's responsibility to notify all services if changes to enrolment occur.

OPTION 1: For more information, please go to www.familyassist.gov.au

PARENT/CARER:

Full Name: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Parent/Carer CRN:

--	--	--	--	--	--	--	--

CHILD 1: Full Name: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child 1 CRN:

--	--	--	--	--	--	--	--

 Eligible Hours for this service: 24 50 Other

CHILD 2: Full Name: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child 2 CRN:

--	--	--	--	--	--	--	--

 Eligible Hours for this service: 24 50 Other

CHILD 3: Full Name: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child 3 CRN:

--	--	--	--	--	--	--	--

 Eligible Hours for this service: 24 50 Other

CHILD 4: Full Name: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child 4 CRN:

--	--	--	--	--	--	--	--

 Eligible Hours for this service: 24 50 Other

OPTION 2:

- I **do not** wish to provide the above information. I understand that I must therefore pay **full fees** for care received by my child/children at this service.

Signature _____ Date

Name of Service

Child's Full Name

Parent /Carer 1 Name:

Contact Number:

Parent /Carer 2 Name:

Contact Number:

ACTIVITY DETAILS & LOCATION /TIMES

Activity	Where	Provider Details <small>Eg. Name, Organisation, Mobile</small>	Collection & Return <small>Arrangements with Provider</small>	Start Date	Finish Date	MON		TUES		WED		THURS		FRI	
						Child Departs	Child Returns	Child Departs	Child Returns	Child Departs	Child Returns	Child Departs	Child Returns	Child Departs	Child Returns
<i>Example: Tennis</i>	<i>Courts</i>					3.15	4.15							3.15	4.15

OSHC recognises children may attend extracurricular activities on the school grounds that are not a part of the Outside School Hours Care Program.

This consent form must be supplied to the OSHC prior to any such arrangement commencing.

I understand and accept that:

- I agree that my child will attend the OSHC at the conclusion of class and will be released from the OSHC to attend the above extracurricular activity, unless stated otherwise above. The child will be signed out of the service's care by an OSHC staff member.
- I acknowledge that my child will be unescorted during the journey to / from the OSHC to the extracurricular activity.
- The child will be anticipated back at OSHC at the nominated time as stated above and signed back into the service, unless parent/s have indicated on the table above they will be collecting their child.
- Any alterations in times or arrangements must be notified in writing prior to the change occurring.
- I understand that at no time will OSHC staff be present at the extracurricular activity.
- I understand that should the extracurricular activity be cancelled after my child has arrived at the activity location, my child will need to return immediately to the OSHC.
- I understand it is my responsibility to notify the OSHC if my child's extracurricular activity is cancelled in advance of its start time.
- I agree the OSHC can inform the school my child will be attending extracurricular activities.

Parent/Carer 1 Signature

Date

OFFICE USE ONLY

Staff Member:

Date:

Date Entered: