

Putney Out of School Hours Care Inc. (Putney OOSH)
ENROLMENT FORM 2018

Reviewed July 2017



CHILD/REN NAME & SURNAME

PLEASE ATTACH A PASSPORT SIZE PHOTO OF YOUR CHILD/REN

Putney OOSH MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGES TO THE DETAILS GIVEN ON THIS DOCUMENT. ALL INFORMATION IS CONFIDENTIAL.

Office use only	ENTERED INTO QIKKIDS:
DATE RECEIVED: START:	REGISTRATION & BOND BILLED:
IMMUNISATION PROVIDED & SIGHTED: Yes/No	ORIENTATION VISIT CONDUCTED:

Putney OOSH provides child care places in accordance with the Australian Government's Priority of Access Guidelines (please refer to Attachment 2 for Service Access Policy).

PARENT/GUARDIAN DETAILS (Please use block letters)

PARENT / GUARDIAN 1 Male: <input type="checkbox"/> Female: <input type="checkbox"/> (Please circle) Family Name: Given Name:	PARENT / GUARDIAN 2 Male: <input type="checkbox"/> Female: <input type="checkbox"/> (Please circle) Family Name: Given Name:
Address:	Address:
Relationship to the child/ren:	Relationship to the child/ren:
Date of Birth:	Date of Birth:
County of Birth:	Country of Birth:
Home No.:	Home No.:
Work No.:	Work No.:
Mobile No.:	Mobile No.:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Work Address:	Work Address:
Work hours:	Work hours:
Work days:	Work days:
Do you have recognised training or study commitments? Yes / No (Please circle) Course:	Do you have recognised training or study commitments? Yes / No (Please circle) Course:
Attendance Days / Hours:	Attendance Days / Hours:
Any other circumstances you feel may be relevant to our assessment for priority please refer to attachment 2 Service Access Policy:	Any other circumstances you feel may be relevant to our assessment for priority please refer to attachment 2 Service Access Policy:

Details of Adult registered with Family Assistance Office (FAO) for Child Care Benefit:

Name:	Date of Birth:
Centrelink Customer Reference Number (CRN) _ _ _ _ _	
(I understand that if I do not provide the CRN and date of birth for my child and myself I will not receive CCB discounted fees nor be entitled to the Childcare Rebate)	

CHILD/REN DETAILS

	Child 1	Child 2	Child 3	Child 4
Child's Family Name:				
Child's Given Name:				
Male/Female				
Date of Birth:				
Country of Birth:				
Date started School:				
Class Year:				
Child's CRN:				
Is your child of Aboriginal or Torres Strait Islander origin? (Please Circle)	No Yes, Aboriginal Yes, Torres Strait Islander	No Yes, Aboriginal Yes, Torres Strait Islander	No Yes, Aboriginal Yes, Torres Strait Islander	No Yes, Aboriginal Yes, Torres Strait Islander
Non-English speaking background? Language/s spoken at home?	Yes / No (Please circle)	Yes / No (Please circle)	Yes / No (Please circle)	Yes / No (Please circle)
Do you have any Religious/Cultural upbringing you wish us to respect?				

MEDICAL INFORMATION

Doctor's Name:	Address:
Phone No.:	Medicare No.:
Contact Doctor	Yes / No

CHILD/REN'S MEDICAL HISTORY

	Child 1	Child 2	Child 3	Child 4
Does your child have any life threatening allergies? If yes, please provide details.				
Does your child have any allergies that are non-life threatening? If yes provide details.				
Has your child ever been diagnosed with Asthma? If yes, please complete Asthma Management form.				
Is your child on any regular medication or have any disabilities, food sensitivities or allergies we should know about? No / Yes provide details (Child cannot be admitted without provision of immunisation status/ appropriate medications/action plans etc				
Does your child have any disabilities or medical conditions? If yes provide details.				
Has your child been prescribed ongoing medication? If yes provide details & if medication required at the centre please complete Medication Forms.				
Has your child been fully immunised? <i>If yes please provide a copy of immunisation details. If no, they may need to be kept away from the centre if an outbreak occurs.</i>				
Disability Status/Special Considerations Is there any other information you wish us to know about your child? (Special food requirements/religious considerations/ fears etc)				

ATTACHMENT 1

PUTNEY OUT OF HOURS SCHOOL CARE INC CONDITIONS OF ENROLMENT

I, THE UNDERSIGNED Parent/Guardian, acknowledge that:

1. I understand that the Centre Director, Assistant Director, Educators, committee and other authorized persons reserve the right, after all reasonable attempts have been made to contact the parents or guardians stated on the enrolment form, to seek medical attention and/or ambulance or hospital assistance should the need arise and agree to pay such costs as may be incurred.
2. I understand and that centre Educators may administer First Aid to my child/ren if required. This may include (but not limited to) use of disinfectant, band aids, bandages, soothing creams and ice packs.
3. I understand that my child/ren may view G and/or PG DVDs at the centre.
4. I understand that my child/ren will use centre sunscreen as required (refer to centre policy & procedures).
5. I understand that the Centre Director, Parent Management Committee and any other authorised persons reserve the right to immediately suspend my child/ren if s/he continues to use disruptive or aggressive behaviour and puts other children and/or Educators/parents safety at risk. I accept if after the subsequent return to Putney OOSH, the behaviour re-occurs, my child will forfeit his/her place.(refer to centre policy & procedure for Behaviour Management)
6. I understand that the centre has no right to refuse natural parents access to their child/ren, unless the centre has viewed a custody order or equivalent.
7. I understand that the Educators at the centre have all had the working with children check lodged with NSW Commission for Children and Young People and have been cleared to work with children. All Educators as mandatory reporters are under obligation by law to report to the Family of Community Service (FOCS) any concerns of children at risk of harm.
8. I understand that only an authorised person (listed on the enrolment form) must collect and sign children in and out of the centre unless the centre receives written or verbal permission. I shall contact the centre if my child/ren is NOT attending on a scheduled day, or non-notification fee of \$10.00 will be charged per family if parents do not contact the centre.
9. I understand that I must collect my child/ren **before** centre closes at 6.00pm and that I must contact the centre if I am unable to collect my child/ren from the centre before the centre closes at 6.00pm. A late fee of \$10.00 for the 1st 10 minutes then \$5.00 per minute afterwards will apply, this will be added to my account, however, if the child/ren have not been collected within 1/2 hour of the centre closing and parents have made no contact with the centre, staff have the right to take the child/ren to the closest police station.
10. I understand that if my child/ren wilfully damages or breaks equipment at the centre, or within the school grounds, I shall replace/reimburse the centre and/or school.
11. The Putney OOSH Management Committee and employees will not accept responsibility for the loss or damage of personal effects of my child/ren.
12. I understand that fees must be kept up to date at all times and if my fees fall behind my child's place at the centre will be jeopardised. (Please see the Centre Director if you are experiencing financial difficulties).
13. I understand that if my account is not paid in full upon my child leaving the service, my details will be referred to the Parent Management Committee to commence debt recovery procedures.
14. I understand that offensive language and/or gestures are not to be used in front of children or on school grounds.

15. I understand that if my child or I have a problem with a child who is at the centre and in the centre's care, I am not to approach the child and/or child's parent. I must speak to the Director or Assistant Director and leave it to the centre to assess the situation. I will be informed of the outcome.
16. I understand that enrolment information collected is for the centre's records. Access to personal information of parents/guardians using the service will be kept confidential by Educators and committee parents. I will notify the centre of any changes of information I have given during enrolment.
17. The information I have given is true and correct; I understand that any false and/or misleading information will result in my child's place being terminated.
18. I understand that it is in my child/ren's best interest to notify the centre staff of anything that may affect my child/ren's behaviour for example the death of a family member or divorce.
19. I understand that my child/ren may have their photo taken, or be in a video, whilst he/she is a member of the Putney Out Of School Hours Care Centre and the image may be shown in various forms of media i.e. displayed at the centre, centre brochure and/or centre newsletter and website.
20. Whilst at the centre your child/ren may be observed by Educators and have relevant observations documented.
21. The centre and grounds is a non-smoking and peanut free environment.
22. I understand that the centre has an anti-bias policy and all persons will be treated with respect regardless of their age, gender, race, culture or religious beliefs.
23. I understand that it is my responsibility to view the centre's Policy & Procedures Manual located in the centre office which can be provided by a staff member to ensure I understand all centre policies.
24. I agree to follow and abide by the centre's rules and policies.
25. I understand it is an expectation of the Putney OOSH that I acknowledge Educators upon arrival and departure.

I HAVE READ AND UNDERSTOOD THE CONDITIONS OF ENROLMENT AND THE CENTRE INFORMATION BOOK AND AGREE TO THE CONDITIONS ON THIS FORM AND WILL ABIDE BY THEM AT ALL TIMES. MY SIGNATURE APPEARS BELOW TO SIGNIFY MY ACCEPTANCE OF THESE CONDITIONS.

I understand that the enrolment form needs to be completely filled in and returned to the centre with the non-refundable annual membership fee of \$55 per family plus a one off payment deposit bond of \$50 per family which is refunded when the family leaves the centre, prior to processing of this application. Total per family \$105.00.

Print Name: _____ Signature: _____
 (Parent/Guardian)

Date: ____/____/____

ATTACHMENT 2

PUTNEY OUT OF HOURS SCHOOL CARE INC

SERVICE ACCESS

POLICY STATEMENT

We aim to provide places for school aged children needing care during their time out of school hours. We will not discriminate against any families needing care however; priority of access will be determined by the Department of Education Employment and Workplace Relations (DEEWR) and placement on our waiting list.

CONSIDERATIONS

National Standards Section 4.6 (Access)
Priority of Access under DEEWR

PROCEDURE

PRIORITY OF ACCESS under DEEWR

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 under section 14 of the A New Tax System (Family Assistance) Act 1999.

Priority 3 – any other child.

Within these main categories priority should also be given to the following children:

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$37,960 for 2009-2010, or who or whose partner are on income support
- Children in families with a non-English speaking background
- Children in socially isolated families
- Children of single parents

There are some circumstances in which a child who is already in a child care service may be required to leave the service.

When a service has no vacant places and is providing child care for a child who is a Priority 3 under the Priority of Access Guidelines, the service may require that child to leave the child care service in order for the service to provide a place for a higher priority child, but only if:

- The person who is liable to pay child care fees in respect of the child was notified when the child first occupied the child care place that the service followed this policy; and
- The service gives that person at least 14 days notice of the requirement for the child to leave the child care service.

To assist us to determine your “need” for childcare support, in accordance with this access system, please indicate the following:

Whether your childcare needs are work/study related	Y/N	Disabled person in the family	Y/N
Lower Income	Y/N	Single parent	Y/N
Non English speaking background	Y/N	Socially isolated	Y/N

Date for Review and Evaluation: October 2015

I HAVE READ AND UNDERSTOOD THE SERVICE ACCESS POLICY AND PROCEDURE.

Print Name: _____ (Parent/Guardian)

Signature: _____ Date: ___/___/___