

Enrolment Form (Complying Written Arrangement)

Family Name _____ Name of School _____
 Child A _____ M/F Date of birth _____ Age _____
 (English Name) _____ Child's CRN Number: _____ Country of Birth _____
 Child B _____ M/F Date of birth _____ Age _____
 (English Name) _____ Child's CRN Number: _____ Country of Birth _____
 Child C _____ M/F Date of birth _____ Age _____
 (English Name) _____ Child's CRN Number: _____ Country of Birth _____

Background Information

Are any of the children you are enrolling of Aboriginal or Torres Strait background or under the Care of the Minister?
 Y/N
 _____ Child A _____ Child B _____ Child C _____

Languages spoken at home _____ Religion _____
 Are there any religious/cultural observances we should be aware of?(eg food consumption) _____

Are there any family matters that may affect your child/ren's behaviour, which you would like to make us aware of?

Do any of the children you are enrolling have a physical , cognitive or sensory impairment that staff need to be aware of?
 Y/N
 If Yes, please supply details:
 _____ Child A _____ Child B _____ Child C _____

Parent/Carer Contact Information

Your Contact Details: Please ensure that names provided are consistent with those registered with the Family Assistance Office.

(1) Parent/Guardian Name: _____ Ph:(hm) _____ (wk) _____ (mob) _____
First Name Family Name

Date of Birth: _____ Country of Birth _____ Centrelink CRN Number _____
 Home Address: _____
 E-mail address for correspondence: _____
 Please list your cultural background: _____

Is English your first language? YES NO If no, language spoken at home: _____
 Are you of Aboriginal or Torres Srait Island Background? YES NO
 Do you work? YES NO Occupation: _____ Employer Name: _____
 Employment Status: Full time Part time If part time/casual please indicate days of work Mon Tues Wed Thurs Fri

(2) Parent/Guardian Name: _____ Ph:(hm) _____ (wk) _____ (mob) _____
First Name Family Name

Date of Birth: _____ Country of Birth _____ Centrelink CRN Number _____
 Home Address: _____
 E-mail address for correspondence: _____
 Please list your cultural background: _____

Is English your first language? YES NO If no, language spoken at home: _____
 Are you of Aboriginal or Torres Srait Island Background? YES NO
 Do you work? YES NO Occupation: _____ Employer Name: _____
 Employment Status: Full time Part time If part time/casual please indicate days of work Mon Tues Wed Thurs Fri

Authorisations

Please list any person who is authorised to consent to medical treatment for your child from a medical practitioner, hospital and/or ambulance service.

1. Full Name:.....

Relationship to child:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

2. Full Name:.....

Relationship to child:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

Do you consent to the transportation of your child by an ambulance service in the event of an emergency?

YES / NO

Please list any person who is authorised to permit an educator to allow another adult to take your child outside the education and care premises.

1. Full Name:.....

Relationship to child:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

2. Full Name:.....

Relationship to child:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

Non Parent/Carer Emergency Contact Information

You **MUST** provide the names of **TWO** authorised person/s to pick up child/ren other than Parent/Guardian. (MUST BE 18 YEARS +). Contacts **MUST** be available to pick up your child during the hours of care and be within a reasonable distance from the Service.

1. Name:_____ Daytime Phone:_____ Mobile:_____

Relationship to Child:_____ Is this person authorised to sign in and/or out your children from
Marion Primary School OSHC? YES / NO

2. Name:_____ Daytime Phone:_____ Mobile:_____

Relationship to Child:_____ Is this person authorised to sign in and/or out your children from
Marion Primary School OSHC? YES / NO

Name:_____ Parent/Caregiver Signature:_____

Interviewed / Accepted by:

Court Orders

Are any of the children you are enrolling involved in a court order? If so, please supply a copy of the court orders for our records. YES / NO

Is a copy of the Court Order attached YES / NO

Child A Child B Child C

Childcare Subsidy

IT IS RECOMMENDED THAT FAMILIES CONTACT THE FAMILY ASSISTANCE OFFICE ON 13 61 50 EACH TIME A NEW ENROLMENT WITH A SERVICE IS CREATED TO ENSURE YOUR DETAILS RELATING TO YOUR CHILD CARE BENEFIT ARE CORRECT.

Have you registered your child's details with the FAO? Child A: Yes/No Child B: Yes/No Child C: Yes/No

Have you included the Date of Birth and CRN on this enrolment form to ensure your CCS can be processed upon enrolment? Yes/No

Medical Information

Please Note: Full fees will be charged to all accounts until all of these details are provided to the Service.

Are the children you are enrolling immunised? (If enrolling for the first time please provide a copy of immunisation record.)

Child A YES/NO Child B YES/NO Child C YES/NO

Have any of the children you are enrolling been diagnosed with disabilities or are they undergoing diagnosis/assessment?

Child A YES/NO Child B YES/NO Child C YES/NO

Please specify what kind of disability, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly there is a separate form that you must complete. Please ask staff for the form.

Have any of the children you are enrolling been diagnosed with a medical condition?

Eg Asthma, fits/seizures, allergies, anaphylaxis, diabetes.

Child A YES/NO Child B YES/NO Child C YES/NO

Please specify what medical condition, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly there is a separate form that you must complete. Please ask staff.

Do any of the children you are enrolling have behavioural conditions? Eg ADHD, non-responsive, uncooperative.

Child A YES/NO Child B YES/NO Child C YES/NO

Please specify what behaviour condition, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly there is a separate form that you must complete.

PLEASE NOTE: To enable the commencement of your enrolment all supporting documentation such as behavioural management plans, medication and asthma plans and any other important documentation MUST be provided to the service. A meeting with parents/ caregivers and other support agencies may be necessary at Marion Primary School OSHC Director's request.

Behavioural Management Support Plan, Asthma/Medical Form attached?

Child A YES/NO Child B YES/NO Child C YES/NO

Consent Form

I give the following consents for my children:

Child A Full Name:

Child B Full Name:

Child C Full Name:

Code of Behaviour

I have read the Code of Behaviour (see parent handbook) and agree to abide by the guidelines. I have informed my child/ren of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Code of Behaviour and that the positive strategies that are outlined in the Code of Behaviour will be implemented if my child/ren is in breach of the guidelines. YES/NO

Parent Handbook

I have received and read the Marion Primary School OSHC Parent Handbook and agree to be bound by the information and policies outlined therein. YES/NO

Privacy Acknowledgement

I acknowledge the information provided herein by me is to be used by Marion Primary School OSHC Service of providing Childcare services for my child/ren and that the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my child/ren is mandatory. YES/NO

Medical Attention

I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs. YES/NO

Disclaimer

I hereby give permission for my child/ren to attend Marion Primary School OSHC and agree to abide by the Service's policies relating to opening hours, signing in and out of children, sickness, payment of fees, including late fee payment and suspension due to program disruptions/safety issues.

I acknowledge that there will be no refunds or credit given if I cancel any of my child/ren's enrolments without providing the two weeks' prior written notice. Under the family assistance law it is not possible for absences to attract CCB in these circumstances, therefore any absences during this time will subtract full fee.

I hereby state that the above information supplied is correct and all information that may affect my child/ren's care at Marion Primary School OSHC has been included. I understand that enrolment in the Service is conditional on the accuracy of the information supplied by me and that my child/ren's participation may be terminated with no refund costs incurred, if the information is found to be inaccurate or misleading. I understand that my responses to the above questions will be acted upon as I have directed and any alteration to this information by me will need to be made in writing.

Your Permission:

I _____ (the undersigned) have read all enrolment answers and conditions and agree to abide to them.

I give permission for Child A _____ Child B _____ Child C _____
to attend Marion Primary School OSHC and will not hold the Service, it's staff or volunteers responsible for damages and/or loss of property and/or accident.

Signed: _____

Date: __/__/__

DETAILS OF CARE

Please note this section is for Before and After School Care routine bookings only, that is if you require the same days every week (whatever days you choose you will be invoiced for each week).

If you require flexible days please indicate a start date and book in with the centre staff as required.

I require care on a routine basis

I require care on a flexible basis

Using the table below please indicate your child/ren's permanent attendance across the week by placing an 'X' in the box corresponding to the days you require.

Flexible and Extra Bookings can be discussed with the OSHC director and will be subject to availability.

All flexible and Extra Bookings occur the same cancellation procedure as outlined in the Fees policy.

Details for Care

CHILD A:	Mon	Tue	Wed	Thu	Fri
Before School Care days attending					
After School Care days attending					

CHILD B:	Mon	Tue	Wed	Thu	Fri
Before School Care days attending					
After School Care days attending					

CHILD C:	Mon	Tue	Wed	Thu	Fri
Before School Care days attending					
After School Care days attending					

CHILD D:	Mon	Tue	Wed	Thu	Fri
Before School Care days attending					
After School Care days attending					

BOOKINGS

Bookings made for a full term in OSHC and bookings received by designated dates for Pupil Free Days and Vacation Care will be charged at a lower rate.

Before School Care	Term Booking \$12	Casual \$15
After School Care	Term Booking \$20	Casual \$25
After School Care early finish	Term Booking \$25	Casual \$30
Pupil Free Day	Early Bird \$48	Casual \$53
Vacation Care	Early Bird \$48	Casual \$53

Hours of operation

Before School Care 7am-8.30am

After School Care 3.15pm-6.16pm

Early finish 2.15pm-6.15pm

Pupil free day 7am-6.15pm

Vacation Care 7am-6.15pm

CONSENTS

Please initial next to each item to which you consent.

CONSENTS:

I consent for my child/ren to be photographed and for their image and first name to be published in circumstances the Director deems to be appropriate.

I consent for MPS OSHC Program staff to apply sunblock to my child/ren as required.

I agree to pay the required fees for my child/ren's booked childcare hours and accept the policies and rules of the service.

I agree that the staff of the service may administer first aid to my child/ren if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance they will have the appropriate service attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child/ren.

I agree that I have received a copy of The Marion Primary School OSHC Handbook.

Parent/Caregiver signature:

Date:

Interviewed/ Accepted by:
