

GLENORIE OOSH

2021 Enrolment Form

Glenorie Public School, 1731 Old Northern Rd Glenorie NSW, 2157

P 02 9652 0074 E glenorieoosh@bigpond.com



Personal Information

Child Information

Child's Centrelink CRN : _____

Given Name/s		Place of Birth	
Other Names Known As		Country of Birth	
Last Name		Religion	
Gender	Male Female	Language/s Spoken	
Date of Birth		Home Address	
Date to Start			
Year Level for 2021	K 1 2 3 4 5 6	Court Orders, Parenting Orders, Parent Plans	YES NO YES NO YES NO
What is your child's cultural background?		Copy on File	YES NO 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.
Is your child of Aboriginal or Torres Strait Islander decent?	YES NO		
Does your child have siblings attending care? How many?		Is your child attending another Childcare Centre Service?	

Health

Has your child been immunised?	YES NO
Does your child have any allergies?	YES NO Action Plan for YES If yes, please specify:

Has your child ever been diagnosed with Asthma or suffered an Asthma related condition? <i>If yes, please attach an Asthma Action plan</i>	YES NO
Does your child take regular medication? <i>* If yes, please complete a medication form</i>	YES NO Name of medication: Dosage information:
Has your child ever been diagnosed as at risk of Anaphylaxis? <i>* If yes, please attach an Anaphylaxis Action plan</i>	YES NO
Does your child have a medical condition or require additional assistance or support? <i>* If yes, please provide details</i>	YES NO
Does your child have any specific dietary requirements?	
Does your child regularly visit a specialist? (eg. Speech, Occupational Therapist) Please provide details.	

Child Attendance

- Please tick if you wish to enrol on a casual basis (Emergency or Irregular use)
☐
- Please tick if you wish to enrol on a permanent basis ☐

Please indicate the day(s) your child will attend the centre on a Permanent basis

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Parent/Guardian Details

Parent 1	CRN: _ _ _ _ _	Parent 2 / Other	
Title Given Name/s Surname Other names known by Date of Birth (Required for Child Care Subsidy) Home Address		Title Given Name/s Surname Other names known by Date of Birth Home Address	

Suburb		Suburb	
Post Code		Post Code	
Does your child live at this address?		Does your child live at this address?	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Email (used for communication/ newsletters)		Email (used for communication/ newsletters)	
Occupation		Occupation	
Place of Work		Place of Work	
Work Address		Work Address	
Work Phone		Work Phone	
Country of Birth		Country of Birth	
Cultural Background		Cultural Background	
Languages spoken at home		Languages spoken at home	
Best Contact	Please specify a number that we can always reach you on	Best Contact	Please specify a number that we can always reach you on

Child Care Subsidy:

Will you be claiming the Child Care Subsidy? <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent claiming subsidy:
Parent Customer Reference Number (CRN):

Please note, there will be a different CRN for the parent and for each child, do NOT use the same numbers. You must contact Centrelink to confirm that they have the correct name and date of birth for both the parent and child who are registered.

Authority to Collect and Emergency Contacts

Parents please be aware of the following points below:

- √ At least two (2) contact names other than parents, must be given.
- √ All persons who have the authority to collect must be 18 years and over.
- √ Ensure that your contacts are able and willing to collect your child in the event of an emergency.
- √ Staff will not allow your child to go with any person who is not listed below, unless you inform the staff prior to the person collecting your child.
- √ Parents must ensure that the person collecting your child must show staff their I.D.

Emergency Contact and Authority to pick up	Person 1	Person 2	Person 3
	*Can be notified of emergency if primary contact not available YES NO	*Can be notified of emergency if primary contact not available YES NO	*Can be notified if emergency if primary contact not available YES NO
	*Authorised to consent to medical treatment or authorise administration of medication YES NO	*Authorised to consent to medical treatment or authorise administration of medication YES NO	*Authorised to consent to medical treatment or authorise administration of medication YES NO
	* Authorised to complete excursion forms so educator can take child off the OOSH premises YES NO	* Authorised to complete excursion forms so educator can take child off the OOSH premises YES NO	* Authorised to complete excursion forms so educator can take child off the OOSH premises YES NO
Relationship to child			
Title			
First Name			
Last Name			
Address			
Home Phone			
Mobile Phone			
Work Phone			

I verify that the above information is correct and I understand the above mentioned points.

I authorise the staff of Glenorie OOSH to give the people on this list access to my child.

I authorise the staff of Glenorie OOSH to seek medical, dental, hospital treatment, ambulance and/ or police if the emergency contacts cannot be reached.

I will notify Glenorie OOSH of any changes to the emergency contact details as soon as possible.

Signature : _____

Date: _____

Health and Medical Details

Medicare card number		Private Health Insurance	YES NO
Medical Centre Name		Insurance Details	
Doctor's Name		Dentist	
Phone number		Phone number	
Address		Address	

Ethnicity and Multi-Cultural Needs

Can your child participate in festivals/celebrations?	YES NO please provide details:
Are there particular cultural or religious practices that you would like your child to participate in?	
Does your child have any dietary or religious requirements that will need to be incorporated into the OOSH routine?	
Are there other children living at home? (Please list their names and ages)	
Can you contribute any skills to our centre's program or do you have time to volunteer? (e.g. craft, reading stories etc)	
Can you share any further information that will help your child's transition to Glenorie OOSH? (interests, fears etc)	

Consent

<p>1. Medical attention: In the case of an accident or emergency, every effort will be made to contact the parent/s immediately. In the event that the child requires medical attention, <u>I authorise the staff at Glenorie OOSH to seek and obtain emergency medical, hospital, dental and ambulance service assistance, and transportation of the child by ambulance service.</u></p> <p>I agree to pay any medical/ transport costs incurred.</p> <p>I agree to the staff handing over medical responsibility to the medical officer in charge at the time.</p> <p>Signed: _____ Date: _____</p>

2. Photo and video footage permission: I give permission to Glenorie OOSH to use photographs and video's of my child for the following:

(a) Group or individual photo's that may be used to assist with the evaluation of the program

YES NO

(b) General displays around the OOSH centre **YES NO**

(c) Local publications such as newspapers, pamphlets, etc.

YES NO

(d) Glenorie OOSH Facebook Page <https://www.facebook.com/ooshglenorie>

YES NO

Signed: _____ **Date:** _____

3. Sun protection: I understand that it's my responsibility to dress my child in SunSmart clothing that protects their back and shoulders, as well as a SunSmart (Bucket) hat – please see our policy for more details.

I give the staff of OOSH permission to apply SPF 30+ sunscreen to my child's face, ears, neck, arms and legs in accordance with the centre's SunSmart policy.

Signed: _____ **Date:** _____

4. Relocating in the event of an Emergency: In the event of an emergency it may be deemed necessary to evacuate the children to a safer location. Parents will be notified when the children are moved and safe.

I give ongoing permission for my child _____ to be relocated in the event of an emergency.

Signed: _____ **Date:** _____

Attachments

I have attached

- Any court orders/parenting orders/parenting plans relating to my child (if applicable)
- A copy of an action plan/medical management plan (required for asthma and anaphylaxis)
- Medication Form

CONFIRMATION OF CHILDCARE AGREEMENT

As part of your enrolment at Glenorie OOSH we require you to confirm acceptance of the childcare agreement. This agreement is between Glenorie Public School P&C Association – Glenorie OOSH and the parent/guardian listed on this Enrolment Form (the parties). Acceptance of these items as well as any other information exchanged between the parties can be used as a Complying Written Agreement for Child Care Subsidy purposes. The date this arrangement starts is the date of submission written at the bottom of this enrolment.

The care provided is for the child 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 via email in line with policies and procedures.

Our session details are as follows:

Before School Care (permanent and/or casual agreement) – 7:00am to 9:00am

After School Care (permanent and/or casual agreement) – 3:30pm – 6:30pm

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

Procedures and guidelines surrounding fees are outlined in the Fees Policy and within our Family Handbook. 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/acknowledgements section above.

Disclaimer/Informed Consent

I/we hereby acknowledge that:

- That in the event of an accident or illness requiring emergency medical treatment, every reasonable effort will be made to contact a parent/guardian before any treatment is sought. If a parent/guardian cannot be contacted, I give permission for the Responsible Person to seek medical treatment including any transportation by ambulance if necessary. I understand that I may be liable for any expenses incurred.
- 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 and in date
- I agree to pay fees as outlined in my statement and understand that payments must be kept up to date. I understand if I make a permanent booking, I will be charged for my booking. I understand that the booking cannot be transferred for a similar session in the same week. Full cancellation policy is set out in the Centre's Policy and Procedures and in the Family
- Family Handbook which can be viewed in centre.
- 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 agree to sign in/ out and notify centre of any days my child will be away
- I accept that every care will be exercised in the management and safety of the children at the Centre, I understand my children may play on school equipment and I accept that carers employed at the centre shall not be held responsible for injury to, or the misadventure of, children in their care and that the carers may use their own judgment when making decisions regarding the care of my child.
- I give permission for the Educators of Glenorie OOSH to sign my child in/out, when necessary, for school-based activities once an extra-curricular form is filled out
- 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 Parent Sign in Desk.
- I give consent to Glenorie OOSH and Glenorie Public School to share information regarding my child/ren to ensure continuity of care.
- It is my responsibility to ensure that I have notified Centrelink of my child's start date at Glenorie OOSH and provided Glenorie OOSH with mine and my child's correct Centrelink CRN (customer reference number) along with our date of births in order to receive any benefits (CCS) that I may be entitled to.
- If my account remains unpaid for more than 2 months or is \$300 or greater and no payment assistance plan has been set up by the Glenorie OOSH Management Committee my child's position at Glenorie OOSH will be terminated.
- 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.

- I/we agree to the terms and conditions outlined in this Enrolment Form.

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 2020

Office Use Only

o Family Handbook	o Date Received:	o CRN for parent/child
o Entered by:	o Child's start date recorded	o Is a risk minimisation plan required?
o Asthma action plan (<i>if required</i>)	o Emergency contacts copied	o Received by:

Comments

[illegible]