



North Kiama OSHC
02 42 37 8988

Charles Avenue
Minnamurra NSW 2533

Email: nkoosh@bigpond.com.au
Fax: 02 42 37 8993

NKOOSH OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM

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

We are proud to be a non for profit parent based committee centre.

SECTION 1: CHILD'S DETAILS

Child's Full Name: _____

Male / Female: _____

Address of child: _____

Date of birth: _____

Country of birth: _____

Child's nationality: _____

Language/s spoken by child: _____

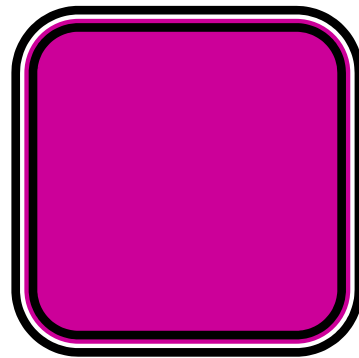
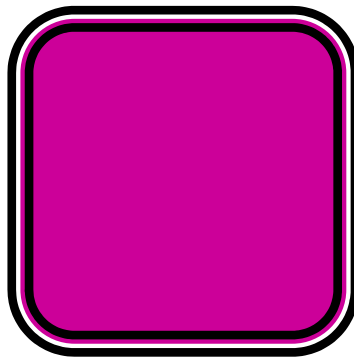
Families' religion: _____

Child's start date: _____

Child's CRN: _____

**Attach two recent photographs
of your child here**

One photo is used for your child's
pocket the other is kept on file with this
enrolment form.



Days you wish your child to attend the centre (Please circle)

Before School care: Monday Tuesday Wednesday Thursday Friday OR Casual only

After School care: Monday Tuesday Wednesday Thursday Friday OR Casual only

*** A separate form will be provided prior to each Vacation care period.**

Please be aware that days booked **must be paid for**, whether the child attends or not, unless a medical certificate is provided or the child is cancelled before the end of the term prior to vacation care.



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Does your child have any cultural, religious or dietary requirements or additional needs?
YES / NO, If **YES** please provide details:
(See also *Medical Conditions, Section 7.*)

SECTION 2: PARENT / GUARDIAN DETAILS

Parent / Guardian 1 Name:

Relationship to Child:

Date of Birth:

Address:

Home phone number:

Mobile phone number:

Are you an Australian resident:

Country of birth:

Date arrived in Australia (if applicable):

Language/s spoken at home:

Occupation:

Employer:

Work address:

Work telephone number:

Hours of work:

Email Address:

CRN:

Parent / Guardian / Partner 2 Name:

Relationship to Child:

Date of Birth:

Address:

Home phone number:

Mobile phone number:

Are you an Australian resident:

After checking that it has been completed in full, Coordinator to initial each page here →



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Country of birth: _____

Date arrived in Australia (if applicable): _____

Language/s spoken at home: _____

Occupation: _____

Employer: _____

Work address: _____

Work telephone number: _____

Hours of work: _____

Email Address: _____

CRN: _____

SECTION 3: CHILD CARE BENEFIT

Will you be claiming Child Care Benefit? YES / NO. If yes please provide details below.

Name of person claiming: _____

Date of Birth: _____

Address: _____

SECTION 4: EMERGENCY CONTACTS

I hereby authorise the staff of the centre to contact the following people, if I cannot be contacted, in the case of an emergency. Please supply at least 2 names, other than the child's parents / guardians.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the centre, and asked to collect your child when you can not be contacted.

Authority to collect your child from the Centre

I hereby authorise the staff of Centre to allow the following people to collect my child from the centre.

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD



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NOTE: It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the centre.

SECTION 5: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

YES NO If **YES** please provide details:

NOTE: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

SECTION 6: MEDICAL INFORMATION

Family Doctor's name: _____

Address: _____

Telephone number: _____

Does your child have any allergies (including asthma or anaphylaxis) or medical conditions? YES NO

If **YES** please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable:

Does your child require regular medication? YES NO If **YES** please provide details:

NOTE: Medication will only be administered to a child in accordance with the Centre's Medication Policy.

Has your child ever been hospitalised? YES NO If **YES** please provide details:

Immunisation

Has your child received the necessary immunisation for their age? YES NO If **NO**, please detail reason:



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Is your family a member of a Private Health Fund? YES NO

Name of Private Health Fund: _____

Private Health Fund number: _____

Family Medicare number: _____

Health record of the child(ren) provided and sighted by staff? YES NO

Staff to initial and date if sighted: _____

SECTION 7: INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child(ren).

Does your child have any particular food dislikes? YES NO If YES, please provide details

Does your child fear anything in particular? YES NO If YES, please provide details

Are there any words that have special meaning to your child that we may need to know?

YES NO If YES, please provide details

Is your child attending another centre at the moment? YES NO If YES please give details

Please provide details about your child(ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.

NOTE: Centre staff will also talk to your child(ren) about their interests on a regular basis and where possible these interests will be accommodated.

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SECTION 8: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial next to it. **Please be advised that Points 8 and 9 are compulsory.**

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- Medical
- Dental
- Hospital
- Ambulance Service and transportation of the child by Ambulance.

2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

3. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY.

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.

4. PERMISSION FOR EXCURSIONS

I hereby give permission for my child to attend excursions or outings in the local area.

NOTE: If your child attends Vacation Care, separate permission forms may be given for specific excursions.

5. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

6. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion.

NOTE: There are a number of reasons the centre takes photographs/videos of the children, including:

- Providing visual documentation for families to see what their child does throughout the day
- To assist with evaluations of the program
- To use as part of promotion and publicity for the centre

7. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE CENTRE

I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the Centre.

8. CHILD ABSENCE

I agree to notify the Centre if my child is absent from the Centre on a day that they are booked in.

NOTE: If your child is absent from the centre a medical certificate must be provided to explain absences. The Centre needs to record the amount of allowable and approved absences your child is entitled. This is a requirement from the Department of Family and Community Services. Each child receives a certain number of allowable absence days at the beginning of the financial year that is paid by Child Care Benefit (CCB).

I have read the above information and agree to give my permission. Signed: _____ Date: _____

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SECTION 9: PAYMENT OF FEES

Objectives:

To ensure that the centre is paid for services provided and to ensure parents do not run into debt

Procedure:

1. FEE PAYMENT

As per Parent Information Handbook - fees are to be paid in advance on the first day of the child's weekly attendance. Weekly fees are payable to the centre by EFTPOS or by cheque or money order.

Weekly fees not paid in advance, on the first day of child care for the week, are considered to be Unpaid Fees and the parent/s will automatically be given an Unpaid Fees Notice by the Centre Coordinator.

Failure to pay the unpaid fees by the first day of child care in the following week will result in debt recovery action being taken and discontinuation of care for the child unless the parent/s have immediately initiated a repayment schedule for the late fees with the Centre Coordinator, and can meet the weekly fees payment in advance requirements. Failure by parent/s to do so will result in immediate discontinuation of care for the child and your child will not be accepted into the centre.

2. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the centre you are required to provide two (2) weeks written notice to the Centre Coordinator, or you are liable to pay the equivalent of two weeks child care fees to the centre.

3. ABSENCES FROM THE CHILD CARE CENTRE

Your daily fee will be charged if three days' notice is not given of the child's absence. A medical certificate must be provided if a child is ill by 5pm Friday of the week the illness occurred. (Absences when a child is sick but no certificate is provided will be charged full fee.)

4. CENTRE CLOSURE

No fee is charged while the Centre is closed over the Christmas period.

5. LATE FEE

The Centre is open from 7:00am to 9:00am for Before School Care; 2:00pm to 6:00pm for After School Care and 7:30am to 5:30pm for Vacation Care. Staff are unable to accept children in the centre outside of these hours. Should children be present after the closing time, a late fee of \$1.00 per minute will apply. There will be no waiver of this late fee policy.

6. PAYMENT OF FEES

I understand that fees must be paid once invoiced within the stated due date, that my child's place at the centre may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

7. COSTS OF DEBT RECOVERY

I _____ expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by North Kiama OSHC as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment as specified in this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

Signed: _____

Date: _____

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SECTION 10: YEARLY EQUIPMENT FEE:

An equipment fee is charged per family. This is an annual fee and is payable during first term or the first time children attend if enrolling throughout the year. The fee being:

\$25.00 -for 1 child

\$45.00 – for 2 children

\$55.00 – for 3 or more children.

This fee covers all craft costs and the replacement of equipment.

SECTION 11: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the centres procedures, conditions and policies contained in this enrolment record and understand that North Kiama OSHC policy manual is available at the centre to view, which forms part of this agreement (and which may be changed by notice from time to time by the Centre at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the centre will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the Centre (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the centre or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- 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 Centre 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.

Signed: _____

Date: _____



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SECTION 12: MEMBERSHIP

The centre is an Incorporated Association and as such, by enrolling my child in the centre I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at any General Meeting held by the centre and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

The person nominated for member representation is:

Insert parent / guardian's name: _____

SECTION 13: 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 Guardian's Full Name (please print):

Signature: _____

Date: _____

OFFICE USE ONLY

The coordinator is to read each page thoroughly and check that all sections have been completed in full. Coordinator is to initial each page in the place allocated as an indication that the page was completed in full at the time it was submitted by the parent / guardian.

The coordinator should use this as an opportunity to clarify any questions that the parent / guardian may have.