



# Moggill State School P & C Association

## Outside School Hours Care

### Enrolment Form

All information on this form will be treated as **STRICTLY CONFIDENTIAL**

**STAFF USE ONLY**

ALL INFORMATION IS FILLED OUT CORRECTLY

NO  YES

COURT ORDERS ARE ATTACHED

NO  YES

MEDICAL ACTION PLAN IS ATTACHED

NO  YES

CHILD HEALTH RECORD SIGHTED

NO  YES

STAFF MEMBER'S NAME ACCEPTING ENROLMENT FORM:

DATE:

SIGNATURE:

### PARENT/GUARDIAN DETAILS

#### PARENT/GUARDIAN 1

(The Person who child resides with and who is responsible for the account)

Name: MR/MRS/MISS/MS

First Name:

Last Name:

Street Address:

Suburb:

Postcode:

Home Phone:

Mobile:

Email:

Employer:

Date of Birth:

Occupation:

Customer Reference Number (Centrelink):

Work Phone:

Relationship to Child:

Country of Birth:

#### PARENT/GUARDIAN 2

(This Person is authorised to collect child)

Name: MR/MRS/MISS/MS

First Name:

Last Name:

Street Address:

Suburb:

Postcode:

Home Phone:

Mobile:

Email:

Employer:

Date Of Birth:

Occupation:

Customer Reference Number (Centrelink):

Work Phone:

Relationship to Child:

Country of Birth:

Please provide 3 emergency contacts (other than listed above). If you are unable to provide 3, speak to the Coordinator. Please note the following applies to Emergency Contacts:

1. Only the people noted below may pick up your child unless otherwise arranged.
2. These people are required to produce photo identification when picking up your child at their first visit to the service and subsequently by staff request.
3. Authorised Nominees/Emergency Contacts must be over the age of 18. No person under the age of 18 years will be allowed to drop off or pick up your child unless he/she is authorised by you to do so. In this case, you will be requested to complete a separate authorisation.
4. In an emergency, and/or if your child is not collected at closing time, the centre staff will contact the emergency contacts.

<b>AUTHORISED NOMINEE/EMERGENCY CONTACT 1</b>	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	
<b>AUTHORISED NOMINEE/EMERGENCY CONTACT 2</b>	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	
<b>AUTHORISED NOMINEE/EMERGENCY CONTACT 3</b>	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
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: \_\_\_\_\_

Office Use Only: All enrolment information entered and confirmed.

Entered by (name): \_\_\_\_\_

Date entered: \_\_\_\_\_

## CHILD DETAILS AND BOOKING FORM

### HOW MANY CHILDREN ARE YOU ENROLLING? \_\_\_\_\_

PLEASE COMPLETE A SEPARATE CHILD DETAILS AND BOOKING FORM FOR EACH CHILD YOU WISH TO ENROLL

CHILD	
First Name:	Date of Birth:
Surname:	Gender (Please circle): Male /Female
Child CRN:	Class/Grade:
Cultural Background:	
Country of Birth:	
Language Spoken at Home (Other than English) Please specify	
Immunisation Status: <input type="checkbox"/> IMMUNISED (A CURRENT COPY OF YOUR CHILD'S IMMUNISATION STATUS IS REQUESTED) <input type="checkbox"/> NOT IMMUNISED	

BOOKING REQUEST (please indicate) <input type="checkbox"/> Casual Booking <input type="checkbox"/> Permanent Booking - Set days <input type="checkbox"/> Roster <input type="checkbox"/>					
Please tick for set permanent days	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE SCHOOL CARE					
AFTER SCHOOL CARE					
VACATION CARE <input type="checkbox"/> Vacation Care – Bookings specific to each holiday period will need to be submitted prior to the start of each vacation care period.					

Vacation Care programs and booking forms are available at least 4 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days. Bookings are essential for vacation care programs. Cancellations for vacation care booked days must have 48 hours' notice or the fee for that session will be charged. **Alternative care is not provided at the service on excursion days.**

#### REASON FOR NEEDING CARE

Work/Study Commitments >15hrs/week  Looking for work  Disability /Carer with Disability /Family Reasons

#### COURT ORDERS /ACCESS ORDERS

Are there any court/access orders in regards to the above mentioned child? **Yes / No (Please Circle)**

If yes, it is a requirement that a copy of the order is provided to the service clearly summarising the relevant aspects the service needs to know.

#### PHOTOGRAPHY

From time to time, staff will take photos of children to record important events and special activities as part of the program. These photos may be displayed for the children and families to see and may also be used for the purposes of programming and evaluation.

I consent to my child/children being photographed. **Yes / No (Please Circle)**

I give permission for the *Moggill OSHC* to use photos of my child on their website and Facebook page

#### SUNSCREEN / INSECT REPELLANT

Part of our programmed activities requires children to participate outdoors. Our service follows Sunsafe procedures and we require the parent/guardian's permission to apply sunscreen when it is deemed necessary. Similarly, when the need arises insect repellent may be required to protect the children from insect bites.

Apply Sunscreen (child to apply) **Yes / No (Please Circle)**

Apply Insect Repellent (child to apply) **Yes / No (Please Circle)**

#### HEAD LICE

I give the Coordinator or their appointed representative permission to check my child for head lice. **Yes / No (Please Circle)**

Children found with head lice will need to be collected. If permission is not given, and staff suspect that the child may have head lice, parents will be contacted and the child will need to be collected.

#### CONSENT FOR CHILD TO VIEW PG RATED MOVIES

I consent for my child to watch PG (and below) rated movies when in Outside of School Hours Care program and Vacation Care program. **Yes / No (Please Circle)**

**Note: (All movies have been viewed by a staff member - G rated movies are always available)**

#### CONSENT FOR PANADOL ADMINISTRATION

In the interests of health and wellbeing of the children, the Service will only administer Children's colour free 5- 12 years Panadol with a verbal consent via phone call from a parent or guardian of the child whom is in need of pain relief.

**Yes / No (Please Circle)**

Office Use Only: All enrolment information entered and confirmed.

Entered by (name): \_\_\_\_\_

Date entered: \_\_\_\_\_

**1. HEALTH/MEDICAL DETAILS**

Does your child have any specific healthcare needs or medical conditions?  NO  YES

If yes, please provide details \_\_\_\_\_

Does your child require regular medication?  NO  YES

***A separate medication authority form is to be completed by the parent/guardian for regular and occasional medication. All medication is to be provided in the original packaging, is current and with the child's name and dosage.***

Does your child have any allergies?  NO  YES (If yes, please provide details below)

\_\_\_\_\_  MILD  SEVERE  ANAPHYLAXIS

***Please provide copy of any medical /allergy /anaphylaxis management plan relating to your child***

Does your child experience asthma?  NO  YES (If yes, please provide details below)

\_\_\_\_\_  MILD  SEVERE

***Please provide copy of any asthma management plan relating to your child***

Does your child have any specific dietary restrictions /requirements?  NO  YES

\_\_\_\_\_

Does your child have any food intolerances or food allergies?  NO  YES

\_\_\_\_\_

If yes, is the intolerance/allergy life threatening?  NO  YES

***Please provide details of any food intolerance/allergy management plans relating to your child***

**2. MEDICAL PRACTITIONER DETAILS**

Doctor 1 Name: \_\_\_\_\_ Surgery/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Family Medicare No: \_\_\_\_\_

**3. SPECIAL CONSIDERATIONS**

Does your child have any religious/cultural needs?  NO  YES

If yes, please provide details; \_\_\_\_\_

Office Use Only: All enrolment information entered and confirmed.

Entered by (name): \_\_\_\_\_

Date entered: \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander descent?

NO  YES

Does your child have any special /additional needs?

NO  YES

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

***Please provide details of any Inclusion Support Plan relating to any additional needs relating to your child***

#### **4. BEHAVIOUR INFORMATION**

Does your child have a Positive Behaviour Support Plan?

NO  YES

Are there any particular behaviours that staff should be aware of and how these are best managed?  NO  YES

\_\_\_\_\_

\_\_\_\_\_

Are there any identifiable triggers to the behaviour?

NO  YES

\_\_\_\_\_

***Please provide details of any Positive Behaviour Support plans relating to your child***

Office Use Only: All enrolment information entered and confirmed.

Entered by (name): \_\_\_\_\_

Date entered: \_\_\_\_\_

## PARENTAL/GUARDIAN AGREEMENT

In consideration for enrolling my child/ren at Moggill Outside School Hours Care (referred to as the 'Service') I, the undersigned agree (please tick and initial each item as read and agreed upon):

1. To keep fees up to date at all times. I understand that if fees are not paid, my child/ren's continued enrolment at the Service cannot be guaranteed. I understand that accounts will be issued fortnightly and fees are payable upon receipt. That the normal fee will be payable at all times for permanent bookings including absences of my child/ren in accordance with the Australian Government allowable absences provisions for Child Care Subsidy (CCS). \_\_\_\_\_
2. On termination of my child/ren's enrolment at the Service, I will provide one week's notice or forfeit one week's fees, in lieu of notice. I am aware that if my child/ren does not attend during the notice period Child Care Subsidies (CCS) cannot be claimed and I will be required to pay full fees. \_\_\_\_\_
3. To sign at the kiosk when leaving and collecting my child/ren on arrival to/departure from the Service otherwise, under current legislation, CCS cannot be allocated to your account for any unsigned attendances/absences. \_\_\_\_\_
4. I will ensure my child/ren is/are collected by an authorised parent /nominee before the official Service closing time (6.15pm). Should I be late collecting my child/ren, I agree to pay the Late Collection Fee for each child (\$1 per minute). I understand that recurrent late collection may result in cancellation of enrolment. \_\_\_\_\_
5. I understand that my child/ren are bound by the Service rules, policies and procedures as formulated by the Service during the period of my child/ren's enrolment. I understand that my child/ren will be under the care and the discipline of the staff of the service and agree to support their positive approaches to guiding children's behaviour. I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child. \_\_\_\_\_
6. To abide by the parent code of conduct (refer to Family Handbook) and understand that unacceptable behaviour by parents may result in my refusal of access to the Service. \_\_\_\_\_
7. In the case of sudden illness or accident, I authorise the service to provide and seek medical attention, including but not limited to, ambulance attendance and administration of emergency medication (e.g. Ventolin or EpiPen), to protect my child/ren from harm. All associated costs for this medical attention will be the responsibility of the child's parent/guardian. \_\_\_\_\_
8. To keep my child away from the Service when suffering from an infectious or contagious illness or disease as identified in the Queensland Health "Time Out" recommendations. \_\_\_\_\_
9. To inform the Service staff of any absence of my child/ren, prior to the starting time of any session of care. \_\_\_\_\_
10. I understand that the Service has the right to refuse further attendance of children whose behavior is harmful to the property, facilities or environment of the Service, or to the property or person of the children and staff who attend the Service. \_\_\_\_\_
11. I understand that my child/ren cannot leave the Service with anyone other than the authorised parent/guardian or emergency contact person without prior arrangement with the Service. \_\_\_\_\_
12. I understand that the staff of the Service are free of all responsibility for lost property in connection with my child/ren's attendance. \_\_\_\_\_
13. I understand that staff will not administer medication unless it is prescribed and accompanied by a Medication Authorisation form. All medication must be in its original packaging, be labelled with the pharmacist's/medical practitioner's instructions and be within the expiry date. \_\_\_\_\_
14. I have read the Parent Handbook about the service and agree to abide by the policies, procedures and rules of the service to the best of my ability. \_\_\_\_\_
15. I understand all information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of Service provision to my child. I authorise the Service to communicate and liaise with the School Principal about matters concerning the care of my child/ren. \_\_\_\_\_
16. To notify the Service, in writing, of any change in circumstances from the details as outlined in the enrolment form, including contact details and living arrangements of my child and/or parent/guardian. \_\_\_\_\_

Office Use Only: All enrolment information entered and confirmed.

Entered by (name): \_\_\_\_\_

Date entered: \_\_\_\_\_

# DEBT RECOVERY ACKNOWLEDGEMENT STATEMENT

1. I, the parent/guardian, agree that the information provided in this application is true and correct and can be relied upon by the Service.
2. I, the parent/guardian, agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form, including changes to living arrangements of the child and/or parent/guardian, within 7 days of the date of such a change.
3. I, the parent/guardian, agree to pay outstanding childcare fees and cancellation fees where applicable, together with all debt recovery expenses including, court costs, legal fees reasonably incurred by the Service.
4. In the case of a default of payment, I the parent/guardian, acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to a collection agency for legal recovery action. I understand that an additional 25% will be added onto the fees owing to offset the fees and charges incurred in the collection process.
5. I understand that in the case of a default on payments for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) months and thirty days or until paid. This information may be accessed by other care providers at the time of enrolment.
6. I, the parent/guardian, acknowledge that care may be refused in the case of a default.

## PLEASE NOTE

- Bookings that need to be cancelled/changed will still attract the normal session fee unless 24 hours notice has been received by the Service in which case your cancelled/changed sessions will be charged at the regular rate less applicable subsidies.
- Accounts are issued on a Fortnightly basis
- Regular payment of your childcare fees is required to maintain a placement.
- Non-payment of fees may result in your child's enrolment being cancelled.
- Acceptance of enrolment is at the discretion of the service's Coordinator.

PARENT/GUARDIAN 1 NAME SIGNATURE	DATE / /
PARENT/GUARDIAN 2 NAME SIGNATURE	DATE / /

Office Use Only: All enrolment information entered and confirmed.

Entered by (name): \_\_\_\_\_

Date entered: \_\_\_\_\_