



CLOVELLY OUT OF SCHOOL CARE 2021 ENROLMENT FORM

1 Arden Street Waverley NSW 2024

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SECTION 1: PERSONAL INFORMATION

Child Information

| | | |
|---|--|--------------------------------|
| Name of Child: | | Sex: MALE FEMALE |
| Date of Birth: / / | 2021 Class: K 1 2 3 4 5 6 | |
| Child Customer Reference Number (CRN): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | | |

Parent and Guardian Information

| Parent / Guardian 1 Parent registered for Child Care Subsidy | Parent / Guardian 2 |
|--|----------------------------------|
| Family Name: | Family Name: |
| Given Name | Given Name |
| Date of Birth | Date of Birth |
| Relationship to child: | Relationship to child: |
| Address: | Address: |
| Employer: | Employer: |
| Employment status: | Employment status: |
| Phone: (Mob) (Home) (Work) | Phone: (Mob) (Home) (Work) |

| |
|--|
| <p>Correspondence for financial statements, fee & policy updates & important information:</p> <p>Email address: _____ <small>PLEASE PRINT CLEARLY</small></p> |
|--|

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.

| |
|---|
| Is your child the subject of any custody, parenting or access order? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a copy of the order |

Cultural Background

We aim to create an environment in which each child's cultural background is respected and each child's individual identity can be nurtured. To assist us to achieve this, we ask you to complete the following questions. This includes children from Aboriginal and Torres Strait Islander background and children from other culturally and linguistically diverse backgrounds.

| | | |
|---|------------------------------|-----------------------------|
| Cultural identity of child: | | |
| Languages spoken: | | |
| Is your child of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are there any special cultural, religious or dietary considerations for the child? | | |
| Are there any family customs or religious or cultural practices to be respected by the service? | | |

SECTION 2: MEDICAL & HEALTH DETAILS

| |
|-----------------------|
| Medical Practitioner: |
| Medical Service Name: |
| Phone Number: |
| Address: |
| Medicare Number: |

| |
|---|
| Are your child's immunisations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>* Please provide a copy of immunisation records or * An Immunisation Exemption Conscientious Objection form from Medicare</i> |
| Does your child require regular medication? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>* If yes, please complete a medication form</i> Name of medication: Dosage information: |
| Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>* Please provide details</i> |
| Has your child ever been diagnosed with Asthma or suffered an Asthma related condition? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>* If yes, please attach an Asthma Action plan</i> |
| Has your child ever been diagnosed as at risk of Anaphylaxis? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>* If yes, please attach an Anaphylaxis Action plan</i> |
| Does your child have a medical condition or require additional assistance or support? |
| Does your child have any specific dietary requirements? |

SECTION 4: BEFORE & AFTER SCHOOL CARE BOOKINGS

ROUTINE CARE REQUIRED - *Please tick*

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----|--------|---------|-----------|----------|--------|
| BSC | | | | | |
| ASC | | | | | |

Please indicate which care you will be requiring in 2021

- Routine booking** - *Routine bookings are for the same days each week during term time only and 2 weeks notice in writing is required to cancel a day or make changes to the booking.*

BSC - Before School Care 7-9am \$14 ASC - After School Care 3-6pm \$22

- Casual Attendance** - *Care that is entirely casual under an agreement that does not specify which days a child will attend care from week to week. All casual requests must be in writing.*

Any changes to the care arrangements requested above must be in writing in order to meet the reporting requirements of the Child Care Subsidy legislation. A complete Fee schedule can be located on our website. www.coosc.com.au

VACATION CARE

Vacation Care will be a separate agreement entered into between the service and family for each set of holiday periods. Vacation Care booking forms must be completed and returned to the COOSC office to secure a place in Vacation Care. Vacation Care programs and booking forms are released in Week 7 of each term and are available from the COOSC office or online at www.coosc.com.au

SECTION 5: AUTHORISATIONS

Notification of Arrival and Departure of Children at the Service

I agree to sign in and out on arrival and departure each day that my child/ren attend the service using the digital Qik Kids kiosk in the foyer. I understand that there is a \$15 fee if I do not complete this procedure correctly.

Signed Parent/Carer:

Asthma Authorisation

I give permission for staff to follow the recommended Asthma First Aid Plan if;
My child has a diagnosis of asthma and experiences asthma symptoms but does not have a completed asthma record or asthma action plan OR my child does not have a previous diagnosis of asthma but experiences difficulty breathing while attending the service.

Signed Parent/Carer:

Administration of Allergies and Anaphylaxis Emergency Kit (compulsory)

I agree that if my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, or otherwise in the Centre's care, staff will call an ambulance and will follow the recommended treatment plan (as per Centre's policy). This may involve the administration of an EpiPen from the service's Anaphylaxis Emergency Kit.

Signed Parent/Carer:

Medical Conditions for display

If my child is recognised to have an action plan for a life threatening medical condition I give permission for my child's plan to be displayed for educators and visitors to view.

Signed Parent/Carer:

Application of Sunscreen and Insect Repellent

I give permission for staff or my child to apply sunscreen and insect repellent as required (if not please supply your own sunscreen).

Signed Parent/Carer:

Medical and First Aid Care (compulsory)

I hereby give my permission for the staff at COOSC to administer first aid on my/our child if they should deem it necessary, without obtaining my/our permission. Should at anytime the staff consider that my/our child requires medical, dental or hospital treatment, I/we hereby consent to you obtaining such treatment from a registered medical practitioner, hospital or ambulance service with all possible speed, at my/our expense. I/we understand that all attempts will be made to contact me/us; however treatment will not be delayed in the event I/we can not be contacted. We consent to transportation of our child by an ambulance service. I/we understand that relevant information on this form will be passed on to hospital/medical staff if required.

Signed Parent/Carer:

Use of Children's Photographs, Videos and Programming Documentation

1. I agree that photographs and videos of my child taken by staff at COOSC on service iPads, may be related documentation: **Yes / No** (please circle)

2. I agree that photographs, videos, artwork and programming documentation (learning stories, profiles, photo stories, program evaluations, provocations) of my child taken or recorded by the staff at COOSC on service iPads, may be used in its publications, on its website, for educational displays and in presentations for professional development and conferences: **Yes / No** (please circle)

Signed Parent/Carer:

Authorisation to use Technology

I am aware that COOSC incorporates technology as part of our everyday program and my child will have access to devices if I give permission. Its important however to remember that while every attempt has been made to ensure safe browsing, Internet filtering is not 100% fool proof and no product can categorise every website on the internet. If my child causes any damage to the device I understand I will be responsible for any repair or replacement and invoiced accordingly.

Signed Parent/Carer:

Authorisation for Before School Care 8.30am sign out

I give permission for my child to be signed out of BSC after the 8.30am bell by a COOSC Educator. The Responsible Person on duty will ensure that there is a teacher supervising the top playground and that the environment has been deemed safe prior to signing out.

Signed Parent/Carer:

SECTION 6: 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.

Applicant Details

I, _____ (full name)

of _____ (address)

Mobile: _____

Signed: _____ Date: ___ / ___ / ___

SECTION 7: FAMILY INFORMATION & INVOLVEMENT

What are some of your child's interests or hobbies that we could incorporate into our program?

Are there any cultural events, festivals, or creative experiences you enjoy as a family that we could also celebrate with the children at the Centre?

Are you a member of or a part of any community group or organisation that we could build a community relationship with or participate in projects to promote children's learning of their community and environment?

Parent or Guardian's Declaration and Agreement

I understand by completing this form I am agreeing to Clovelly Out Of School Care Inc policies and procedures, fees and charges. I agree to pay an annual Membership fee of \$80.00 per family.

I am aware that I need to give 2 weeks notice in writing to cancel or change my before or after school care bookings. I understand that it is my responsibility to read my account statements when they are emailed every two weeks to ensure that the days and sessions being charged are current and correct. I take responsibility for providing an active email to the service so they can send these statements successfully and I will notify the Centre if I fail to receive the statement. I agree to pay a search fee of \$15 if the Centre is not notified of an ASC absence. I agree to register with Debit Success to enable direct debit payments to pay my fees. I understand that any bank charges incurred due to default of this debit will be my responsibility. If I fail to collect my child by 6pm, a late fee of \$20.00 will be instantly charged plus an additional \$1 per minute. Parents are granted a maximum of 4 late collections per term. I understand that if I leave the Centre and have an outstanding account the Centre will give my details to a debt collector to recover the debt and I will be liable for any costs.

I understand that my child's continued enrolment at the service depends on my acceptance of COOSC's policies and procedures and my care will be withdrawn if I do not abide by these policies. I am aware a policy manual is available in the Centre foyer and I must comply with the policies and procedures at all times. The policies and procedures incorporate relevant statutory obligations imposed on the Centre and have been put in place to protect all children in the service.

I agree to exclude my child from COOSC, for the period recognised by the NSW Dept of Health guidelines, if he/she contract an infectious disease or condition. I will provide a doctor's certificate from a medical practitioner confirming when my child can return to the centre.

I am totally responsible for the accuracy of the information I provide and will make sure that my contact details are kept up to date throughout the year. 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. The information provided in this enrolment record is to the best of my knowledge correct. I understand that non-payment of fees and/or breaches of the COOSC policies may result in the cancellation of my child's place.

This registration form is valid from 1 January 2021 until to 31 December 2021.

I certify that the information supplied on this form is correct at the time of completion. I have read and understood the parent handbook (available online) and agree to abide by the policies contained therein. I agree that it is my responsibility to advise the centre in writing of any changes to these details as they occur.

Signature of Parent / Guardian _____

Name _____ Date _____

Personal information is collected so that this service can provide care for your child. It will be held securely in your personal file. The information is required under the Children & Young Person's (Care & Protection) Act 1998 and will be available to staff who work with your child.

OFFICE USE ONLY

A senior staff member is to read through the enrolment form and ensure that it is completed in full.

Documents Provided:

- Immunisation Statement YES
- Asthma Action Plan YES
- Anaphylaxis/Allergy Action Plan YES
- Medical Conditions Management Plan YES
- Direct Debit request form provided YES

Signature of staff confirming enrolment form:

Date: