

HUNTER CHRISTIAN OOSH ENROLMENT FORM 2020

OFFICE USE ONLY		CHECKLIST		PAYMENT	
ACCOUNT NAME		Immunisation Record		Bond	\$95
DATE RECEIVED		Medical (incl asthma plans)		Adv fees	\$230
EDUCATOR		HUBWORKS		Enrolment	\$50
ORIENTATION	Date:	Payment type		TOTAL PAID	

<b>CHILD 1 DETAILS</b> (Please provide a photo of your child)	Year at School:	Date of birth:
Family Name	First Name	If Known by another name?
CHILD CRN	GENDER	<b>FAMILY DETAILS</b> Country of birth
<b>Indigenous Status</b>	Language	Nationality
	<i>spoken at home</i> Translator needed                      yes/ no	Australian Resident                      yes/ no

<b>MEDICAL INFORMATION</b>		
Doctors Name:	Medical Centre:	
Telephone Number:	Medicare No & Number on card	
Type of Cover: Ambulance cover / Private Health		
<i>I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs</i>	Print name:	Signature:
<u>Does your child require regular medication?</u>	<b>Yes / NO</b>	<i>Please provide details</i>
Does your child have any allergies?	<b>Yes / NO</b>	<i>Please provide details</i>
Does your child have any medical condition or require additional assistance to help with their needs?	<b>Yes / NO</b>	<i>Please provide details</i> <i>Please provide details, including management plans, risk minimisation plans</i>
Does your child have any special dietary requirements?	<b>Yes / NO</b>	<i>Please provide details</i>
Does your child have Asthma?	<b>Yes / NO</b>	<i>If Yes, you will need to fill in a Risk Minimisation Plan</i>
Has your child been diagnosed at risk of Anaphylaxis?	<b>Yes / NO</b>	<i>Please provide details</i>
Does your child have any problem with hearing, sight or speech?	<b>Yes / NO</b>	<i>Please provide details</i>

<b>IMMUNISATION INFORMATION</b>	
Please supply a copy of Childs Immunisation History statement with enrolment form	Date:
<b>IF NOT</b> please provide in writing by a certified General Practitioner exemption notice. <i>Under the No Jab No Pay measure, parents who do not fully immunise their children up to 19 years of age will no longer be eligible for CCS. More information about the No Jab No Pay measure is available at <a href="http://www.education.gov.au/NJNP">www.education.gov.au/NJNP</a></i>	Date:

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<b>CHILD 2 DETAILS</b> (Please provide a photo of your child)	Year at School:	Date of birth:
Family Name	First Name	If Known by another name?
CHILD CRN	GENDER	<b>FAMILY DETAILS</b> Country of birth
<b>Indigenous Status</b>	Language	Nationality
	spoken at home Translator needed                      yes/ no	Australian Resident                      yes/ no

<b>MEDICAL INFORMATION</b>		
Doctors Name:	Medical Centre:	
Telephone Number:	Medicare No & Number on card	
Type of Cover: Ambulance cover / Private Health		
I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs	Print name:	Signature:
<a href="#">Does your child require regular medication?</a>	<b>Yes / NO</b>	Please provide details
Does your child have any allergies?	<b>Yes / NO</b>	Please provide details
Does your child have any medical condition or require additional assistance to help with their needs?	<b>Yes / NO</b>	Please provide details Please provide details, including management plans, risk minimisation plans
Does your child have any special dietary requirements?	<b>Yes / NO</b>	Please provide details
Does your child have Asthma?	<b>Yes / NO</b>	If Yes, you will need to fill in a Risk Minimisation Plan
Has your child been diagnosed at risk of Anaphylaxis?	<b>Yes / NO</b>	Please provide details
Does your child have any problem with hearing, sight or speech?	<b>Yes / NO</b>	Please provide details

<b>IMMUNISATION INFORMATION</b>	
Please supply a copy of Childs Immunisation History statement with enrolment form	Date:
<b>IF NOT</b> please provide in writing by a certified General Practitioner exemption notice. Under the No Job No Pay measure, parents who do not fully immunise their children up to 19 years of age will no longer be eligible for CCS. More information about the No Job No Pay measure is available at <a href="http://www.education.gov.au/NJNP">www.education.gov.au/NJNP</a>	Date:

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<b>CHILD 3 DETAILS</b> (Please provide a photo of your child)	Year at School:	Date of birth:
Family Name	First Name	If Known by another name?
CHILD CRN	GENDER	<b>FAMILY DETAILS</b> Country of birth
Indigenous Status	Language	Nationality
	spoken at home Translator needed                      yes/ no	Australian Resident                      yes/ no

<b>MEDICAL INFORMATION</b>		
Doctors Name:	Medical Centre:	
Telephone Number:	Medicare No & Number on card	
Type of Cover: Ambulance cover / Private Health		
I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs	Print name:	Signature:
<a href="#">Does your child require regular medication?</a>	<b>Yes / NO</b>	Please provide details
Does your child have any allergies?	<b>Yes / NO</b>	Please provide details
Does your child have any medical condition or require additional assistance to help with their needs?	<b>Yes / NO</b>	Please provide details Please provide details, including management plans, risk minimisation plans
Does your child have any special dietary requirements?	<b>Yes / NO</b>	Please provide details
Does your child have Asthma?	<b>Yes / NO</b>	If Yes, you will need to fill in a Risk Minimisation Plan
Has your child been diagnosed at risk of Anaphylaxis?	<b>Yes / NO</b>	Please provide details
Does your child have any problem with hearing, sight or speech?	<b>Yes / NO</b>	Please provide details

<b>IMMUNISATION INFORMATION</b>	
Please supply a copy of Childs Immunisation History statement with enrolment form	Date:
<b>IF NOT</b> please provide in writing by a certified General Practitioner exemption notice. Under the No Jab No Pay measure, parents who do not fully immunise their children up to 19 years of age will no longer be eligible for CCS. More information about the No Jab No Pay measure is available at <a href="http://www.education.gov.au/NJNP">www.education.gov.au/NJNP</a>	Date:

HUNTER CHRISTIAN OOSH ENROLMENT FORM 2020

<b><u>PARENT 1 DETAILS</u></b>	<i>Relations to child</i>	<i>Parent CRN</i>
Family Name	First Name	Date of birth
Home Address	Postal Address (if different)	Email Address
Post Code:		
Home Number	Mobile Number	Work Number
Occupation	Place of Work	Work Address
<b>FAMILY DETAILS</b>		
Country of birth	Language	Nationality
	<i>spoken at home</i>	
	<i>Translator needed</i> <i>yes/ no</i>	<i>Australian Resident</i> <i>yes/ no</i>
<b>Indigenous Status</b>	<i>Single parent Family?</i>	
	<i>Yes / No</i>	

<b><u>PARENT 2 DETAILS</u></b>	<i>Relations to child</i>	<i>Parent CRN</i>
Family Name	First Name	Date of birth
Home Address	Postal Address (if different)	Email Address
Post Code:		
Home Number	Mobile Number	Work Number
Occupation	Place of Work	Work Address
<b>FAMILY DETAILS</b>		
Country of birth	Language	Nationality
	<i>spoken at home</i>	
	<i>Translator needed</i> <i>yes/ no</i>	<i>Australian Resident</i> <i>yes/ no</i>
<b>Indigenous Status</b>	<i>Single parent Family?</i>	
	<i>Yes / No</i>	

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<b>EMERGENCY CONTACT (non parent)</b> <i>I hereby authorise the Educators of Hunter Christian OOSH to contact the following people, if I cannot be contacted in case of an emergency. Must be 18years +</i>	<b>Relation to child</b>	<b>Contact number</b>

- It is important that you inform the above people to show identification. Only those people to whom you have given authority will be permitted to collect your child from the service.
- Contacts MUST be available to pick your child up during the hours of care and be within a reasonable distance from the Centre.
- This gives the following persons authority to collect your child from the premises if contacted
- This gives the following persons authority to consent to a medical treatment from a medical practitioner, hospital or ambulance including transportation.

<b>DENY</b> <i>I hereby authorise the Educators of Hunter Christian OOSH to DENY the following persons access to my child/ren</i>
1.  Relationship to child:
2.  Relationship to child:

<b>COURT ORDERS</b>	
Are there any court orders, parenting orders or parenting plans involved with your child/ren being registered?	<b>Yes / NO</b>
Have you attached a copy of the court orders, parenting orders, or parenting plans? <i>(this is a requirement before attending)</i>	<b>Yes / NO</b>

**Note:** This service cannot enforce custody issues without a copy of the relevant court order being provided. Please discuss any custody issues with the Nominated Supervisor or Person in Charge prior to enrolment. Any changes made during your child's enrolment period, must be notified with documentation.

## **BOOKINGS**

### **PERMANENT BOOKING**

A permanent booking is ongoing throughout an entire school term.

All changes must be made in writing at the beginning of a new school term. Understanding the full policy and agreement with condition of this booking. *(Please see Fee Policy)*

*Use the following table to indicate you children/rens attendance by marking the box corresponding required days.*

<b>BEFORE SCHOOL</b>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<b>AFTER SCHOOL</b>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Expected start date at service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **CASUAL BOOKING**

Casual booking is required only when requested. Casual booking can be made via email or communication book within Centre, requesting certain casual days. Please note that these days may not be available with short notice, and upon confirmation of acceptance booking will be confirmed and charged.

Expected start date at service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **VACATION CARE BOOKING**

A separate form will be provided prior to each vacation care period. Session must be booked separately every term. Vacation Care only available at HUNTER CHRISTIAN OOSH.

Expected start date at service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## **AUTHORISATION AND APPROVAL**

NOTE: *Please read the following carefully. If you do not give permission for any of the following, please cross it out and initial.*

### **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*

### **PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY**

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

### **PERMISSION FOR THE APPLICATION OF SUNSCREEN**

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

### **PERMISSION FOR PHOTOGRAPHS / VIDEO TO BE TAKEN**

I hereby consent to my child being photographed / video while they are at the service or on an excursion for.

**Please note:** *there are several reasons the service may take photographs / video of the children including:*

*Providing visual documentation for families to see what their child has done throughout the day*

*To assist with evaluation of the programme*

*To use as part of promotion and publicity for the service*

*All photographs and video will be kept on premises.*

### **NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN OF THE SERVICE**

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

### **CHILD ABSENCE**

I agree to notify the service if my child is absent on a day that they are scheduled to attend

**Note:** If your child is absent from the service a medical certificate must be provided to explain absence. Families are allowed 42 absences (from 30th June—1st July) per year under CCS.

Under the new CCS agreement, Centrelink will not cover the families gap fee (CCS) if your child/ren do not attend the service when booked, and full fees will be charged for each absent session. Please see “Fee” policy for more information.

## **PAYMENT OF FEES**

### **BOND**

Upon being offered a place at the service, parents(s) or guardians are required to pay \$95 security bond per child and 2 full weeks' fees in advance payment.

The bond secures your child's placement at the service. The bond may be used to cover and / or settle your final account.

### **NOTICE OF DISCONTINUATION OF ATTENDANCE**

When you wish to discontinue and terminate your place at the service you are required to provide written notice to the Nominated Supervisor, 'Bond' payment that was paid at time of enrolment will be returned or deducted on final payment.

If your booking is a permanent booking, fees for the full term will still be required.

### **ABSENCE FROM THE CHILD CARE CENTRE**

Fees are payable for the bank / public holidays, family holidays and sick periods if those days fall on days your child was booked into the service.

### **SERVICE CLOSURE**

No fee is charged while the service is closed over the Christmas and New year period

### **LATE FEE**

Should children be present after the 6.00pm closing time, a late fee of \$10 for first 5 minutes, \$20 every 5 minutes thereafter will apply per child.

### **PAYMENT OF FEES**

As per the service Parent Handbook, fees are to be paid in advance on the first day of the child's weekly attendance.

Weekly fees are payable directly to the service via direct debt (*please allow 3 days for transfer*),

Card (*all credit cards have a 2.85 surcharge, nil on Debit*), cheque or cash.

I understand that fees must be paid once invoiced with the stated due date, that my child's place at the service 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.

### **COSTS OF DEBT RECOVERY**

I understand and agree that I am liable for any recovery costs including administration fees, debt recovery fees, solicitors Fees and disbursements incurred by Hunter Christian OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payments 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.



**DISCLAIMER / INFORMED CONSENT**

**I hereby acknowledge that:**

I have read and understand the service procedures contained in the enrolment record and policy manual which forms part of this agreement (at which may be changed by notice from time to time by the service at its sole discretion) – (Policies and Procedures)

The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/ren.

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 true and correct

I will inform the service 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/ren the service 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 service (information)

I am completely responsible for the accuracy of the information and my compliance with the Policies and Procedures

I am completely responsible for the suitability and actions of any person/ person's whom I authorise to visit, deliver, and or collect my child/ ren to and from the service or any other place (Other Person/s).

I must inform any Other Persons / about the Policies and Procedures and they must strictly comply with them also.

Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I will indemnify the service its employees of any of its authorised persons from any loss, damage, claim, costs or expense of any nature whatsoever incurred by my child/ren, by me or any third party in connection with any act or omission by me and or us and or Other Persons failing to comply with any Policies and Procedures and or due to the inaccuracy of the information and or the acts or omissions of the Other Persons.

**DECLARATION**

*I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate*

**PARENTS / GUARDIANS FULL NAME: (please print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_