

REMEMBER TO FOLLOW US ON FACEBOOK!

-  Active OOSH Cameron Park
-  Active OOSH Rathmines
-  Active OOSH Abermain

# ACTIVE OOSH ENROLMENT FORM



*The information on this form is compulsory with Regulation (160-162). 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. You must complete a separate form for each child you are enrolling.*

## CHILD'S DETAILS

Child's full name	Sex	DOB
Address	School	
	CRN	
Country of birth	Religion	

## PARENT/GUARDIAN 1 DETAILS (CLAIMING CCS)

Full name	Sex	DOB
Address	CRN	
	Contact number	
Relationship to child	Australian resident	YES <input type="checkbox"/> NO <input type="checkbox"/>
Email address (mandatory)	Work number	
Employer	Cultural background	

## PARENT/GUARDIAN 2 DETAILS

Full name	Sex	DOB
Address	CRN	
	Contact number	
Relationship to child	Australian resident	YES <input type="checkbox"/> NO <input type="checkbox"/>
Email address (mandatory)	Work number	
Employer	Cultural background	

## BOOKING REQUESTS

	Monday	Tuesday	Wednesday	Thursday	Friday	Casual only
BSC (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASC (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Care (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's start date						



### DOCTOR OR MEDICAL CENTRE INFORMATION

Is your child immunised?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medicare number	
Doctor or medical service name			Contact number	
Address				
Does your child have any medical conditions? E.g. Asthma, anaphylaxis, diabetes, allergies, or additional needs diagnosis?	Please state type of condition:			
Does your child require regular medication?	Please state the prescribed medication:			
Does your child have any dietary restrictions?				
If your family a member of a private health fund?	Please state the fund and number:			

SERVICE USE ONLY	YES/NO	EDUCATOR SIGNATURE
Has a medical management plan been received from the Dr?		
Have all three medical documentation been returned?		
Has this child's medical condition been recorded in the medical folders, individual folder, and lanyard?		
Has all medication kept on site been labelled correctly?		
Has the medication record sheet been completed?		

### LEGAL INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child? If yes, please provide a copy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTE: The service cannot enforce custody issues without a copy of the relevant court order being provided.		

### EMERGENCY CONTACTS

I hereby authorise the educators of the service to contact the following people, if I cannot be contacted, in the case of an emergency.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I hereby authorise the service to contact the following people, if I cannot be contacted, in the case of the need to consent to medical treatment of my child or to authorise administration of medication to my child.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I hereby authorise the following people, to authorise an educator to make decisions regarding the care and wellbeing of my child. (e.g.) Permission to attend a change of venue for an excursion.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I hereby authorise the service educators to allow the following people to collect my child.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Authorised person full name	Address	Contact number	Relationship to child



**AUTHORISATION AND APPROVAL (PERMISSION)**

<p><b>PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY</b> - That in the case of accident or emergency resulting in the need for immediate medical attention, I consent to the service seeking urgent medical, dental or ambulance transport to hospital in the event of my child being injured or becoming ill whilst at the service.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY</b> - That in the case of accident or emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>ADMINISTRATION OF ASTHMA RELIEVER FROM ASTHMA EMERGENCY ASTHMA KIT</b> - I authorise that if my child suffers an emergency asthma attack or displays severe difficulty breathing whilst at the service, first aid procedures will be administered immediately. A staff member with current First Aid qualifications may administer reliever medication from the Asthma Emergency Kit adhering to the specific procedures.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY</b> - I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age and weight in the event of my child experiencing a temperature higher than 38.5°C and if any other measures to reduce their temperature have not been successful.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>ADMINISTRATION EMERGENCY TREATMENT FOR ALLERGIES OR ANAPHYLAXIS</b> - I agree that if my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, the Nominated Supervisor will immediately call an ambulance and a staff member with current Anaphylaxis Management training will follow the recommended treatment from the ambulance staff. This may involve administering an adrenaline auto-injector such as an EpiPen from the service's Emergency First Aid Kit.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>PERMISSION FOR THE APPLICATION OF SUNSCREEN</b> I hereby give permission for educators to apply sunscreen to my child before outdoor activities.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN</b> - I hereby consent to my child being photographed/ videoed while they are at the service or on an excursion. The service takes photographs/videos of the children, including:</p> <ul style="list-style-type: none"> <li>• Providing visual documentation for families to see what their child does throughout the day,</li> <li>• To assist with evaluations of the program,</li> <li>• To use as part of promotion and publicity for the service.</li> </ul>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>PERMISSION TO PARTICIPATE IN THE FOLLOWING EVENTS/CELEBRATIONS/TRANSPORT</b></p> <ul style="list-style-type: none"> <li>• I give permission for my child to participate in celebrations at the service such as Christmas, Easter &amp; birthdays.</li> <li>• I give permission for my child to travel on the OOSH insured owned buses, OOSH privately insured vehicle or a hired bus purchased by the OOSH for the purpose of transporting my child to and from school and any excursions carried out by the OOSH during NSW school holiday periods.</li> </ul>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE</b> - I agree to sign my child in and out using XPLORE on arrival and departure each day they attend the service.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>CHILD ABSENCE</b> - I agree to notify the service if my child is absent on a day that they are booked in. (24 hours' notice is required to have the fee removed from your weekly invoice).</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I have read and understood the information in this enrolment application. I understand that my child's enrolment at Active OOSH depends on my acceptance of the Policies and Procedures, a copy of which I have access to on request.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I understand it is my responsibility to keep the service informed with all relevant information including, but not limited to, personal information such as:</p> <ol style="list-style-type: none"> <li>a. Emergency contact details</li> <li>b. Medical conditions and diagnosis</li> <li>c. Medical management risk minimisation plans</li> <li>d. Change in family structures (Court Orders/parenting plans)</li> </ol>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

### ADDITIONAL INFORMATION ABOUT YOUR CHILD

Is there anything else our educators should know about your child? (e.g. Cultural or religious request, interests, dislikes, fears)	
What are some of your child's favourite foods?	
Does your family have any activity or resource suggestions?	

#### **PAYMENT OF FEES**

1. **NOTICE OF DISCONTINUATION OF ATTENDANCE** - When you decide to discontinue and terminate your child's care at the service you are required to provide two weeks written notice to the nominated supervisor.
2. **SERVICE CLOSURE** - No fee is charged while the service is closed over the Christmas or public holiday periods.
3. **LATE FEE** - Should children be present after the closing time, a late fee of \$10.00 per 5 minutes will apply.
4. **PAYMENT OF FEES** - As per the services Parent Handbook, weekly fees are payable to the service by bank transfer or cash payment at the service. I understand that fees must be paid once invoiced by the stated due date and that my child's place at the service may be terminated if fees are not up to date.
5. **COSTS OF DEBT RECOVERY** – I agree that I am liable for any recovery costs including administrative fees, debt recovery fees, solicitor fees and disbursements incurred by Active OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment. 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.

#### **DISCLAIMER/INFORMED CONSENT**

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures always.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record.
- When caring for my child/children 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.
- I am responsible for the accuracy of the information and my compliance with the Policies & Procedures.
- I am 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 service or any other place
- I must first inform any other person/s about the Policies & Procedures and that they must strictly comply with them.

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	
Parent and/or Guardian's signature	
Date	