



LIWARA CATHOLIC OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM 2019

Child 1

Surname: First Name: Middle Name:

DOB: M / F:

Child CRN: Medicare no:

Is your child of Aboriginal/Torres Strait Islander descent? YES NO

What is your child's country of birth?

Languages spoken (other than English):

Does your child suffer from anaphylaxis? YES NO

If yes, please provide relevant details including your child's allergy, side effects, treatment and action plan -

.....
.....

Does your child have any allergies, medical or other conditions? YES NO

If yes, please provide relevant details below including your child's allergy and action plan -

.....
.....

Does your child have a diagnosed disability, special or additional needs (including dietary)? YES NO

If yes, please provide relevant details below -

.....
.....

Child 2

Surname: First Name: Middle Name:

DOB: M / F:

Child CRN: Medicare no:

Is your child of Aboriginal/Torres Strait Islander descent? YES NO

What is your child's country of birth?

Languages spoken (other than English):

Does your child suffer from anaphylaxis? YES NO

If yes, please provide relevant details including your child's allergy, side effects, treatment and action plan -

.....
.....

Child 2 (continued)

Does your child have any allergies, medical or other conditions? YES NO

If yes, please provide relevant details below including your child's allergy and action plan -

.....
.....

Does your child have a diagnosed disability, special or additional needs (including dietary)? YES NO

If yes, please provide relevant details below -

.....
.....

Child 3

Surname:First Name:Middle Name:

DOB: M / F:

Child CRN: Medicare no:

Is your child of Aboriginal/Torres Strait Islander descent? YES NO

What is your child's country of birth?

Languages spoken (other than English):

Does your child suffer from anaphylaxis? YES NO

If yes, please provide relevant details including your child's allergy, side effects, treatment and action plan -

.....
.....

Does your child have any allergies, medical or other conditions? YES NO

If yes, please provide relevant details below including your child's allergy and action plan -

.....
.....

Does your child have a diagnosed disability, special or additional needs (including dietary)? YES NO

If yes, please provide relevant details below -

.....
.....

Medical Practitioner

Medical Practitioner's Name:

.....

Address:

Telephone no:

We regret we are unable to care for sick children, or children with a contagious illness. In such an event if we are unable to contact you or your emergency contacts having due regard to the wellbeing of your child we may deem it necessary to call an ambulance.

BOOKING INFORMATION

Permanent bookings are preferred to ensure adequate staffing can be arranged to remain within the child to educator ratios. Please note that any CASUAL booking made with less than 1 WEEK'S notice will be charged an extra **20%** of the session fee for each extra day each child is booked and 1 WEEK'S notice is required to cancel any care days or you will be charged for that day. Session fees will be charged if your child is unwell and absent from care without the required notice.

Please indicate below the sessions your child will be attending the centre each week.

Child's Classroom/Grade: _____

BEFORE SCHOOL CARE				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AFTER SCHOOL CARE				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
VACATION CARE a separate Booking Form is required				

Parent/Guardian Information:

Parent/Guardian (CWA holder)	Parent/Guardian
Name:	Name:
DOB:	DOB:
CRN:	CRN:
Address:	Address:
P/C:	P/C:
Phone:	Phone:
Mob:	Mob:
Email:	Email:
Occupation:	Occupation:
Place of Work:	Place of Work:
Phone:	Phone:
Country of Birth:	Country of Birth:
Languages Spoken:	Languages Spoken:
Cultural Considerations:	Cultural Considerations:

Custody Arrangements:

Are there any court orders, parenting orders or parenting plans in place for your child?

NO YES (if yes please attach documentation)

Please provide further details:

.....

.....

Authorised Nominee and Emergency Contacts (other than parents)

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD; THEY ARE ALSO AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE IN THE CASE OF AN EMERGENCY; PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY and AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:	PERSONS TO BE CONTACTED IN CASE OF EMERGENCY and AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:

PERSONS AUTHORISED TO COLLECT YOUR CHILD FROM THE CENTRE (other than parents)

PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:	PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:
PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:	PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:

Permissions

I give my permission for:

1. my child to participate in all activities offered in the education and care service.
I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity.
 YES NO
2. my child being observed by educators for programming purposes.
 YES NO
3. my child's photograph, to be taken or recorded at the service for use within the service and school in accordance with your signed Liwara Catholic Primary School's Publicity and Use of Student Images Agreement.
4. YES NO

Privacy Statement and Registration Agreement

Liwara Catholic Outside School Hours Care service - located at 5 Tuart Rd, Greenwood - maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure. Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care and Child Care Subsidy laws.

1. I have received and read the Family Information Booklet and I understand any updates to policy will be displayed in the centre and on the school website.
2. I understand that I need to comply with all Government requirements in relation to the Centre and its service.
3. I will advise the Centre as soon as practicable of any updates to my circumstances.
4. I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred.
5. I understand that it is my responsibility to complete a 'Complying Written Agreement' (CWA) and apply for the Child Care Subsidy.
6. I agree to sign and accept the Terms & Conditions of the Direct Debit Request - Authorisation Form.
7. I agree to pay my fees two weeks in advance as determined by the 'Payment of Fees Policy'.
8. I am aware that any failure to pay fees may result in cancellation of my child's place at the centre.
9. I am aware that fees will be reviewed annually and I will receive a minimum of two (2) weeks' notice of any changes being made.
10. I am aware that seven (7) days' notice in writing of cancellation of care must be given in advance for all bookings.
11. I agree that I am responsible for fees if my child is unwell and absent from care without the required (7) days' notice.
12. I am aware that the centre opens at 7am and children cannot attend the centre or be signed in before that time.
13. I agree to pay the late collection fee of \$5 per 5 minutes per child if my child is picked up from the centre after 6pm.
14. I am aware that my child will be excluded from care at the centre if they have a communicable or infectious disease.
15. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met.
16. I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by centre staff.
17. The Centre reserves the right to cancel care if it considers doing so would be in the best interest of the Centre. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed at the conclusion of care at the centre.

Declaration

I hereby declare that all the information given is accurate.

I have read the Permissions, Privacy Statement & Registration agreement and agree to adhere to the above conditions and policies.

Signature of Parent/Guardian (CWA holder) _____

Date: _____

Information to help us plan for your child

We believe that it is important for parents and guardians to contribute towards program development. To do this, we ask you to complete the following questions. All comments and information about your child are valued and appreciated. We will use them to help us tailor our program to your child's interests and needs.

Child 1

Child's name _____

My child likes to _____

My child's favourite outdoor activities include _____

My child's favourite indoor activities include _____

My child doesn't like to eat _____

My child loves to eat _____

Any other comments _____

Child 2

Child's name _____

My child likes to _____

My child's favourite outdoor activities include _____

My child's favourite indoor activities include _____

My child doesn't like to eat _____

My child loves to eat _____

Any other comments _____

Child 3

Child's name _____

My child likes to _____

My child's favourite outdoor activities include _____

My child's favourite indoor activities include _____

My child doesn't like to eat _____

My child loves to eat _____

Any other comments _____
