

Liwara Catholic Outside School Hours Care ENROLMENT FORM 2019

Child's Information:

Surname: First Names:

Address: Post Code:

Phone: DOB: M / F:

Child CRN: Number order of child on CCB form

Do you claim CCB for your child at another service?
 YES (if yes please add details below eg service name) NO

Does your child have any siblings who attend other services that also claim CCB?
 YES (if yes please supply details below) NO

Cultural considerations:

Country of birth: Languages spoken:

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

If yes, please provide further information and an action plan:

.....

Does your child have any other additional needs (including dietary needs)?
.....
.....

Birth Certificate sighted: Immunisation (up to date details sighted):

Child's Medical Practitioner

Name:

Address:

Telephone no: Medicare no:

We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts we may deem it necessary to call an ambulance

Bookings Request

Start Date: School Attending

Classroom/Year Level..... Teachers Name.....

Care type; Regular booking

Casual Booking

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Before School | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| After School | | | | | |

Parent/Guardian Information:

| Parent/Guardian (Account Holder) | Parent/Guardian |
|-----------------------------------------------|-----------------------------------------------|
| Name: | Name: |
| DOB: | DOB: |
| CRN: | CRN: |
| Address: | Address: |
| P/C: | P/C: |
| Phone: | Phone: |
| Mob: | Mob: |
| Email: | Email: |
| Place of Work: | Place of Work: |
| Address: | Address: |
| Phone: | Phone: |
| Country of Birth: | Country of Birth: |
| Languages Spoken: | Languages Spoken: |
| Cultural Considerations: | Cultural Considerations: |
| Care required for (work/study/respite/other): | Care required for (work/study/respite/other): |

Custody Arrangements:

Are there any of the follow court orders in place for your child? If Yes, please tick the orders that are in place and provide service with a copy of the order.

- Parenting Plans YES NO
- Residence YES NO
- Access to People YES NO
- Contact with Parent YES NO

Authorised Persons to Collect Child from Service

PERSONS WHO HAVE PERMISSION TO COLLECT MY CHILD FROM THE SERVICE MUST BE 18 YEARS OF AGE. THEY WILL BE REQUIRED TO SHOW PHOTO IDENTIFICATION (DRIVERS LICENSE) WHEN COLLECTING CHILD. CHILD WILL NOT BE RELEASED IF THERE IS NO PHOTO IDENTIFICATION OF PERON COLLECTING CHILD. CHILD WILL NOT BE RELEASED TO AN INTOXICATED PERSON.

- Collect Child from Service YES NO
- Excursion Permission YES NO

| Authorised person to deliver / collect child: | Authorised person to deliver / collect child: |
|-----------------------------------------------|-----------------------------------------------|
| Name: | Name: |
| Home Phone: | Home Phone: |
| Work Phone: | Work Phone: |
| Mobile: | Mobile: |
| Relationship to your child: | Relationship to your child: |

Authorised Emergency Contacts

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO:

- Medical Treatment YES NO
- Administration of Medication YES NO
- Ambulance to be Called YES NO
- Educator to Accompany child in Ambulance (if required) YES NO
- Excursion Permission YES NO
- Collect child from Service YES NO

AUTHORISED EMERGENCY PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

| Emergency Contact: | Emergency Contact: |
|-----------------------------|-----------------------------|
| Name: | Name: |
| Address: | Address: |
| Home Phone: | Home Phone: |
| Work Phone: | Work Phone: |
| Mobile: | Mobile: |
| Relationship to your child: | Relationship to your child: |

Privacy Statement

Liwara Catholic Outside School Hours Care service, located in Liwara Catholic Primary School, 5 Tuart Rd GREENWOOD WA 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 Benefit laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent / Guardian Name: Date:

Signature:

Registration & Permissions Agreement

1. I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board or in the service newsletter.
2. I understand that I need to comply with all Government requirements in relation to the service.
3. I will advise the service as soon as practicable of any updates to my circumstances.
4. I agree that in the case of accident or injury, the service will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the service, 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 fulfil any obligations required to receive Child Care Benefit (CCB).
6. I agree to pay my fees two weeks in advance as determined by the fee payment policy.
7. I am aware that any failure to pay fees may result in cancellation of my child's place at the service.
8. 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.
9. I am aware that seven (7) days' notice in writing of cancellation of care must be given in advance for all full time bookings. I understand that I must pay fees for any booked days that I have not cancelled at least 24 hours in advance for any casual bookings.
10. I am aware that I must pay for any days my child is sick or absent from care.
11. I understand that a system of payment for late collection operates at the service and that I am responsible for the payment of any fees incurred.
12. I am aware that my child will be excluded from care at the service if they have a communicable or infectious disease. I understand that my child will be accepted back into the service once the exclusion guidelines have been met.
13. I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by service staff.
14. I have presented the service with a copy of my child's current immunisation details and birth certificate.
15. I have read and understand the Privacy Statement.
16. The Service reserves the right to cancel care if it considers doing so would be in the best interest of the Service. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed up conclusion of care at the centre.

I give my permission for:

- 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**
- my child being observed by educators for programming purposes. **YES** **NO**
- 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. **YES** **NO**

I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name: Date:

Signature:

Witness Name: Date:

Signature:

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 _____