



# Liwara Catholic Outside School Hours Care Enrolment Form 2021

**Child's Information:**

Surname: ..... First Name: .....

Address: ..... Post Code: .....

Phone: ..... DOB: ..... M / F: .....

Child CRN: .....

Cultural background: .....

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 attached.

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

.....

.....

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

Please attach copied documents and keep on file.

**Bookings Request:**

All permanent bookings require 1 weeks' notice to cancel care.

Start Date: ..... School Attending .....

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

Care type: Regular booking                       Casual Booking

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School</b>					

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>After School</b>					

**Parent/Guardian Information:**

The details of each known parent must be provided (National regulations 102,106-162)

Parent/Guardian (Person responsible for the account)	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/Study:	Place of Work/Study:
Address:	Address:
P/C:	P/C:
Work Phone:	Work Phone:
Country of Birth:	Country of Birth:
Languages Spoken:	Languages Spoken:
Cultural Considerations:	Cultural Considerations:
Care required for (work/study/respice/other):	Care required for (work/study/respice/other):
Talents/Hobbies that can be shared with children:	Talents/Hobbies that can be shared with children:

**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

**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

**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.**

**Contact One**

Collect Child from Service

YES  NO

<b>Authorised person to deliver / collect child:</b>	
Name:	
Home Phone:	
Work Phone:	
Mobile:	
Relationship to your child:	

**Contact Two**

Collect Child from Service

YES  NO

<b>Authorised person to deliver / collect child:</b>	
Name:	
Home Phone:	
Work Phone:	
Mobile:	
Relationship to your child:	

## Authorised Emergency Contacts

*In case of an emergency, Liwara Catholic Outside School Hours Care will contact the parents/guardian initially. If they are unable to be contacted immediately, we will contact the following people in the order that they are listed.*

Contact One: Authorised Emergency Contacts
Name:
Home Phone:
Work Phone:
Mobile:
Relationship to your child:

**Please tick each box that you give emergency contact to authorise.**

- 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.**

Contact Two: Authorised Emergency Contacts
Name:
Home Phone:
Work Phone:
Mobile:
Relationship to your child:

**Please tick each box that you give emergency contact to authorise.**

- 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

## Permissions:

I give my permission for: (Please circle YES or NO)

- 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 and students for programming purposes. **YES/ NO**
- 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 them to seek medical treatment for my child. **YES/ NO**
- If they deem it necessary, I agree for them to call an ambulance to take my child to hospital and agree to meet any expenses incurred. **YES/ NO**
- Staff are permitted apply sunscreen to my child, if my child has sensitive skin, I will provide their own sunscreen for them to use. **YES/ NO**
- Accounts and correspondence to be sent to me electronically (to the email address provided on this enrolment form). **YES/ NO**
- My child to participate in regular walking journeys between Liwara Catholic Outside School Hours Care and Liwara Catholic Primary. These walking journeys will include but are not limited to regular walking trips within the school grounds, classrooms, pre-primary playground, library, Ahern centre and its outdoor area, the undercover area as well as the oval and basketball/tennis courts. **YES/NO**
- Service staff to take written, video, audio and photograph observations of my child during play and learning experiences. Images of children and their first name may be used in the service's photo album, displays and in children's learning stories. I am aware that group photos may be shared with other enrolled families. I am aware that my child's photograph and first name may be displayed in other enrolled children's observations. **YES/NO**

## Registration Agreement - Please tick all boxes of consent

- I agree to pay my fees through Debit Success and have read and completed the required documentation.
- I agree to provide the service with any medical or allergy details and provide additional documentation to support the services needs with additional conditions.
- I understand that the family information booklet is on the school website and I understand any updates to policy will be displayed on the notice board or in the centre newsletter.
- I understand that I need to comply with all Government requirements in relation to the Centre and its service.
- I will advise the Centre as soon as practicable of any updates to my circumstances.
- I understand that it is my responsibility to fulfil any obligations required to receive Child Care Subsidy (CCS).
- I agree to pay my fees two weeks in advance as determined by the fee payment policy.
- I am aware that any failure to pay fees may result in cancellation of my child's place at the centre.
- 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.
- I am aware that one weeks' notice in writing of cancellation of care for permanent or casual bookings.
- I understand that a system of payment for late collection operates at the centre and that I am responsible for the payment of any fees incurred. Late collection fees apply from 6pm onward, fees include first five minutes of late collection are covered by our booking process. After 5 minutes an additional fee of \$1 per minute will apply for late collection.

- I am aware of the services opening and closing times (7.00am – 6.00pm)
- I am aware that my child will be excluded from care at the centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met.
- 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.
- I have presented the centre with a copy of my child's current immunisation details and birth certificate.
- I have read and understand the Privacy Statement.
- I agree that my child's photograph may be taken or recorded at the service to use within the service and school in accordance with your signed Liwara Catholic Primary School's Publicity and use of Student Images Agreement.
- I agree for my child's photograph to be used at the service and used on media outlets such as seesaw and the schools Facebook page as per Liwara Catholic Primary School's Publicity and use of Student Images Agreement.
- 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 up conclusion of care at the centre.
- I consent to my child to participating in regular walking journeys between Liwara Catholic Outside School Hours Care and Liwara Catholic Primary as part of their enrolment and transportation of children policy. These walking journeys will include but are not limited to regular walking trips within the school grounds, classrooms, pre-primary playground and areas, library, Ahern centre and its outdoor area, the undercover area as well as the oval and basketball/tennis courts.
- Service staff to take written, video, audio and photograph observations of my child during play and learning experiences. Images of children and their first name may be used in the Service's photo album, displays and in children's learning stories. I am aware that group photos may be shared with other enrolled families. I am aware that my child's photograph and first name may be displayed in other enrolled children's observations.

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

Parent/Guardian Name: \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

## Privacy Agreement

Liwara Catholic Outside School Hours Care located at Liwara Catholic Primary School, 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 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 childcare and Child Care Subsidy 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 (1) Name: ..... Date: .....

Signature of Parent/Guardian (1): .....

Parent / Guardian (2) Name: ..... Date: .....

Signature of Parent/Guardian (2): .....

Daily Schedule of Fees

For the 2020/2021 Financial Year

(Effective. 1/7/2019)

**Liwara Catholic Outside School Hours Care**

Service Type	Normal Session Period	Rate	Casual Rate
Before School Care	7:00am – 8:30am	\$20	\$24
After School Care	2:50pm - 6:00pm	\$30	\$36
Vacation Care	7:00am – 6:00pm	\$75	\$90

Booking with less than 1 weeks' notice will incur a 20% Casual loading fee for all service booking Types.

The actual costs incurred by parents/guardians are decreased by any Child Care Subsidy to which your family is entitled (calculated based on hours worked, family income, daily fees incurred and hours of sessional child care per day). Because your Child Care Subsidy is paid directly to Liwara Catholic Outside School Hours Care for ease of administration you should be charged only the net amount of fees incurred. Estimate your Child Care Subsidy by using the calculator at [www.education.gov.au/sites/education/files/sch/index.html](http://www.education.gov.au/sites/education/files/sch/index.html)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_



This information is to be read in conjunction with the Service Agreement and the Fee Schedule FY 2019/2020 which together, form the **Compliant Written Agreement** consistent with the guidelines for Child Care Subsidy.

**Childcare Provider:**

Company: Liwara Catholic Outside School Hours Care

Phone: 0477994123

Email: oshc.liwara@cewa.edu.au

Address: Liwara Catholic Outside School Hours Care,  
Liwara Catholic Primary School,  
5 Tuart Rd,  
GREENWOOD WA 6024

Website: www.liwara.wa.edu.au

ABN: 74251035875

Service ID: SE-00012876

**myGov:**

Have you obtained a myGov account (please circle) Yes/No

Have you completed a Child Care Subsidy Assessment (please circle) Yes/No

**Type of Care**

What type of care are you seeking (please circle)

a) Before School Care

b) After School Care

c) Casual care only

d) Vacation Care

**Dates of Care**

Planned date that care will commence: \_\_\_\_\_

Planned date that care will cease (if known): \_\_\_\_\_

**Care Schedule and Sessions:**

Please circle your routine care days. A Session for Before School Care is 1.5 hours and After School Care is 3.10 hours.

Type of Care and Opening Hours	Day of the Week				
Before School Care 7am – 8.30am	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care 2.50pm – 6.00pm	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care 7.00am – 6.00pm	Monday	Tuesday	Wednesday	Thursday	Friday



## LIWARA CATHOLIC OUTSIDE SCHOOL HOURS CARE (OSHC) AUTHORISATION FOR REGULAR TRANSPORTATION – To and From Classrooms

Regular transportation has been defined by Liwara Catholic Outside School Hours Care: *whereby children will participate in regular walking journeys between Liwara Catholic Outside School Hours Care Centre (within the gated grounds of Liwara Catholic Primary School) to classrooms (within the grounds of Liwara Catholic Primary School), as well as regular walking trips within the school grounds. This is included but not limited to the children's classrooms and OSHC licensed areas that include - Pre-Primary playgrounds, Library, Ahern Centre and outdoor area, undercover area, school oval and basketball/tennis courts.*

CHILD'S NAME		<b>From Valid from 1<sup>st</sup> October 2020 – 30<sup>th</sup> September 2021</b>
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DESCRIPTION	<p><b>From OSHC - Before School Care:</b> OSHC Educator's will walk children in Pre-Kindy, Kindy and Pre-Primary to classrooms and wait until the doors are open each morning. Children in Year 1 – 6 will walk themselves to their classrooms.</p> <p><b>From Classrooms - After School Care:</b> Children in Pre-Kindy, Kindy and Pre-Primary will be escorted from their classroom and walked to the OSHC Service by classroom staff. Children in Year 1 – 6 will walk themselves from their classrooms to OSHC.</p> <p><b>Children will be accompanied by OSHC staff to and from additional play areas such as Pre-Primary playground, Library, Ahern Centre and outdoor area, undercover area, school oval and basketball/Tennis courts as part of their programmed activities.</b></p>
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Day	Reason for transportation	Pick up location and destination	Approximate time and duration of transportation	Method of transport	Duration of transport	Number of children	Supervising staff, educators or other adults
MON	School drop off	Service to School Service is located within the School grounds 5 Tuart Rd Greenwood	8:25am Years 1- 6 8:30am Pre-Primary 8:40am Pre-Kindy 8:40am-Kindy	Walking	3-5 minutes	30-40	3-4
TUES							
WED							
THUR							
FRI							
MON	Transfer from school to service	School to Service Service is located within the School grounds 5 Tuart Rd Greenwood	2:45-3:00pm Pre-Kindy 2:45-3:00pm Kindy 3:05pm Pre-Primary 3:00pm Years 1- 6	Walking	3-10 minutes	30-65	3-7
TUES							
WED							
THUR							
FRI							

Any medical or medication requirements for child/ren. Yes/No: (if yes please attach a copy of the child's Medical Action Plan)	Has your medical Action Plan been attached Yes/No:
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**Parent/Guardian:**  
I hereby give my consent for staff at Liwara Catholic Outside School Hours Care to provide regular transportation as detailed above for 12 months, effective from the date of this authorisation. In an emergency, I authorise the service to seek necessary medical assistance from a medical practitioner or hospital including transportation by ambulance if required.

Parent/Guardian	Name		Signature		Date	
Contact phone number	Mobile		Home		Work	

Education and Care National Regulations 2011 - Regulations 102B requires a transport risk assessment to be conducted before our service transports any child. Regulation 102D requires our service to receive written authorisation to transport children. Our service has completed a risk assessment to identify and assess any risks that the transportation of a child may pose to the safety, health, and wellbeing of the child. This has been authorised by the Approved Provider and is available to sight at our service. Policies and procedures for transporting children have been updated accordingly and are available to view. Regular transportation means the transportation by the service or arranged by the service of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported. An authorisation is only required once in a 12-month period.

### 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.

My child's name \_\_\_\_\_

My child likes to -

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My child's favourite outdoor activities include -

---

---

---

My child's favourite indoor activities include -

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My child loves to eat -

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---

My child would prefer not to eat -

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Any other comments

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