

Hamilton South Before and After School Care Centre Inc. 2025 Enrolment Form



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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 and complete a separate form for each child you are enrolling.** Hamilton South Before and After School Care Centre Inc. values the privacy of every individual's personal and health information and is committed to protecting the information it holds and uses about all individuals. Please refer to the services confidentiality of records policy.

SECTION 1: CHILD'S DETAILS

Child's Full Name: _____

Gender: Female Male Unspecified *Please circle or underline*

Child's CRN: _____

Address of Child: _____

Date of Birth: ____/____/____

Country of Birth: _____

Child's Nationality: _____

Languages Spoken by Child: _____

Families Religion: _____

Days you wish your child to attend our service (Please circle)

Before School Care: Monday Tuesday Wednesday Thursday Friday Or Casual

After School Care: Monday Tuesday Wednesday Thursday Friday Or Casual

Your child's start date will be from the first day of Term 1. If you choose to delay your child's start, fees will still be payable

SECTION 2: PARENT/GUARDIAN DETAILS

Parent/Guardian 1 Name: _____

Relationship to Child: _____

Address: _____

Mobile Phone Number: _____ D.O.B: _____

Are you an Australian Resident: Yes No *Please circle or underline*

Country of Birth: _____

Language/s Spoken at Home: _____

Occupation: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Employment Status: Fulltime Part-Time Casual Other *Please circle or underline*

Email Address: _____

CRN: _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Address: _____

Mobile Phone Number: _____ D.O.B: _____

Are you an Australian Resident: Yes No *Please circle or underline*

Country of Birth: _____

Language/s Spoken at Home: _____

Occupation: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Employment Status: Fulltime Part-Time Casual Other *Please circle or underline*

Email Address: _____

CRN: _____

SECTION 3: CHILD CARE SUBSIDY

Will you be claiming the Child Care Subsidy (CCS)? Yes No *Please circle or underline*

Name of person claiming: _____

Customer Reference Number (CRN): _____

Date of Birth: __/__/__

Please contact Services Australia to advise them that your child is enrolled at Hamilton South OOSH.

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your Child?

Yes No *Please circle or underline* If Yes, please provide details: _____

*Note: The service cannot enforce custody issues without a copy of the relevant Court Order being provided.
Please discuss any custody issues with the Nominated Supervisor on duty or the Director.*

SECTION 5: EMERGENCY CONTACTS

I hereby authorise the staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency.

Please supply at least two names, other than the child's parents/guardians

NAME	MOBILE	ADDRESS	WORK PHONE	RELATIONSHIP TO CHILD

Note: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, relating to your child or the service, and asked to collect your child when you can't be contacted.

Medical Treatment and Administration of Medication

I hereby authorise the staff of Hamilton South OOSH to contact the following people, if I cannot be contacted, in the case of the need to consent to medical treatment of my child from a registered medical practitioner, hospital, ambulance service and transportation of the child by ambulance service or to authorise administration of medication to the child. *Please supply at least two names other than the child's parents/guardians.*

NAME	MOBILE	ADDRESS	WORK PHONE	RELATIONSHIP TO CHILD

Note: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, relating to your child or the service, and asked to collect your child when you can't be contacted.

Care and Wellbeing of my child:

I hereby authorise the following people, to authorise an Educator to make decisions regarding the care and wellbeing of my child. For example: Permission to leave the centre due to an emergency. Hamilton South OOSH will not transport your child for any reason other than emergencies.

NAME	MOBILE	ADDRESS	WORK PHONE	RELATIONSHIP TO CHILD

Note: It is important that you inform the above people that you have included them as authorised people for the care and wellbeing of your child, as they may be contacted to provide this authorisation.

Authority to Collect Your Child From the Service

I hereby authorise the service staff to allow the following people to collect my child from the centre.

NAME	MOBILE	ADDRESS	WORK PHONE	RELATIONSHIP TO CHILD

Note: It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of who they are. Only those people to who you give authority will be permitted to collect your child from the service.

SECTION 6: MEDICAL INFORMATION

Family Doctor's Name: _____

Family Doctor's Address:

Contact Number:

Does your child have any medical conditions? For example: Asthma, Anaphylaxis, Diabetes, Allergies, Additional Needs, Other

Yes No *Please circle or underline*

If Yes, please provide details, including a copy of a medical management plan prepared by the child's doctor. You will also need to complete a Medical Risk Minimisation Plan for our centre before we can accept your child in to care.

Medical Management Plan Attached: Yes No *Please circle or underline*

Medical Risk Minimisation Plan Attached: Yes No *Please circle or underline*

Does your child require regular medication? Yes No *Please circle or underline*

If Yes, please provide Details: _____

Medical Conditions/Additional Needs

Does your child have a medical condition or additional needs and require additional assistance to meet their needs? Yes No *Please circle or underline*

If Yes, please provide details of the condition/needs they require assistance with:

Please circle or underline

Please circle or underline

Please circle or underline

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2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY

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

3. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff at Hamilton South OOSH to provide sunscreen to my child. Staff at Hamilton South OOSH will not apply the sunscreen to your child unless requested by the child's parent/guardian.

Note: Sunscreen must be worn by your child at Hamilton South OOSH when the U.V Index is 3 or above. If your child is sensitive to the brand of sunscreen used by the centre, you will need to provide your own.

4. PERMISSION FOR PHOTOGRAPHS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the service.

Note: There are a number of reasons the service takes photographs/videos of the children, including:

- a. Providing visual documentation for families to see what their child does throughout the day.*
- b. To assist with evaluations of the program.*
- c. To use as part of promotion and publicity for the service.*

Hamilton South Before and After School Care Centre Inc. WILL NEVER publish or display any photo or video of a child outside of the centre without first seeking written permission from the child's parent/guardian and the child themselves. The parent/guardian and the child will at all times be shown the photo or video to be used as part of the permission process.

5. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN FROM THE CENTRE

I agree to have my child signed in and out on the appropriate documentation (or centre tablet) on arrival and departure each day they attend the service. I also agree that as the child's parent/guardian that it my responsibility to sign my child in on arrival and sign them out on departure.

6. Netflix and Movie Ratings

I hereby agree to allow my child to watch Netflix and/or other possible streaming services as well as DVD's with a rating of "G" and "PG".

7. CHILD ABSENCE

I hereby agree to notify the centre if my child is absent on a day they are booked in. I will be charged a Non-Contact Fee of \$20 if I do not notify the centre in advance.

Note: The centre will record the amount of allowable and approved absences your child is entitled to under the Child Care Subsidy legislation.

SECTION 9: PAYMENT OF FEES

PAYMENT METHOD: Fees are to be paid via direct transfer only.

1. ANNUAL REGISTRATION FEE

Hamilton South Before and After School Care Centre Inc. will charge each family an annual registration fee of \$100 per family. This registration fee needs to be paid in full prior to your child commencing care with our centre. If the fee remains unpaid after two week from commencement then your enrolment at Hamilton

South Before and After School Care Centre Inc. will be cancelled. Any new family joining our centre during the year will also be subject to the \$100 annual registration fee.

2. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue or terminate your child care places at the centre you are required to provide two (2) weeks written notice to the Nominated Supervisor on Duty or the centre Director. You will be required to pay two weeks fees as part of our cancellation notice period.

3. ABSENCES FROM THE CENTRE

Fees are payable for family holidays and sick periods if those days fall on a day that your child is booked in to the service, unless the Nominated Supervisor on duty or the Director are provided with two weeks written notice. If the centre is provided two weeks notice will can cancel up to two weeks fees. After two weeks of fee free absences, fees will need to be paid to secure your places for the future.

4. SERVICE CLOSURE

No fees are charged while the centre is closed over school holiday periods.

5. LATE FEES

Hamilton South Before and After School Care Centre Inc. is open from 7:00am to 9:00am for Before School Care and 2:55pm to 6:00pm for After School Care. Staff are unable to accept any child in to care outside of these hours. Should a child be present at the centre after the 6:00pm closing time, a late fee of \$20 per 15 minutes or any part thereof will apply. There will be no waiver of this late fee policy.

6. PAYMENT OF FEES

Fees are to be paid on the issue of the weekly statement/invoice. I understand that fees must be paid once invoiced and if not paid, that my child's place at the centre may be terminated if fees are not up to date. I understand that I may be liable for any costs incurred in the recovery of outstanding fees.

7. COSTS OF DEBT RECOVERY

I expressly agree that I am liable for any recovery costs including administrative fees, debt recovery fees, solicitor fees and disbursements incurred by Hamilton South Before and After School Care Centre Inc. as a result of my failure to pay the fees and charges for the services provided within the strict terms of payment 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.

8. INSERVICE DAYS

I hereby agree that I will be charged \$10 for in-service days as part of my annual centre registration fee

SECTION 10: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

a. I have read and understood the services procedures, conditions and policies contained in this enrolment record and Policies and Procedures, which forms part of this agreement (and which may be changed by

notice from time to time by the centre at its sole discretion).

- b. The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child.
- c. I must strictly comply with the Policies and Procedures at all times.
- d. The information provided in this enrolment record is, to the best of my knowledge, correct.
- e. I will inform the centre immediately, in writing, if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- f. When caring for my child, the centre 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 centre (information).
- g. I am totally responsible for the accuracy of the information and my compliance with the Policies and Procedures.
- h. I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver and or collect my child to/from the centre or any other place. (Other Persons)
- i. I must first inform any other persons about the Policies and Procedures and they must strictly comply with them.
- j. Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or other applicable law which cannot be excluded, I/we will indemnify the centre, its staff or any of its authorised person(s) from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child, by me or any third party in connection with any act or omission by me and or us and or other person(s) failing to comply with any Policy or Procedure and or due to the inaccuracy of the information and or the acts of omissions of the other person(s).

SECTION 11: MEMBERSHIP

The centre is an Incorporated Association and as such, by enrolling my child at the centre I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at any general meeting held by the service and that I may be nominated (with consent) for a position on the management committee at the Annual General Meeting.

The person I nominate for member representation is: _____

SECTION 12: PHYSICAL CONTACT AT OOSH

While at Hamilton South OOSH there may be times when staff and children may engage in friendly, rough play and games, or play that involves physical contact. There may also be times when children are upset or hurt and would like a small hug or other contact that would help them to calm or soothe them. For example: hair brushing, face touching or tickling.

To ensure staff at Hamilton South OOSH continue to provide quality care for your child please acknowledge that you are aware that there is physical contact between staff and children at Hamilton South OOSH by signing below.

Please know that there is no contact at Hamilton South OOSH until a rapport has been established between

the two parties. It is expected that any contact with your child will depend on their age and whether or not the child actually wants contact. Staff will not initiate contact with your child other than perhaps a hand shake or light touch on the head or shoulder. Also please know, that the way we would behave with your child is exactly the same at any time of the day, regardless of your presence in the room.

By signing this acknowledgement you are not negating your right to comment on behaviour of staff towards your child. In fact, we welcome any ideas or suggestions that our parents/guardians may have regarding all aspects of our centre.

Child's Name:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

SECTION 13: DECLARATION

I hereby declare, that to the best of my knowledge, the information provided by me in this enrolment record is true and accurate.

Parent and/or Guardian's Full Name:

Signature:

Date:

This enrolment record will be signed electronically by the centre's Nominated Supervisor or Director upon receipt.

FAMILY INVOLVEMENT FORM

The staff at Hamilton South OOSH value and respect your ideas and suggestions and welcome these at any time.

We invite you to talk to staff, attend centre meetings or complete our family survey to provide feedback.

We would also like to invite you to come to our centre to share a special skill or interest with us. If you would like to join us for an afternoon or morning session please return the form below.

THANK YOU!!!

NAME: _____

☐

Yes, I would like to participate in the OOSH program. My interest/Skills is:

I am available Monday/ Tuesday/ Wednesday/ Thursday/ Friday AM PM

Please circle or underline

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Sorry, due to work commitments I am unable to attend the centre.