

**APPLICATION FOR THE ENROLMENT & MEMBERSHIP OF
BELAIR COMMUNITY OOSH CENTRE INC
2020**

The information provided on this application is for the use of staff / committee members at Belair Community OOSH Centre and will be treated as strictly confidential. Belair OOSH may refuse this enrolment if not completed correctly.

Child Information: Home address:
..... Post code.....

Child 1	First Name		Surname	
Date of Birth			CRN	
Sex			Class 2020	
Has your child received the necessary immunisation for their age ? FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE <input type="checkbox"/>				

Child 2	First Name		Surname	
Date of Birth			CRN	
Sex			Class 2020	
Has your child received the necessary immunisation for their age ? FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE <input type="checkbox"/>				

Child 3	First Name		Surname	
Date of Birth			CRN	
Sex			Class 2020	
Has your child received the necessary immunisation for their age ? FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE <input type="checkbox"/>				

Belair OOSH is an approved childcare centre for CCS. If no CRN's are provided, you will not receive any subsidy.

Association Membership: (Compulsory)

I _____ (Name of parent/ guardian) hereby apply to become a member of the Belair OOSH Centre incorporated association. I agree to be bound by the rules of the association for the time being in force. (Only the member who is listed and signed below will be able to vote on association items and/or make representation on any committee of the association)

Signature of applicant: **Date:**

Parent / Guardian / Partner Information : (One parent is listed with a CRN)

Mother/ Guardian / Partner 1 (Circle One)

Father / Guardian / Partner 2 (Circle One)

Name.....

Name:.....

DOB:..... CRN:.....

DOB:..... CRN:.....

Address.....

Address.....

..... Post code.....

..... Postcode.....

Home phone:

Home phone.....

Work phone:

Work phone.....

Mobile phone.....

Mobile phone.....

Email Address

Weekly invoices are sent by email

Emergency Contacts / Authorised Nominees:

I hereby authorise the staff of the service to contact the following people (**must be 16 years and over**), if all attempts to contact the parents/guardians have failed in the case of an emergency.

These contacts must present photo ID when picking up your child/ren for the first time. Any changes to emergency contacts must be provided in writing as situations arise.

NOTE: It is important that you inform the people below that you have included them as emergency contacts and that they may be contacted in the case of an emergency, involving your child or the service.

Please supply 2 names and contact details other than those listed on the front page.

Emergency Contacts / Authorised Nominees 1			
Name			
Relationship to Child		Work Phone	
Home Phone		Mobile Phone	
Address			
I authorise this nominee to:			
<ul style="list-style-type: none">• Be contacted in the case of an emergency if parents/carers cannot be contacted.• Collect my child/ren from the service and sign them in and out.• Allow an education and care service educator to take my child/ren outside of the service eg vacation care excursions, accompanying a child in an ambulance during an emergency situation.• Give consent to medical treatment or the administration of medication to my child/ren during times of illness or an emergency.			

Emergency Contacts / Authorised Nominees 2			
Name			
Relationship to Child		Work Phone	
Home Phone		Mobile Phone	
Address			
I authorise this nominee to:			
<ul style="list-style-type: none">• Be contacted in the case of an emergency if parents/carers cannot be contacted• Collect my child/ren from the service and sign them in and out.• Allow an education and care service educator to take my child/ren outside of the service eg vacation care excursions, accompanying a child in an ambulance during an emergency situation.• Give consent to medical treatment or the administration of medication to my child/ren during times of illness or an emergency.			

Authority to Collect Your Child from the Service :

Please list here all other persons (16 years & over) authorised to collect children, **including parents/guardians.**

(Only those listed will be able to collect child/ren any changes are to be made in writing)

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

NAME	ADDRESS	MOBILE	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 whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service.

Family Background Information :

In accordance with regulations set by the Department of Education, Employment and Workplace Relations, there are 3 priorities of access categories.

1. A child at risk of serious abuse or neglect.
2. A child of a single parent or two parent families who satisfy the work / training / study requirement.
3. Any other child.

Number 1 & 2 applies to Before & After School Care & Vacation Care. Parents or guardians must be working, studying or training during the session children are in attendance unless vacant positions are available that day through discussion with centre staff.

Please circle **all** related family Status (all information kept by Belair OOSH is strictly confidential)

Two parent family

One parent family

Both parents working

One parent working

Both parents studying / training

One parent studying / training

- What is your family’s cultural background?
(This may assist with our educational programming within the centre).
- Is your child/ren of Aboriginal and/or Torres Strait Islander origin?
 No Yes, **Aboriginal** Yes, **Torres Strait Islander**
- What language do you speak at home?
Do you require an interpreter? **Yes** **No**

Custody Information :

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

Yes No 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 before enrolment.

If appropriate, court orders sighted, copy made Date:

Medical Information:

Family Doctor’s Name: Phone number:

Address:

Is your family a member of a Private Health Fund? Yes No

Name of Private Health Fund:

Private Health Fund number:

Family Medicare number:

Medical Conditions / Additional Needs –

A risk minimisation plan must be completed for all questions answered yes - please see staff for appropriate forms

1. Does your child/ren have **Asthma**

Yes No

If **YES Name of child/ren :**

An Asthma Action Plan prepared by the child’s doctor **& an asthma preventative/relief box labelled clearly must be supplied.**

Additional information regarding asthma. Eg. Seasonal, triggers etc.....

.....
.....

2. Does you child/ren have allergies that can cause **Anaphylaxis** and requires medication & or Epi pen

Yes No

If **YES Name of child/ren :**

Details of cause eg. Specific nuts etc:

.....
.....

If your child requires an Epi pen or medication, **an Action Plan for Anaphylaxis, Epi Pen & or medication** must be supplied & replaced as necessary according to the expiry date.

Epi Pen supplied Yes No Expiry date :

3. Does your child/ren have any physical / sensory impairments that staff need to be aware of?

Yes No *Name* : Brief details.....

.....
If yes, please provide details including supporting documents from a medical practitioner – see staff if needed.

4. Has your child been diagnosed with or currently undergoing assessment for any condition that may require additional support? Eg. ADHD, Autism, Asperger's.

Please provide a copy of any relevant documentation or support plans from a medical practitioner.

Yes No *Name of child/ren* :

Details

5. Does your child require regular medication eg, Ritalin ? Yes No

If **YES** *Name of child/ren* :Please provide details including supporting documents from a medical practitioner

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.....

NOTE: Medication will only be administered in accordance with the services Medication Policy that you will be provided with.

N.B If your child/ren requires medication an “**Administration of Medication**” form will need to be completed. Please see staff for appropriate forms.

6. Does your child have any other allergies, illness, medical conditions or require additional assistance to meet their needs which does not require an Epi Pen? Eg. Bee stings, penicillin, diabetes, nose bleeds, epilepsy, arthritis, eggs etc.

Yes No If **YES** provide details of the condition/needs they require assistance with:

Name of child/ren:.....

Details:

Any **Medical Action Plans**’ must be supplied if provided by a doctor and also a **Risk Minimisation Plan** must be completed for all diagnosed health care needs, allergies or relevant medical conditions answered yes to above questions in this section – please see staff for details.

Individual Information: This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies? Eg Gluten Free or Coeliac Disease

Yes No

If **YES** please provide details Including foods, reactions and Alternatives: (also refer to centre policy Nutrition & food safety & Dealing with medical conditions.) **A Risk Minimisation Plan must also be completed.**

Name of child/ren & details:

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.....
.....
.....

Is there anything else our staff needs to know about your child? E.g. religious requests, interests (crafts, sports or activities), dislike, fears or additional needs.

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.....
.....

Is there any history relating to behavioural concerns regarding your child/ren, including from home, school or any other childcare services. **Yes** **No** if Yes please provide details

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.....
.....

NOTE: Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.

Parent / Guardian Authorisation & Approval (Permission)

1. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY

I hereby authorise the staff to **administer** an age/weight appropriate dose of **paracetamol** (a fever reducing agent) to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.

2. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY

I authorise staff to take my child to a qualified medical personal or hospital to seek the following urgent treatments & I understand that relevant information on this form may be passed onto hospital / medical staff in the event of a accident or emergency. I agree to pay all associated costs for medical attention authorised by staff on my behalf.

- Medical
- Dental
- Hospital
- Ambulance Service and transportation of the child by Ambulance.

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

- In the case of accident or other emergency resulting in the need for immediate medical attention, I give permission for the service to carry out appropriate first aid treatments.
- I give permission for my child/ren to be injected with an Anaphylaxis Epi Pen in the case of an emergency due to an unforeseen allergy or reaction.

4. PERMISSION FOR THE APPLICATION OF SUNSCREEN & INSECT REPELLENT

- I give permission for staff to apply **sunscreen / insect repellent** to my child/ren if required before outdoor activities (If your child requires specific brands please supply).

5. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

- I agree to have my child signed in and out on the appropriate documentation on arrival and departure each day they attend the service.

6. CHILD ABSENCE

- I agree to notify the service if my child is absent on a day that they are booked in to attend.

NOTE: If your child is absent from the service due to medical reasons a medical certificate may be provided to explain absences. The service needs to record the amount of allowable and approved absences (eg. sick) your child is entitled to under Child Care Benefit legislation.

7. PERMISSION FOR TV PROGRAM RATINGS

- I give permission for my child/ren to watch G or PG rated movies / films / television, electronic devices ie. ipod/ music whilst at centre during the centres program.

8. PERMISSION FOR PHOTOGRAPHS / VIDEOS TO BE TAKEN

I give permission for my child/ren to **have their photo taken or filmed** during OOSH / vacation care activities while at the centre excluding excursions.

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

- Providing visual documentation for families to see what their child does throughout the day
Yes No
- To assist with evaluations of the program
Yes No
- To use as part of promotion and publicity for the service ie. Centre website / facebook
Yes No

9. PERMISSION TO USE FACE PAINTS AND COLOURED HAIR SPRAYS

- I allow my child/ren to have their face painted and use coloured hair sprays on their hair during centre activities.
Yes No

10. ADDITIONAL

- I agree that my child/ren should comply with Belair OOSH behavioural guidelines displayed around the room & understand the centres 'Behaviour Guidance' policy will be followed if deemed necessary.
- I understand that some activities in OOSH may involve leaving the centre's premises for other areas, such as, Hudson Park or OOSH/Vacation Care excursions. I realise that, whilst all care will be taken, Belair OOSH staff cannot be held responsible for any accident and subsequent injuries that may occur.
- I will ensure to complete permission notes for any Vacation Care excursion or activities as required.

Signature..... Date.....
Parent/ Guardian

COSTS OF DEBT RECOVERY CLAUSE

I expressly agree that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Belair Community Out of School Hours Centre Inc as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (14 days) as 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.

Signature..... Date.....
Parent/ Guardian

Disclaimer / Informed Consent :

- I hereby acknowledge that:
- I understand that all policies, procedures, family handbook and other service information may be found on the centre website or within the centre.
- I have read and understand the services procedures, policies, terms and conditions 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 at all times.
- 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 (Notice of Change).
- 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 (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally 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 (OtherPerson/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- I understand that my child/ren's place at the centre may be cancelled for reasons such as late payment of fees, continual late pick up or failure to notify of my child/ren's absence.
- I agree to pay all fees and charges as outlined in the fees sheet.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, 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 Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's.

I have read and fully understand all the above authorisations.

Signature..... Date.....
Parent/ Guardian

Completed by:.....
Print name