

ENROLMENT AND CONFIRMATION OF CHILDCARE AGREEMENT - 2019

ALBANY HILLS STATE SCHOOL P&C Association (*Provider*)

OUTSIDE SCHOOL HOURS CARE PROGRAM

ABN - 40341506993

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As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. The acceptance of this Enrolment and Confirmation of Childcare Agreement will enable it to be used as a Complying Written Arrangement for Child Care Subsidy purposes.

Please ensure you complete all questions on the agreement and supply all required documents prior to commencement of care. All sections requiring a signature must be completed in order for the agreement to be valid and enable the child to commence care from the agreed start date.

CHILD'S FULL NAME (one child per form)	DATE OF BIRTH	CLASS 2019
M / F		
CHILD'S HOME ADDRESS	CHILD'S CRN (see over)	
CHILD'S CULTURAL BACKGROUND	CHILD'S PRIMARY LANGUAGE	
	Other language/s:	

Parent / Guardian 1 - Registered for CCS (Child Care Subsidy): CRN: _____

Relation to Child: _____ Gender: M / F D.O.B: ___ / ___ / ___
First Name: _____ Surname: _____
Address: _____ Suburb: _____ Postcode: _____
Home Telephone: _____ Work Telephone: _____
Parent Mobile: _____ Email: _____
Work Address: _____
Employer: _____ Occupation: _____
Cultural Background: _____ Religion: _____
Language Spoken at Home: _____

Parent / Guardian - 2:

Relation to Child: _____ Gender: M / F D.O.B: ___ / ___ / ___
First Name: _____ Surname: _____
Address: _____ Suburb: _____ Postcode: _____
Home Telephone: _____ Work Telephone: _____
Parent Mobile: _____ Email: _____
Work Address: _____
Employer: _____ Occupation: _____
Cultural Background: _____ Religion: _____
Language Spoken at Home: _____

ADDITIONAL CONTACTS:

An **Additional Contact** is a person who will be contacted if an emergency involving your child occurs and a parent of the child cannot be contacted. **Additional Contacts** can be given different levels of authority such as authorization to collect, administering of medical treatment or medication and permission to leave the service.

Contact 1

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Relation to Child: _____

I, _____ give permission for the above contact to be noted:

To collect my child from the service: **YES / NO**

To authorise consent to medical treatment or administration of medication: **YES / NO**

To authorise an educator to take my child outside the service, ie excursion: **YES / NO**

Parent Signature: _____

Contact 2

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Relation to Child: _____

I, _____ give permission for the above contact to be noted:

To collect my child from the service: **YES / NO**

To authorise consent to medical treatment or administration of medication: **YES / NO**

To authorise an educator to take my child outside the service, ie excursion: **YES / NO**

Parent Signature: _____

Contact 3

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Relation to Child: _____

I, _____ give permission for the above contact to be noted:

To collect my child from the service: **YES / NO**

To authorise consent to medical treatment or administration of medication: **YES / NO**

To authorise an educator to take my child outside the service, ie excursion: **YES / NO**

Parent Signature: _____

Please note for emergency contacts and authorised collectors ID will be required upon collection of children. ID must be photo ID such as Driver's Licence, 18+ card, Senior Citizens Card or Passport.

Children under the age of 18 years will not be permitted to drop off or pick up children without an adult present.

COURT / PARENTING ORDERS:

- 1. Are there any court orders, parenting orders or parenting plans for your child? **YES / NO**
- 2. Are there any court orders providing information regarding your child’s residence or your child’s contact with a parent other than the parent listed in parent / guardian 1 above? **YES / NO**

If YES to either of the above questions please ensure a copy of the document above is supplied.

MEDICAL DETAILS:

Doctor’s Name: _____ Phone Number: _____

Doctor Address: _____ Medicare Number: _____

ASTHMA:

Does your child suffer from Asthma? Yes [] No []

Does your child have an Asthma Action Management Plan? Yes [] No []

What are your child’s normal symptoms when they have Asthma?

Wheezing [] Coughing [] Tightness in chest [] Difficulty breathing []

Other symptoms or triggers: _____

ALLERGIES / MEDICAL / DIETRY CONDITIONS:

Has your child been diagnosed as at risk of severe allergy, anaphylaxis, or diabetes? Yes [] No []

If yes, specify: _____

Do they have an Medical Action Management Plan? Yes [] No []

Are there any other additional health care or medical needs not mentioned above? Yes [] No []

If yes, please specify _____

Has your child been hospitalized in the last year? _____

Please list any serious illness/injuries: _____

Does your child have any individual developmental or additional needs that could affect their time here at the service we need to know about? Yes [] No []

If yes, please specify _____

Details of any medication taken by child: _____

A copy of your child’s current Asthma, Anaphylaxis or Medical Action Plan and Risk Minimisation Plan MUST be supplied before commencement of care.

DIETRY REQUIREMENTS:

Are there any dietary requirements or particular foods that your child likes / dislikes: _____

Are there any foods that your child cannot eat due to religious / cultural beliefs: _____

I authorize the approved provider, nominated supervisor or service educator to seek and provide medical treatment for my child from a registered medical practitioner, hospital or ambulance service including transportation of my child by ambulance if required in an emergency situation. I understand all medical expenses incurred will be my responsibility: YES / NO

Signed: _____ Date: _____

IMMUNISATION:

Is your child's immunisation up to date? Yes [] No []

A copy of your child's immunisation schedule MUST be supplied before commencement of care.

NON IMMUNISED CHILDREN:

Children not immunised will be excluded from the service if there is an outbreak of an infectious disease against which they have not been immunised. The period of exclusion will be in accordance with the National Health and Medical Research Council's recommendations (www.nhmrc.gov.au).

SUPPLY OF REQUIRED DOCUMENTATION CHECK:

Please use this table below to check if you have supplied everything that is required.

Acknowledgment / Condition	Documentation Required	Supplied	
		Yes	No
Fully Immunised	Current Immunisation Schedule		
Conscientious Objector	Conscientious Objection from Doctor		
Diagnosed Asthmatic	Current Asthma Action Plan and Risk Minimisation Plan		
Diagnosed Anaphylaxis	Current Anaphylaxis Action Plan and Risk Minimisation Plan		
Current Medical Condition	Current Medical Condition Action Plan		

I understand that if my child has been diagnosed with a medical condition I am required to supply the appropriate documentation and any necessary labelled medication to the service **PRIOR** to commencement of care. If the documentation and medication (*if required*) is not supplied my child will be unable to attend until it has been received.

Name: _____ Signed: _____ Date: _____

SERVICE HOURS OF OPERATION:

- **Before Care** – 6.30am to 8.30am
- **After Care** – 3pm to 6pm
- **Vacation Care** – 6.30am to 6pm

SERVICE FEE SCHEDULE:

- **Before Care** – \$15.50
- **After Care** – \$20.00
- **Vacation Care** – \$50.00

CARE TYPES AVAILABLE:

You will need to stipulate what type of care you require. There are 2 types of care:

1. **Casual Care** – this is where you book on a casual basis with no set routine / regular bookings.
2. **Routine Care with Flexible Option** – This is where you have routine (regular permanent) booked days and have the option to add additional bookings if required on a casual basis. Routine bookings can be made to occur every week or on an alternating fortnightly basis.

WEEKLY / FORTNIGHTLY CARE REQUIRMENTS:

Date of first day of attendance: ____ / ____ / ____

Age of child on first day of attendance: ____ years ____ months

CARE TYPE REQUIRED:

Tick which care type you require. This will need to be the same as you nominate with Centrelink.

Casual Care [<input type="checkbox"/>] <i>No regular booking pattern</i>		Routine Care with Flexible Option [<input type="checkbox"/>] <i>Recurring booked days with the option of casual bookings as required. These can be weekly or alternating on a fortnightly basis.</i>					
Vacation Care [<input type="checkbox"/>] <i>Vacation care is casual care and will need to be booked separately each holiday period. Please see the service for holiday programs.</i>							
Routine Bookings Required		Tick the days required for each care session. If you require the same bookings each week only complete Week 1. If you require alternating fortnightly bookings complete the days required in week 1 then the bookings for the alternating week in Week 2.					
Week 1 – Date Beginning ____ / ____ / ____ <i>(Recurring Weekly Bookings)</i>		Care Session	Mon	Tues	Wed	Thurs	Fri
		Before School Care					
		After School Care					
Week 2 – Date Beginning ____ / ____ / ____ <i>(Only complete if you require alternating fortnightly bookings)</i>		Before School Care					
		After School Care					

FEES AND ATTENDANCES:

- I understand and agree to abide by the fee policy including payment for days absent due to sickness and absences if cancellations are not received in time by the service.
- I understand the importance of signing in and out using the kiosk tablets and agree to do so on each session of care my child/ren attends. I understand that failure to do so may result in full fees being payable.
- I understand that if my child does claim an allowable absence from the centre due to an absence that I am required to acknowledge this on the kiosk next time my child attends.
- I understand that failure to pay my fees on time may result in my care being cancelled or reduced. If all reasonable attempts to recover the debt are unsuccessful I acknowledge that my account may be sent to a Debt Collection Agency. I understand that I will be responsible for any additional costs associated with collecting my debt should this occur.

Signed: _____

Date: _____

LATE COLLECTION FEE:

- Collectors (parents, guardians, emergency contacts and authorised collectors) must ensure that they collect the child/children by closure time. If your child is not collected on time, a late fee of \$20.00 per family will be charged immediately after 6.00pm for the first 15 minutes, with a further \$20.00 payable every 15 minutes thereafter. The correct time will be recorded on the kiosk tablet upon collection. If a child is not collected by 6.30pm and emergency contacts cannot be reached, the Co-ordinator will contact the police to collect child/ren who are still at the service.

Signed: _____

Date: _____

NON NOTIFICATION FEE (NNF):

- This fee is charged to each family that does not notify us that their child/ren will not be attending OSH for afternoon care. We require notification in writing by email or the bookings and cancellations folder that a child will not attend after school care even if received after the cancellation cut off time for no charge of 9am the day of care booked. The NNF will be \$5 per family and will not incur any eligible rebates.

Signed: _____

Date: _____

RESPONSIBLE BEHAVIOUR PLAN:

- I have read the Responsible Behaviour Plan for the service.
- I am aware and have discussed the Responsible Behaviour Plan with my child and they are aware of their expectations and rules of the service when in care.
- I understand that certain types of behaviour may result in possible suspension or exclusion from the service.

Signed: _____

Date: _____

SPECIAL EVENTS:

- I give permission for my child to celebrate **BIRTHDAYS and PERSONAL SPECIAL EVENTS** (including the sharing of cakes and treats) **YES / NO**
- I give permission for my child to celebrate **EASTER** **YES / NO**
- I give permission for my child to celebrate **CHRISTMAS** **YES / NO**

Signed: _____

Date: _____

AUTHORITIES FORM

PARENT AGREEMENT	<p>I understand and confirm:</p> <ul style="list-style-type: none"> • That my personal details and child's details in the Enrolment and Confirmation are correct. • I have listed and agree to the days of care noted on the agreement and understand the start and end times of these sessions of care requested. • I understand that care may be provided on a casual / routine with flexible option where available at the service at my request in writing.
CHILD CARE SUBSIDY	<p>I understand that it is my responsibility to complete a Child Care Subsidy assessment through Centrelink or MyGov and to link my child to the Albany Hills Outside School Hours Service. I understand that without completing this assessment and linking to this service that full fees will be incurred. I understand that I must provide the correct child and parent Customer Reference Numbers (CRN) to the service to enable the service to link our child and family to the governments system for the claim of Child Care Subsidy.</p>
PUBLICITY	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>That my child's photograph or an audiovisual recording may be taken and used (possibly including their name, age and suburb) in the media.</p>
PHOTOGRAPHY	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>that my child's photograph or an audiovisual recording may be taken and used for display only at the service.</p>
OBSERVATIONS	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>That educators of the service and possibly students of TAFE / University may observe my child to aid in the development of the service's programmed activities or for training purposes for TAFE/university studies.</p>
FIRST AID	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>That from time to time the educators may need to use Band-Aids or perform other general first aid. All first aid treatment will be non-invasive and no lotions or creams will be applied to the child.</p>
SUNSCREEN	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE <i>(please supply your own sunscreen to service)</i></p> <p>That my child can use centre supplied sunscreen and is a requirement prior to sun exposure.</p>
INSECT REPELLANT	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>Educators may apply insect repellent to my child prior to going outside if mosquitoes or insects are present.</p>
CONTAGIOUS ILLNESSES	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>To keep my child at home when suffering from an infectious or contagious illness for the period of time recommended by a doctor. Where medical attention has not been sought the period of exclusion will be at the discretion of the coordinator. In some cases a doctor's clearance letter will be required.</p>
ASTHMA and ANAPHYLAXIS EMERGENCIES	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>for staff of Albany Hills Outside School Hours Care to administer lifesaving medication in an emergency situation such as an acute asthma episode (Salbutamol inhaler - Ventolin) or severe allergic reaction - anaphylaxis (Adrenaline - EpiPen) whilst my child/ren are in care.</p>
EVACUATION PERMISSION	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>In the case of a required evacuation I give the educators permission to escort my child off the premises to safety.</p>
SIGNING IN AND OUT	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>that it is my responsibility to sign in or out on the iPad kiosks for my child each time my child has a booked session of care. All absences are required to be acknowledged on the iPad kiosk upon return at their next attendance.</p>
MEDIA VIEWING	<p>I <input type="checkbox"/> ACKNOWLEDGE</p> <p>Educators will ensure that all material viewed or played by children, whether provided as part of the service program or bought from a child's home, is age appropriate and consistent with the Australian Film and Literature Classifications (G) or (PG).</p>
PROCEDURES AND POLICIES	<p>I <input type="checkbox"/> AGREE <input type="checkbox"/> DO NOT AGREE</p> <p>I have read and understand the enrolment literature provided by the Service and agree to abide by the policies and procedures as outlined in the parent service handbook.</p>
PARENTS SIGNATURE:	DATE: