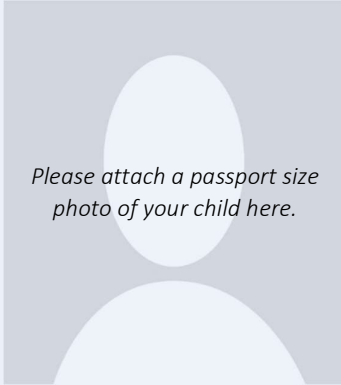




# Ainslie Out of School Hours Care (OSHC) Enrolment Form

Ph 62491740 Email [info@ainslieoshc.com.au](mailto:info@ainslieoshc.com.au)



Please attach a passport size photo of your child here.

Name:

Office Use Only	
Date received:	Basic QK:
Child care Subsidy:	Mailing List
DebitSuccess Form received:	Approved start date:
Date Entered:	Entered by:

**To secure booking please:**

1. Complete this form and return to Ainslie OSHC;
2. Ensure that you have completed *DebitSuccess* Direct Debit Request authorization form. (*Payment of fees is by DebitSuccess only. Families who have filled out a DebitSuccess form, do not need to fill out another form.*)

**Note:** Please check that all sections have been completed, signed and dated where necessary.

**If you have any questions about this form,** contact Ainslie OSHC at 6249 1740 or email us at [info@ainslieoshc.com.au](mailto:info@ainslieoshc.com.au)

## Privacy notice

**Please read this notice before completing this enrolment form.**

**Enrolment Form:** This enrolment form asks for personal information about your child/ren as well as about family members and others that provide care for your child/ren. This information is required for Ainslie out of School Hours Care to enrol your child/ren and to allocate staff and resources to provide for their care and support. All staff at Ainslie OSHC are required by law to protect the information provided on this enrolment form.

**Health information:** So staff at Ainslie OSHC can properly care for your child, this form asks you to tell us about any condition including allergies that your child/ren may have, any medication they may rely on while at Ainslie OSHC, and contact details of your family doctor. Ainslie OSHC depends



on you to provide all relevant information: withholding some health information may put your child’s health at risk.

**Family arrangements:** Ainslie OSHC requires information about parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans must be made available to Ainslie OSHC. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Director if you would like to discuss, in strict confidence, any matters relating to family arrangements.

**Emergency Contacts:** These are people that Ainslie OSHC may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and have agreed to their details being provided to Ainslie out of School Hours Care.

**Updating Your Child’s Records:** Please let Ainslie OSHC know if any information needs to be changed by sending updated information to the Director.

**Access to Your Child’s Records Held by Ainslie OSHC:** In most circumstances, a parent or guardian can access their child’s records. Please contact the Director to if you wish to do so. Some information, such as information provided by someone else, may not be accessible to parents or guardians.

**General information** about Ainslie OSHC can be found in the *Handbook for Families*, which is issued to each family.

**ATTACHED DOCUMENTS**

Please ensure ALL of the following documents are attached to this application before submission:

1. Immunization Record	
2. Medical Documents	
3. Child Care Subsidy (CCS) Confirmation	
4. Court Orders (If any)	

Please sign below if you have completed the above checklist

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



### CHILD DETAILS

	Child 1	Child 2	Child 3
Child's Family Name:			
Child's Given Name:			
Date of Birth:			
Gender:			
<b>Child's CRN:</b>			
Child's Home Address:			
Child lives with:			
School grade in 2019:			
School attending other than Ainslie Primary?			
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please Circle)	Yes / No	Yes / No	Yes / No
Language spoken at home:			
Ethnicity:			
Cultural / Religious background of Child?			
Please outline any cultural/ religious practices you would like followed			
Religious Celebrations			

**Please indicate with a tick which services you will use**

Before School Care

After School Care

Holiday Program

Starting Date: \_\_\_\_\_

Finishing Date (if known): \_\_\_\_\_

**Indicate required session with a tick.**

**ONE weeks' written notice is required for fees to be waived**

	Monday	Tuesday	Wednesday	Thursday	Friday	Casual
<b>Child's Name</b>						
<b>1.</b>						
<b>2.</b>						
<b>3.</b>						



### PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN DETAILS (Please use block letters)			
<b>PARENT / GUARDIAN 1</b> (the person registered with Department of Human Services for Child Care Subsidy and is authorised to collect the child, authorise medical treatment and authorise the administration of medication to the children)		<b>PARENT / GUARDIAN 2</b> (This person is authorised to collect the child, authorise medical treatment and authorise the administration of medication to the children)	
Family Name: _____		Family Name: _____	
Given Name: _____		Given Name: _____	
Date of Birth: _____		Date of Birth: _____	
Customer Reference Number: _ _ _ _ _		Customer Reference Number: _ _ _ _ _	
Relationship to the child/ren: _____		Relationship to the child/ren: _____	
Address: _____		Address: _____	
Cultural / Religious background: _____		Cultural / Religious background: _____	
Language spoken at home: _____		Language spoken at home: _____	
Phone Number/s:	Mobile No: _____	Phone Number/s:	Mobile No: _____
	Home No: _____		Home No: _____
	Work No: _____		Work No: _____
Email: _____		Email: _____	
Occupation: _____		Occupation: _____	
Employer: _____		Employer: _____	
Work address: _____		Work address: _____	
Work hours: _____		Work hours: _____	
Work days: _____		Work days: _____	

Details of Adult registered with Department of Human Services (DHS) for Child Care Subsidy (CCS):
Name: _____
Date of Birth: ____/____/____
Centrelink Customer Reference Number (CRN) _ _ _ _ _
Address _____



### EMERGENCY CONTACTS

#### EMERGENCY CONTACT 1 – not parent/guardian

Please list the name & contact number of a person’s (other than parent/guardian), who can be contacted in case of an emergency. This person will be authorized to collect your child in case of an emergency. ***If person is not known to educators, photo identity is required. Please state which phone to try first***

Full Name:	Address:
Home No:	Mobile No:
Work No:	Relationship to the child:

#### EMERGENCY CONTACT 2 – not parent/guardian

Please list the name & contact number of a person’s (other than parent/guardian), who can be contacted in case of an emergency. This person will be authorized to collect your child in case of an emergency. ***If person is not known to educators, photo identity is required. Please state which phone to try first***

Full Name:	Address:
Home No:	Mobile No:
Work No:	Relationship to the child:

### PEOPLE AUTHORISED TO COLLECT YOUR CHILDREN – other than person named above

Name:	Relationship to child	Home Phone	Work Phone	Mobile Phone



### **COURT ORDER**

*Education and Care Services National Regulations - Regulation 160 (3c, d)*

**Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child including child’s residence or the child’s contact with a parent or other person??**

If yes, please provide all relevant documentation and paperwork

<b>Child’s Name</b>	<b>Yes / No</b>	<b>Details (if applicable)</b>

**Please note that without this documentation we cannot legally enforce the Order/s.**

### **DEVELOPMENTAL INFORMATION**

<p>Please provide us with any other information we should know about your child</p> <p><i>(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p>	
<p>Does your child have any behavioural issues we should be aware of? (If you have a behaviour management plan, please provide us with a copy)</p>	

### **IMMUNISATION DETAILS**

<p>Are your child’s immunisations up to date?</p>	<p>Yes/No</p>	<p>Attached</p>
	<p>Please provide a copy of your child’s: Immunisation History Statement provided by Medicare</p>	



**MEDICAL INFORMATION:**

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):			

**Child's Registered Medical Practitioner or Service Details:**

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

<p>Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? <i>(Please Circle)</i></p>	<p>Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A photo of the child</li> <li><input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis</li> <li><input type="checkbox"/> First aid needed</li> <li><input type="checkbox"/> Contact details of the doctor who signed the plan</li> <li><input type="checkbox"/> When the Plan should be reviewed.</li> </ul>	
	<p>Does the child have any dietary restrictions? <i>(Please Circle)</i></p>	<p>Yes / No <i>(If yes, please attach relevant details.)</i></p>



<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> <li>• The label must contain the child’s name and</li> <li>• Parents must provide any verbal or written instructions provided by the medical practitioner.</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>		Parent 1 Signature:	
		Parent 2 Signature:	
<p>Do you authorise the Nominated Supervisor or another educator at the Service to administer your child with children’s liquid from Panadol / Nurofen according to the correct dose of the child/ren’s age and weight in the case of emergency? (Please note that the responsible person will call parents and receive verbal consent before administering Panadol/Nurofen</p>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
<p>Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency and seek medical treatment from a registered medical practitioner, hospital or ambulance service? (Please Circle)</p>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
<ul style="list-style-type: none"> <li>• I understand that relevant information on this form will be passed to hospital / medical staff if required</li> <li>• I accept liability for medical, dental, hospital, ambulance or other costs incurred.</li> </ul>	Yes /No	Parent 1 Signature:	
		Parent 2 Signature:	
<p>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated</p>			





Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
<ul style="list-style-type: none"> <li>• I understand that Ainslie OSHC is unable to care for sick children or children with contagious illnesses.</li> <li>• Ainslie OSHC retains the right to exclude any child not well enough to cope with the group situation.</li> <li>• Ainslie OSHC reserves the right to exclude any child whose parents persistently disregard the policies and regulations of Ainslie OSHC.</li> </ul>		Parent 1 Signature:	
		Parent 2 Signature:	

**MUSIC FOR CANBERRA**

**Ainslie OSHC organises music activities for children through the Music for Canberra Program run at the Ainslie Arts Centre located on the same block as Ainslie School. Parents are required to book their children in through Music for Canberra directly. Please confirm you child/ren lesson and time below for your child/ren to be escorted to and from music lesson.**

- Choir (4yrs +)     
  Ukulele (5yrs +)     
  Recorder (5yrs +)     
  Hand-drumming (5yrs +)  
 Recorder Guitar (7yrs +)   
  Violin (7yrs +)     
  Brass instruments (8yrs +)   
  Drum-kit (10yrs +)  
 Other (*please specify*) \_\_\_\_\_

Day and Time: \_\_\_\_\_



**OTHER CONSENTS**

I give permission for my child/ren to be photographed/filmed while at Ainslie OSHC as part of the Curriculum planning. I further understand that my child's photo may be present in other children's port folios which will, on request, be sent home and be visible to other families who **ONLY** attend Ainslie OSHC.

Yes  No

I give permission for my child/ren to be escorted to and from a venue **outside** Ainslie OSHC (such as to a Music for Canberra lesson) by an educator of Ainslie OSHC.

Yes  No

I give permission for my child/ren to participate in supervised local walks when planned as part of the curriculum at Ainslie OSHC

Yes  No

I give permission for my child to watch **G** and/or **PG** rated DVD's whilst attending Ainslie OSHC Programs (*please tick one or both boxes*)

G  PG

Signed \_\_\_\_\_



## Permission to Leave Early from Before School Care 2019

I hereby give permission for my child/children

1. \_\_\_\_\_ Class \_\_\_\_\_
2. \_\_\_\_\_ Class \_\_\_\_\_
3. \_\_\_\_\_ Class \_\_\_\_\_

to leave before school care for a music lesson or once the teacher has arrived in the playground to supervise the children at 8.40am.

**Yes**

**No**

**Please Note:** This form is valid for a whole school year. In case of any change in family circumstances / permission, please advise us as soon as possible.

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### CONDITIONS OF ENROLMENT

1. I understand that all fees for Ainslie OSHC are **to be paid fortnightly in advance** by *Debitsuccess* and that I am required to lodge a form authorising Ainslie OSHC to debit my bank account, credit union account or credit card account. I further understand that this application for enrolment will not be considered until I lodge a Debitsuccess form, or until I negotiate, document and sign some other agreements for the payment of fees with the Director of Ainslie OSHC.
2. I understand Ainslie OSHC is covered by public liability insurance only. I accept responsibility for all medical costs which may be incurred due to an accident or an illness of my child/ren while attending Ainslie OSHC.
3. **I understand that I must give one weeks' notice for fees to be waived and I must notify the centre if my child/ren will be absent from Ainslie OSHC on any given booked session. I further understand that I will be charged if my child/ren is/are absent.**
4. Should my child/ren at any time be authorised to leave the service without an escort, **written notice** must be given to the director advising of day/s and times.
5. I understand that my child/ren will use centre sunscreen as required and must wear a hat whilst outside (refer to centre Sun protection policy & procedures). If my child/children are sensitive/allergic I will provide their own sunscreen, which will be labelled with their name.
6. I understand that the educators at the centre have all had their working with vulnerable people check lodged and have been cleared to work with children. All educators as mandatory reporters are under obligation by law to report to the Care and Protection Service (CPS) any concerns of children at risk of harm.
7. I acknowledge my child/ren attending BSC must be signed in by a parent/guardian/authorised contact on arrival and signed out by an educator to go to school. I acknowledge my child/ren attending ASC will be signed in by an educator and signed out by a parent/guardian/authorised contact. I acknowledge that my child/ren attending Vacation care will be signed in by a parent/guardian/authorised contact and signed out by a parent/guardian/authorised contact
8. **I shall contact the centre if my child/ren is NOT attending on a scheduled day.**
9. I understand that, Child Care Subsidy (CSS) can only be applied to my child/ren's first 42 absence days, any additional will be charged at full fees, unless 'additional absence' reasons apply, and relevant supporting documentation is provided.
10. Ainslie OSHC will not charge a fee while the centre is closed over the Christmas break or during public holidays. I understand that **I must contact the centre if I am unable to collect my child/ren from the centre before the centre closes at 6.00pm. A late fee will apply, this will be added to my account, and however, if the child/ren has not been collected within 1/2 hr of the centre closing and parents have made no contact with the centre, educators have the right to call the police.**
11. The Ainslie OSHC Management Committee and employees will not accept responsibility for the loss or damage of personal effects of my child/ren.



12. I understand that if my child/ren or I have a problem with a child/ren who is at the centre and in the centre's care, I am not to approach the child/ren and/or child/ren's parent. I must speak to the Director and leave it to the centre to assess the situation. I will be informed of the outcome.
13. I understand that enrolment information collected is for the centre's records. Access to
  - a. personal information of parents/guardians using the service will be kept confidential by
  - b. educators and committee parents. I will notify the centre of any changes of information I
  - c. have given during enrolment.
14. I understand that it is in my child/ren's best interest to notify the centre educators of anything that may affect my child/ren's behaviour for example the death of a family member or divorce.
15. Whilst at the centre your child/ren may be observed by educators and have relevant observations documented according to the National Quality Framework, Quality Area 1.
16. The centre and grounds are a non-smoking environment.
17. I understand that dogs are not allowed on school grounds unless permission has been granted by the Director or person in charge.
18. I understand that the centre has a diversity, anti-bias & equity policy and all persons will be treated with respect regardless of their age, gender, race, culture or religious beliefs.
19. I understand that it is my responsibility to view the centre's Policy & Procedures Manual
  - a. to ensure I understand all centre policies. The policy manual is located in the office and
  - b. will be presented to me upon request
20. I agree to follow and abide by the centre's rules and policies.

**I HAVE READ AND UNDERSTOOD THE CONDITIONS OF ENROLMENT AND THE FAMILY HANDBOOK AND AGREE TO THE CONDITIONS ON THIS FORM AND WILL ABIDE BY THEM AT ALL TIMES. MY SIGNATURE APPEARS BELOW TO SIGNIFY MY ACCEPTANCE OF THESE CONDITIONS.**

Print Name: \_\_\_\_\_ (Parent/Guardian)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_