



BLIGH PARK OUT OF SCHOOL HOURS CARE

PH: 4572 7119 MOBILE: 0410 572 704 FAX: 4572 0447
LOCATION: Bligh Park Children’s Centre, Cnr Guardian Crescent and Alexander Street, BLIGH PARK 2756
POSTAL ADDRESS: – 1 Guardian Crescent, Bligh Park, NSW, 2756
Email: bpoosh@blighpark.org.au

SECTION 1: CHILD’S DETAILS

Child’s Full Name: _____ M / F

DOB: _____ Child’s CRN: _____

Date to start: _____

What school does your child attend: _____

Class year on commencement: _____

Country of Birth: _____ Nationality: _____

Family Religion: _____

Aboriginal/Torres Strait islander: _____

Language/s spoken by child: _____

DAYS REQUIRED:

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PLEASE TICK BOX	AM					
	PM					

OR Casual Care only Tick if applicable.

- A separate Booking form will be provided prior to each **VACATION CARE**.
- Please be aware that days booked must be paid for, whether the child attends care or not.

Does your child have any cultural, religious or dietary requirements or additional needs?

YES / NO, if **YES** please provide details:

(See also *Medical Conditions, Section 6.*)

SECTION 2: PARENT/GUARDIAN DETAILS (Primary contacts)

*Call order: Person on contact list to be contacted 1st, 2nd, 3rd, 4th....

PARENT/GUARDIAN ONE	PARENT/GUARDIAN TWO
*Call order ____ First name: Last name: *DOB (Compulsory) Parent reference no: (CRN Centrelink) Relation to child/ren: Home address: Home phone: Mobile: Australian Resident: Yes / No Country of birth: Date arrived in Australia: (If Applicable) Language/s spoken:..... Marital Status:..... Occupation:..... Employer:..... Work address:..... Work phone number:..... Email Address.....	*Call order ____ First name: Last name: *DOB (Compulsory) Relation to child/ren: Home address: Home phone: Mobile: Australian Resident: Yes / No Country of birth: Date arrived in Australia: (If Applicable) Language/s spoken:..... Marital Status:..... Occupation:..... Employer:..... Work address:..... Work phone number:..... Email Address.....

- **DOB and CRN are compulsory for Child Care Benefit purposes.**

Please inform educators immediately if these contact details change.

Do you have any children attending other CCB approved child care services?

If yes how many. _____

Would you like to volunteer your time to Bligh Park OOSH? , E.g. cooking, craft

How did you hear about Bligh Park OOSH: Friends Family School Advertising?

Other_____

SECTION 3: EMERGENCY CONTACTS other than primary contacts already listed.

In the event that you are unavailable, who may act on your behalf and collect your child/ren from the Centre. Please provide two alternative contacts:

It is important that you inform these people that they have been chosen as an emergency contact.

• **CONTACT ONE: Call order ____**

Name.....

Address.....

.....

Phone no. (Home)

(Work)

(Mobile)

Relation to child/ren.....

• **CONTACT TWO: Call order ____**

Name

Address

.....

Phone no. (Home)

(Work)

(Mobile)

Relation to child/ren.....

- Please inform educators immediately if these details change.

Educators will not allow your child/ren to go with adults unless names are written on this form. If educators are not familiar with these contacts identification must be provided, e.g. Driver's License.

In medical emergency if the parent/s/guardian/s or the emergency contacts listed above cannot be reached I authorise educators to seek medical, dental or hospital treatment and/or an ambulance

Signature of Parent / Guardian

Date

.....

.....

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 If **YES** please provide details:

NOTE: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Director before enrolment.

SECTION 5: INDIVIDUAL INFORMATION

This information assists educators in the daily care and education of your child(ren).

Does your child have any particular food dislikes? YES NO If **YES**, please provide details

Does your child fear anything in particular? YES NO If **YES**, please provide details

Are there any words that have special meaning to your child that we may need to know?

YES NO If **YES**, please provide details

Is your child attending another centre at the moment? YES NO If **YES** please give details

Please provide details about your child (ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.

NOTE: Educators will also talk to your child(ren) about their interests on a regular basis and where possible these interests will be accommodated.

SECTION 6: MEDICAL INFORMATION

Family Doctor's name: _____

Address: _____

Telephone number: _____

Does your child have a diagnosed Medical or Psychological Condition; Disability or Behavioural Disorder? YES NO

if **YES** please complete "Additional Support Needs" form.

Does your child have any allergies (including asthma or anaphylaxis)? YES NO

if **YES** please provide details, including (if applicable) a copy of a medical management plan or risk minimization plan prepared by the child's doctor.

Does your child have any Additional Support Needs not covered above? YES NO

if **YES** please complete "Additional Support Needs" form.

Does your child require regular medication? YES NO

If **YES** please provide details:

NOTE: Medication will only be administered to a child in accordance with the Centre's Medication Policy.

Has your child ever been hospitalised? YES NO

If **YES** please provide details:

Immunisation

Has your child received the necessary immunisation for their age? YES NO

If **NO**, please detail reason:

Is your family a member of a Private Health Fund? YES NO

Name of Private Health Fund: _____

Private Health Fund number: _____

Family Medicare number: _____

Health record of the child/ren provided and sighted by supervisor? YES NO

Supervisor to initial and date if sighted: _____

Additional Needs Form Issued by _____ Return Due

Date: _____

SECTION 7: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: *Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial next to it. Please be advised that Points 8 and 9 are compulsory.*

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for educators to take my child to a doctor or hospital to seek the following urgent treatments:

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

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

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

3. PERMISSION FOR EDUCATORS TO ADMINISTER MEDICINE IN CASE OF EMERGENCY.

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

4. PERMISSION FOR EXCURSIONS

I hereby give permission for my child to attend excursions or outings in the local area.

NOTE: If your child attends Vacation Care, separate permission forms may be given for specific excursions.

5. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for educators to apply sunscreen to my child before outdoor play activities.

6. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion.

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

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

8. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE CENTRE

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

9. CHILD ABSENCE

I agree to notify the Centre if my child is absent from the Centre on a day that they are booked in. This may be done by a phone call to the Centre or a message can be written in the family communication diary, which is situated near the sign in/out folder. If the Centre does not receive this notification a \$10.00 fee will be charged.

10. SCHOOL BUS PERMISSION

I hereby give permission to Bligh Park OOSH educators to board my child/ren on nominated school bus according to bus time table provided by me.

I have read the above information and agree to give my permission.

Signed: _____ Date: _____

SECTION 8: PAYMENT OF FEES

Objectives:

To ensure that the centre is paid for services provided

To ensure parents do not run into debt

Procedure:

1. BOND: Upon being offered a place at the centre, parent(s) or guardian are required to pay a refundable bond of \$100.00

The bond secures your child's placement at the centre, and is refundable at the termination of your child's place, provided that two weeks' notice in writing is given. The bond may be used to cover and/or settle your final account.

Bond payments are payable to the centre by EFTPOS or Electronic Fund Transfer (EFT).

2. ADMINISTRATION FEE : Each school term a \$15.00 administration fee is required per family. This fee is not refundable and will cover costs involved with the administration work that is required for Before and After School Care.

3. FEE PAYMENT: As per Family Information Handbook - fees are to be paid in advance on the first day of the child's weekly attendance. Weekly fees are payable to the centre by EFTPOS / Electronic Fund Transfer (EFT). **No cash or cheques.**

Weekly fees not paid in advance, on the first day of child care for the week, are considered to be Unpaid Fees and the parent/s will automatically be given an Unpaid Fees Notice by the Centre Director.

Failure to pay the unpaid fees by the first day of child care in the following week will result in debt recovery action being taken and discontinuation of care for the child unless the parent/s have immediately initiated a repayment schedule for the late fees with the Centre Director, and can meet the weekly fees payment in advance requirements. Failure by parent/s to do so will result in immediate discontinuation of care for the child and your child will not be accepted into the centre.

4. NOTICE OF DISCONTINUATION OF ATTENDANCE: When you wish to discontinue and terminate your child care place at the centre you are required to provide two (2) weeks written notice to the Centre Director, or you are liable to pay the equivalent of two weeks child care fees to the centre with no CCB.

5. ABSENCES FROM THE CHILD CARE CENTRE: Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the Centre.

6. CENTRE CLOSURE: No fee is charged while the Centre is closed over the Christmas period.

7. LATE FEE: The Centre is open from 7:00am to 9:00am for Before School Care; 3:00pm to 6:30pm for After School Care and 7:00am to 6:30pm for Vacation Care educators are unable to accept children in the centre outside of these hours. Should children be present after the 6:30pm closing time, a late fee of \$15.00 within 15 minutes and \$1.00 every minute after first will apply. There will be no waiver of this late fee policy.

8. PAYMENT OF FEES: I understand that fees must be paid once invoiced within the stated due date, that my child's place at the centre may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

9. COSTS OF DEBT RECOVERY: I (The Parent/guardian) (The Client) expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Bligh Park Out of School Hours Care as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (alternatively the number of days) 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.

Signed: _____

Date: _____

SECTION 9: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the centres procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed or updated by notice from time to time by the Centre at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the centre 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 centre 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 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).
- 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 centre or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- 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 Centre 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.

Signed: _____

Date: _____

SECTION 10: DECLARATION

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

Parent and/or Guardian's Full Name (please Print): _____

Signature: _____

Date: _____

OFFICE USE ONLY

The Director is to read each page thoroughly and check that all sections have been completed in full. The Director is to initial each page in the place allocated as an indication that the page was completed in full at the time it was submitted by the parent / guardian.

The Director should use this as an opportunity to clarify any questions that the parent / guardian may have.

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Signed: _____

Date: _____

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Parent and/or Guardian's Full Name (please

Print): _____

Signature: _____

Date: _____

PARENT/GUARDIAN COPY