



ST SIMON PETER CATHOLIC PRIMARY OUTSIDE SCHOOL HOURS CARE

ENROLMENT FORM

The Centre cannot accept any child without an enrolment. Enrolments forms must be updated every year.

All enrolment forms are kept confidential, in line with the Centre's Record Keeping Policy and Privacy Policy.

Child's Information:

Surname: First Names:

Address: Post Code:

Phone: DOB: M / F:

Grade: Class Room Number: Teacher:

CCB Information

Child CRN:

Do you claim CCB for your child at another service?
 YES (if yes please add details below e.g. service name) NO

Does your child have any siblings who attend other services that also claim CCB?
 YES (if yes please supply details below) NO

Is your child of Aboriginal/Torres Strait Islander descent? YES NO

Cultural considerations:

Country of birth: Languages spoken:

Does your child have any allergies, medical or other conditions: YES NO

If yes, please provide further information and an action plan:

.....

Does your child have any special dietary requirements? YES NO

If yes, please provide further details.....

.....

Does your child have any other additional needs?

.....

Birth Certificate sighted and attached: Immunisation (up to date details) sighted and attached:

Bookings Request:

Start Date: Care type; Casual Booking Regular booking

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School (Short Stay KINDY ONLY)					
After School (Long Stay)					
Vacation Care					

*confirmation regarding days needed for vacation care will be provided before each holiday period begins

Permissions

I give my permission for: (Please tick YES or NO)	Yes	No	Parent Signature
My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity.			
My child to be observed by educators and students for programming purposes.			
My child to use the Centre computers and iPads under the supervision of educators.			
My child's photograph to be taken or recorded at the Centre for use within the service (May include photo development and/or printing outside the service)			
Publish my child's photograph, name and age to be published in local papers or publicity materials in regards to publicity for the Centre.			
My child's photo to be used for school and Catholic Education Office publications, publicity and website.			
For educators at the service to take my child on excursion on foot within the local community.			
I agree that in the case of accident or injury, the Centre will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the Centre, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred.			
Educators are permitted to apply sunscreen to my child, if my child has sensitive skin I will provide their own sunscreen for them to use.			

Signature of Parent/Guardian: _____ Date: _____

Authorised and Emergency Contacts

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY ARE AUTHORISED TO CONSENT TO MEDICAL TREATMENT FOR THE CHILD OR TO AUTHORISE ADMINISTRATION OF MEDICATION TO THE CHILD; THEY ARE ALSO AUTHORISED TO TAKE THE CHILD FROM THE SERVICE'S PREMISES OR TO GIVE APPROVAL FOR AN EDUCATOR TO TAKE THE CHILD OUT OF THE SERVICE IN THE CASE OF AN EMERGENCY; PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Authorised person to deliver / collect child:	Authorised person to deliver / collect child:
Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:
Emergency Contact:	Emergency Contact:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:

Privacy Statement

St Simon Peter Outside School Hours Care service, located at 18 Prendville Ave Ocean Reef, maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all of our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with child care and Child Care Benefit laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the Centre.

Parent / Guardian Name:

Signature Date:

Registration Agreement

1. I have received and read the family handbook and I understand any updates to policy will be displayed on the notice board or in the Centre newsletter.
2. I understand that I need to comply with all Government requirements in relation to the Centre and its service.
3. I will advise the Centre as soon as practicable of any updates to my circumstances.
4. I agree that in the case of accident or injury, the Centre will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the Centre, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred.
5. I understand that it is my responsibility to fulfil any obligations required to receive Child Care Benefit (CCB) and Child Care Rebate (CCR).
3. I agree to pay my account via EZI Debit as determined by the fee payment policy.
7. I am aware that any failure to pay fees may result in cancellation of my child's place at the Centre.
3. I am aware that fees will be reviewed annually and I will receive a minimum of two (2) weeks' notice of any changes being made.
9. I am aware that with a regular booking I am responsible for payment on any days my child is sick or absent from care.
10. I am aware that fourteen (14) days notice in writing of cancellation of care must be given. I understand that I must pay fees for any booked days that do not comply with the notice period.
11. I understand that I must notify the Centre by 2:00pm if my child will not be attending after school care.
12. I understand that the Centre cannot accept walk-ins and all casual days must be booked in prior to attending.

13. I understand that I must pay fees for any casual sessions booked that my child does not attend that do not comply with the 24 hours cancellation policy.
14. I understand that a system of payment for late collection operates at the Centre and that I am responsible for the payment of any fees incurred.
15. I am aware that it is my responsibility to sign my child in and out on the attendance record each time they attend. This is a legal requirement and used for Child Care Benefit and Child Care Rebate. Failure to do so can result in warning letters being issued to parents and you will be asked to sign the missing day on your next day of attendance.
16. I am aware that my child will be excluded from care at the Centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the Centre once the exclusion guidelines have been met.
17. I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by Centre staff.
18. I have read and understand the Privacy Statement.
19. I have presented the Centre with a copy of my child's current immunisation details and birth certificate.
20. The Centre reserves the right to cancel care if it considers doing so would be in the best interest of the Centre. Two weeks notice of cancellation of care will be provided and any outstanding fee credits reimbursed at conclusion of care at the Centre.
21. I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian Name: Signature:..... Date:

Centre Manager's Signature..... Date:.....