

2022 ENROLMENT FORM

PLEASE NOTE

This form is to be used for children enrolling in Wallsend OOSH for 2022.
A completed enrolment form is required for each child at the start of a new year.

PART A – CHILD INFORMATION (please complete Part A for EACH CHILD that will be attending care, pages 1-5)

A.1 Child Information – Child # _____

Given Name/s:		Last Name:				
Preferred Name:		Gender:				
Cultural Background:		Languages:				
DOB:		Child CRN:				
School Attending:		Grade in 2022:				
Please tick boxes below (as required)						
<input type="checkbox"/> I require routine (permanent) care as detailed below <input type="checkbox"/> I may require flexible (casual) care <input type="checkbox"/> I require Vacation Care (7am to 6pm) only – <i>note: a completed VC Booking Form is required</i>						
Date care is to commence:						
Permanent Days of Attendance: (circle the days / sessions required)	Before School Care: 7am to 8:45am	Mon	Tue	Wed	Thu	Fri
	After School Care: 3pm to 6pm	Mon	Tue	Wed	Thu	Fri
Parent/Guardian Signature:					Date:	

A.2 Individual Child Consent (please circle)

<u>Photography External</u> I give consent for my child's photographs and video to be used for publicity/Facebook for Wallsend OOSH . Our Services' duty of care is to ensure that children's safety and privacy is always of the highest priority.	YES	NO
<u>Photography Internal</u> I give consent for my child to be photographed and/or videoed for display within our service and/or program. Photographs are taken for program displays, a means of recording observations and future planning.	YES	NO
<u>Movies/Video Games</u> I give consent for my child to watch an occasional movie/video game deemed appropriate by Educators that has a rating of either "G" or "PG" in the Service and on excursions.	<u>Movies</u> YES <u>Video Games</u> YES	<u>Movies</u> NO <u>Video Games</u> NO
<u>Coloured Hair Spray, Face Painting and/or Nail Polish</u> I give consent for my child to have their hair decorated with coloured hairspray, and/or have their face painted, and/or have their nails painted at the Service.	<u>Hair Spray</u> YES <u>Face Painting</u> YES <u>Nail Polish</u>	<u>Hair Spray</u> NO <u>Face Painting</u> NO <u>Nail Polish</u>

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	YES	NO
<u>Sunscreen/Mosquito Repellent</u> I give consent for my child to use the provided 50+ sunscreen and insect repellent during programmed activities. If no, please provide your own sunscreen/repellent.	<u>Sunscreen</u> YES <u>Repellent</u> YES	<u>Sunscreen</u> NO <u>Repellent</u> NO
<u>General Sports and Water Play</u> I give consent for my child to participate in regular recreational activity programs operated by Wallsend OOSH during BSC/ASC and Vacation Care. These may be gymnastics, soccer, football, ball games, running games, dancing, skipping, etc. This may include Water Play in weather deemed suitable by Wallsend OOSH Educators. My child's participation in any activity is voluntary and not compulsory. Wallsend OOSH and Educators will duly exercise their duty of care.	<u>Sports</u> YES <u>Water Play</u> YES	<u>Sports</u> NO <u>Water Play</u> NO
<u>Bus Run Service Only</u> I give consent for my child to travel supervised to and from school in a Wallsend OOSH approved vehicle, where applicable. I understand that due care will always be taken by Wallsend OOSH employees. I understand that transport to Wallsend OOSH from Plattsburg Public School is by public bus and that Wallsend OOSH takes no responsibility for the children whilst they are on the bus. Children are under the care of Wallsend OOSH once they are on the Service premises and are signed in by an Educator.	YES	NO
Parent/Guardian Signature:		Date:

A.3 Child's Health – General Health & Additional Needs

**** If you tick YES to any of the below, please complete & attach a Risk Minimisation & Communication Plan or Asthma Management Plan PLUS a Medical Alert Sheet ****

Has your child been fully immunised? A copy of your child's immunisation must be provided	YES	NO
Does your child have any known allergies and/or illnesses? If anaphylactic, please fill out section A.4	YES	NO
If YES, please describe:		
Does your child have any medical conditions/long term medications, or any other specific health care needs e.g. asthma, epilepsy, diabetes, medically diagnosed intolerances, etc.	YES	NO
If YES, please describe:		
Does your child have any dietary requirements/restrictions including intolerances not formally diagnosed by a medical practitioner?	YES	NO
If YES, please describe:		

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Does your child have any special requirements/additional needs that may require special consideration in the education and care service? These would include cultural and religious considerations, fears and phobias, etc.	YES	NO
If YES, please describe:		
Does your child have any behavioural concerns e.g. difficulty listening to educators, following directions, aggressive behaviours towards self and others?	YES	NO
If YES, please describe:		
Has your child had any previous serious injuries or illnesses that may affect their time at the Service?	YES	NO
If YES, please describe:		
Is there any history of the child running away from a Service?	YES	NO
If YES, please describe circumstances:		
Has your child been diagnosed or undergoing assessment for any areas that may help us in providing an inclusive environment? e.g. ADHD, Autism, Asperger's.	YES	NO
If YES, please specify:		
Does your child require inclusion support to include your child in the OOSH environment?	YES	NO
If YES, please specify:		
Parent/Guardian Signature:		Date:

A.4 Anaphylaxis

Has your child been diagnosed as at risk of Anaphylaxis? If YES, please complete and attach a Risk Minimisation and Communication Plan and Medical Alert Sheet	YES	NO
Does your child have an auto injection device? e.g. EpiPen or other medication related to their anaphylaxis?	YES	NO
If YES, please specify:		
Does your child have any dietary and / or environmental requirements related to their Anaphylaxis?	YES	NO
If YES, please specify:		

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Important Information

If you answered yes to any of the questions in section A.3 or A.4, specific policies and procedures may apply to the individual care of your child. The OOSH Coordinator will provide you with the relevant policies and procedures to assist you to complete any of the documentation required.

Parent/Guardian Acknowledgement

- I have received the policies and procedures relevant to my child's medical/additional care needs from the OOSH Coordinator and have been assisted in completing the relevant documentation e.g. Medical Alert Sheet, Risk Minimisation and Communication Plan.
- I understand that where medical conditions/dietary intolerances have been medically diagnosed, the Medical Alert Sheet and Risk Minimisation and Communication Plans will need to be accompanied with documentation from the medical practitioner e.g. Emergency Action Plans.
- I understand that anyone collecting my child/ren will need to present identification in the form of license (hard or digital copy), photo ID or passport.
- I understand that should any changes occur to my child's condition I must notify the service as soon as practical and possible.**

Parent/Guardian Signature:

Date:

A.5 Court Orders & Family Arrangements

Are there any Court Orders, Parenting Plans or Parenting Orders relating to this child? **If YES, please attach a certified copy**

YES

NO

Are there any special family arrangements (i.e. sole parent, shared custody, etc)

YES

NO

If YES, please provide details:

Parent/Guardian Signature:

Date:

A.6 Additional Information & Permission to Act in Case of Emergency

Registered Medical Practitioner Name:

Medical Practitioner Contact Ph:

Medicare Number:

In case of an accident or illness requiring emergency treatment, the team member in charge will call an ambulance if required. Every effort will be made to contact the Parent/Guardian or those listed as Authorised Nominees to inform them of the situation. Parents/Guardians are asked to read and sign the following: (please tick)

- I/we authorise the Approved Provider, Coordinator/Nominated Supervisor or Educator to seek/provide urgent medical, dental, hospital treatment and/or ambulance service, including the transportation by ambulance (where possible, accompanied by a Wallsend OOSH Team Member) for my child should this be considered necessary and accept any responsibility for cost incurred

Parent/Guardian Signature:

Date:



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PLEASE NOTE

The section below allows us to gather information about your child that can assist with the planning of the program at Wallsend OOSH, in conjunction with My Time Our Place and The National Quality Standards.

‘Every child is a part of the implementation of the program’.

A.7 About Your Child

Recent accomplishments, successes or achievements?	
Disposition for learning e.g. – curiosity, sensory, visual, group work or works independently?	
Favourite activities – craft, sports, meals or any interests that can be implemented into the program?	
Capabilities?	
Challenges?	
Dislikes?	
Goals that you/your child would like to set?	
Any other information you would like to share with Wallsend OOSH?	

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PART B – FAMILY INFORMATION (Is required to be filled out for every child).

Child #1	First Name:		Surname:	
Child #2	First Name:		Surname:	
Child #3	First Name:		Surname:	
Child #4	First Name:		Surname:	

B.1 Primary Parent/Guardian to Contact and/or Collect			
Parent/Guardian 1 (Primary Parent/Guardian with Centrelink)			
Parent Given Name/s:		Parent Surname:	
Date of Birth:		Gender:	
Relationship to Child:		Parent CRN:	
Home Address:			
Email Address:	*used for invoices & communication		
Cultural Background:		Languages:	
Employer:		Mobile Ph:	
Home Ph:		Work Ph:	
Parent/Guardian 2			
Parent Given Name/s:		Parent Surname:	
Date of Birth:		Gender:	
Relationship to Child:			
Home Address:			
Cultural Background:		Languages:	
Employer:		Mobile Ph:	
Home Ph:		Work Ph:	
I authorise Parent/Guardian 2 to: (please tick)			
<input type="checkbox"/> Be contacted in the case of an emergency if I cannot be contacted <input type="checkbox"/> Collect my child from the Service and sign them in and out <input type="checkbox"/> Authorise a Service Educator to take my child outside of the Service <input type="checkbox"/> Give consent to medical treatment or the administration of medication to my child during times of illness or an emergency			
Parent/Guardian 1 Signature:			Date:

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B.2 Nominee Authorisation

The nominees below will be contacted in emergency situations in instances where all attempts to contact the parent/legal guardian have failed or when prior written notice has been provided by the parent/legal guardian.

- Authorised nominees must present photo ID and must be authorised to collect the child from Wallsend OOSH
- Authorised nominees should be within a reasonable distance of the OOSH service and able to collect the child within a reasonable timeframe

It is critical that you inform the nominees of their responsibilities in relation to your child & the Service

Authorised Nominee 1:

First Name:		Surname:			
Relationship to Child:		DOB:			
Home Address:					
Mobile Ph:		Home Ph:		Work Ph:	

I authorise this Nominee to: (please tick)

- Be contacted in the case of an emergency if I cannot be contacted
- Collect my child from the Service and sign them in and out
- Authorise a Service Educator to take my child outside of the Service
- Give consent to medical treatment or the administration of medication to my child during times of illness or an emergency

Parent/Guardian Signature:		Date:	
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Authorised Nominee 2:

First Name:		Surname:			
Relationship to Child:		DOB:			
Home Address:					
Mobile Ph:		Home Ph:		Work Ph:	

I authorise this Nominee to: (please tick)

- Be contacted in the case of an emergency if I cannot be contacted
- Collect my child from the Service and sign them in and out
- Authorise a Service Educator to take my child outside of the Service
- Give consent to medical treatment or the administration of medication to my child during times of illness or an emergency

Parent/Guardian Signature:		Date:	
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B.3 Family Consent / Acknowledgement (please circle)		
<u>Parent Handbook</u> I have received and read the Family Handbook and agree to abide by this document.	YES	NO
<u>Fees Policy</u> I have received and read the Fees Policy and agree to abide by it, this includes keeping my account paid in full and 2 weeks in advance at all times. I understand that fees may vary from time to time and that I am to refer to any updates in the Fees Policy for full details.	YES	NO
<u>Privacy Acknowledgement</u> I acknowledge the information provided in this form is to be used by Wallsend OOSH for the sole purpose of providing OOSH Services for my child/ren and that the information will only be released when legally required to do so. I understand that full disclosure of any additional support needs for my child/ren is necessary.	YES	NO
<u>Liability</u> I give consent for my child/ren to attend Wallsend OOSH and will not hold the educators or volunteers responsible for damages and/or loss of property and/or accidents.	YES	NO
<u>Safeguarding Children, Young People and Vulnerable Adults:</u> I acknowledge that Wallsend OOSH is committed to creating and maintaining an environment that ensures all people involved in Wallsend OOSH activities, programs or services act in the best interests of the children, young people and vulnerable adults, and take all reasonable steps to ensure their safety, welfare and wellbeing. There is a requirement for all Wallsend OOSH employees, volunteers, student placements, and others associated with Wallsend OOSH to understand that they must: <ul style="list-style-type: none"> • Protect children, young people and vulnerable adults from all forms of abuse, bullying and exploitation by our people • Be alert to incidents of child abuse and neglect occurring outside the scope of our operations and services that may have an impact on the children, young people and vulnerable adults to whom we provide a service • Create and maintain a child-safe culture that is understood, endorsed and put into action by all the individuals who work for, volunteer or access our programs and services • Request permission before taking photos of children. All incidents that you are involved in or witness must be reported to management immediately. This includes, but is not limited to concerns for a child, young person or vulnerable adult's welfare or well-being, concerns for the safety of others, accidents, injuries, illnesses, complaints and inappropriate or suspicious conduct.	YES	NO
	Parent /Guardian Signature:	Date:

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B.4 Terms and Conditions (please tick)

- I acknowledge that I am entering into an agreement with Wallsend Public School P&C Association trading as Wallsend OOSH, in respect to my child/ren being in their care. Wallsend OOSH is contactable by phone on 02 4951 3957 or 0448 409 333 and email oosh@wps-pnc.org.au
- In applying for enrolment, I hereby acknowledge that I am wholly responsible for all fees payable to Wallsend OOSH in accordance with the Fees Policy, in respect to my child/ren being in their care.
- I acknowledge that I am aware that this information is being collected for the purposes of processing my enrolment. Wallsend OOSH, Educators and contracted service providers such as Government agencies covered by law, may be recipients of this information. **If you do not wish to have your information contained in this document used or disclosed for this purpose Wallsend OOSH will be unable to process your enrolment.**
- I acknowledge responsibility to disclose any diagnosed or undiagnosed concerns or behavioural conditions my child/ren may have.
- I understand that I must familiarise myself with the Wallsend OOSH policies and procedures as soon as possible and practical, as well as discuss any concerns with the Coordinator/Nominated Supervisor.
- I am aware that the Service policies are always available to me in the Service and electronic and/or printed copies will be provided to me upon request (a full set of policies and procedures will not be printed due to administrative and sustainability conditions). By signing below, I am agreeing that the responsibility to read and understand the policies and procedures is always mine and agree to abide by them at all times.
- I am also aware that policies and procedures will change from time to time due to review by the Service and the Approved Provider to ensure they meet Regulatory requirements. I am aware that I am provided the opportunity to contribute to the policy review process at any time and that the OOSH Service will notify me of changes made.
- I understand that all educators at Wallsend OOSH are mandatory reporters as per Children and Young Persons (Care and Protection) Act 1998.
- Parents/Guardians are required to:
 - Maintain appropriate and respectful communication with the Service Educators
 - Not use abusive, intimidating or threatening language, inclusive of swearing, while at the Service
 - Not approach any other child on their own while at the Service
- Parents/Guardians must inform the Service:
 - If their child/ren will be absent
 - If their child/ren has been unwell
 - Of any court orders, parenting plans, or parenting orders that are in place regarding their child/ren
- I hereby state that all above information supplied is correct and all information that may affect my child/ren's care and the care of other children enrolled at Wallsend OOSH has been included. I understand that enrolment in the Service is conditional on the accuracy of the information supplied by me and that my child's participation may be terminated with no refunds of costs incurred, if the information is found to be inaccurate or misleading. I understand that my responses to the above questions will be acted upon as I have directed and any alteration to this information will need to be made by me in writing.

Acknowledgement

I (full name) (the undersigned) confirm the information provided within this form is understood and correct. I have read and agree to the Terms and Conditions outlined above.

Parent/Guardian Signature: Date:

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OFFICE USE ONLY

Account name (child's surname)			
The below are attached (where applicable)			
Immunisation record	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Risk minimisation & communication plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Medical alert sheet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Asthma management plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Additional support paperwork	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ISS funding forms	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Court Orders, Parenting Plans or Parenting Orders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CCS enrolment created	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Bookings Created in Xplor	<input type="checkbox"/> YES		<input type="checkbox"/> NO
CCS Instructions emailed	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Annual enrolment fee collected: \$40 for 1 st child, \$10 per additional child	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Xplor invite has been sent	<input type="checkbox"/> YES		<input type="checkbox"/> NO

Data entered into Xplor by:					
Name:		Signature:		Date:	