

# Child Enrolment Form

Phone: 0422350734

or

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**Welcome to Kiddo's OSHC & Vacation Care.....**

## Confirmation of childcare written agreement 2022

Kiddo's Woodlake – Woodlake Village Community Centre 2 Highpoint Blvd Ellenbrook

Kiddo's Sunray – Woodlake Village Shopping Centre 1/20 Sunray Circle Ellenbrook WA 6069

## Parties to the agreement

Between: \_\_\_\_\_ (CCS enrolling parent) Mobile: \_\_\_\_\_

And: Kiddo's OSHC & Vacation Care, ABN 76 462 076 546 (VanessaWhittington)

For: (child name) \_\_\_\_\_ D.O.B: \_\_\_\_\_

### I Confirm:

- That my details and that of the child I am enrolling are correct in the enrolment form.
- I have agreed to days of care within the above service.
- I understand the start and end times of the session of care at the above service
- That care may be provided on a casual basis where available at the above service at my request.
- I Understand that I am liable to pay the fees for the care of the child
- I have enrolled as indicated above and if applicable in other information the above service has given me (e.g.: a fee schedule, parent handbook, website) which are subject to change over time based on advice from the service (provider) and acceptance by me.
- If you are not registered for CCS full fees will apply until your CCS is confirmed.

Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Table

Before school care fee	\$28
After school care fee	\$38
Vacation care fee	\$95
School development day	\$95
BSC cancelation after 6pm the day before	Full fee payable
ASC cancelation after 8.30am the day of	Full fee payable
Late payment reminder after 2 reminders	\$10 per statement
Direct debit failure	\$4 per transaction
Late collection of children fee / paid in cash to the educators	\$20 per 10min block
ASC dinner	\$5
Special event surcharge – school holidays	\$15

## Child Details

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages spoken: \_\_\_\_\_ Religion: \_\_\_\_\_ Lives with: \_\_\_\_\_

**Days of care required: Permanent / casual / Vacation Care (circle)**

### Week 1

BSC Time:	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Depart					
ASC Time:	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive					
Depart					

### Week 2

BSC Time:	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Depart					
ASC Time:	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive					
Depart					

School name: \_\_\_\_\_ OSHC Start date: \_\_\_\_\_ Teacher / class: \_\_\_\_\_ Year: \_\_\_\_\_

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to be transported either walking or driven in a service bus or private car to school or from school. I understand my child may need to attend drop-offs & pick-ups at another school when necessary for staffing arrangements.

Signature \_\_\_\_\_ Date: / / \_\_\_\_\_

All children in care will be given an induction on road and pedestrian safety on enrolment. Your child will be expected to follow instructions, walk, not run, walk next to or behind Educators and not to run ahead. When arriving at school Educators will take younger children K – PP/year 1 and children with additional needs directly to and pick up from their classroom.

**The service does regular emergency evacuation rehearsals where children need to leave the service and relocate to the emergency muster point in the car park. I agree for my child to take part in the rehearsals.**

Signature: \_\_\_\_\_ Date: / / \_\_\_\_\_

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to play on the Woodlake oval after school or at the Woodlake playground and tennis courts between 3.00pm – 4.30pm when weather is permitting. A risk assessment is available to view at the service. A text message will be sent to parents when children are on an excursion.

Signature \_\_\_\_\_ Date: / / \_\_\_\_\_

Children must be provided with a hat a water bottle every day. Please ensure children have a spare hat in their bag for use during OSHC. Children will apply Coles everyday SPF 50+ sunscreen before taking part in outdoor play.

I give permission for my child to use Coles everyday SPF 50+ sunscreen Signature \_\_\_\_\_ Date \_\_\_\_\_  
If you prefer your child to use a different sunscreen, please provide your own in your child's bag.

**Please supply the child's original birth certificate for staff to sight and copy as well provide a copy of your child's immunization record from your Medicare account on MyGov.**



Please tick or cross the boxes below:

- My child attends this and no other Centre
- My child attends another Centre as well as this one. Name of Centre \_\_\_\_\_
- My child has a sibling attending another approved Centre on a weekly basis. Name of Centre \_\_\_\_\_
- My child has a sibling attending vacation care in school holidays
- My child has the following allergies: \_\_\_\_\_
- My child has the following dietary needs due to allergies, religion, beliefs, etc. \_\_\_\_\_
- My child suffers from: Anaphylaxis / Asthma / Diabetes / Epilepsy / ADHD / Other. We need a related Health Management Plan (See office) to be completed by your doctor. An EpiPen will need to be supplied and kept at the service for children with anaphylaxis and any other medication such as Ventolin etc. will also need to be supplied when the child attends the service. *Regulation 90. Medical conditions policy, 91. Medical conditions policy to be provided to parents.*
- Does your child require additional assistance in any of the following areas? Communication, Mobility, Self-care, Learning and applying knowledge, interpersonal interactions and relationships Yes/ no *Please specify*
- My child is on regular medication. You will be required to sign an authority for the service to give medication. (See office). *Regulation 93. Administration of Medication, 162. Health information to be kept in enrolment record*
- My child is immunised. Please supply your Immunisation Record
- My child has received the Covid-19 vaccine and I can provide a certificate.
- I understand I must notify the service if my child has been diagnosed with a contagious illness.
- I have chosen not to have my child immunised. [Approved documentation must be provided before your child can attend – See Immunisation Policy]
- My child has attended childcare in the past
- My child is toilet trained.
- I give permission for my child to participate in celebrations at the Service such as Christmas, Birthdays, Easter, etc. If not, please submit: \_\_\_\_\_

Is there anything else you would like us to know that will assist us in getting to know your child? For example, likes, dislikes, behaviour management, needs, strengths:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Details (all fields are mandatory)**

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Surname: \_\_\_\_\_

Home address: \_\_\_\_\_ Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Suburb: \_\_\_\_\_

Post code: \_\_\_\_\_ Post code: \_\_\_\_\_

Home Phone no. \_\_\_\_\_ Home Phone no. \_\_\_\_\_

Mobile no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

D.O.B: \_\_\_\_\_ D.O. B: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

CRN: \_\_\_\_\_ CRN: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Cultural Background: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work address: \_\_\_\_\_ Work address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Suburb: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Legal Documentation  
Siblings**

Name: \_\_\_\_\_ Gender: Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Gender: Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Gender: Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Gender: Date of Birth: \_\_\_/\_\_\_/\_\_\_



**Authorised Nominee to Collect / Emergency Contacts (it is mandatory to provide two emergency contacts)**

If there is another person who has a parenting role e.g., Stepparent and they are not listed in previous section, please add their details here.

We require at least two local contacts that, if we cannot contact you, we can call if your child is unwell or in the case of an emergency. People listed below will be authorised to collect your child from the Service. =, authorise medical treatment and the administration of medication.

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Surname: \_\_\_\_\_

Home address: \_\_\_\_\_ Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Suburb: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I authorise the above-named people to be a Nominee for my child at the Service:

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Please ensure that this information is kept up to date.**

**Medical Details**

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any religious requirements in case of an accident? \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund Details: \_\_\_\_\_

If you do not list a doctor and/or Dentist, the staff may contact one on your behalf. Service staff may contact the nearest Doctor or Dentist if unable to contact those listed or if deemed more suitable. In the event of an emergency, illness or accident concerning my child and the Centre being unable to contact me or another person authorised by me, I consent to the Service seeking on my behalf medical, dental, hospital and ambulance attention for my child and I accept liability for medical, dental, hospital and ambulance expenses were incurred. If the Doctor or Dentist listed on the enrolment form or the nearest Doctor or Dentist available considers immediate medication, anesthetic or surgery he/she has my permission to administer whatever procedure is deemed necessary. In the event of a medical emergency, which is deemed life threatening, an ambulance will be contacted as the priority by Service staff prior to contacting you. We recommend that all children attending Childcare Service should have ambulance cover.

I agree to all the above conditions:

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to keep my fees paid up to date and understand that a placement for my child within the Service will not be held if my fees are not kept current. I understand that all booked days are paid for even when my child is absent due to sickness or public holidays during school terms. Accounts that are more than 15 days overdue will incur a \$10 administration fee for every reminder that is sent out. If accounts reach 30 days of not being paid the account will be handed over to the Service's debt collection agency.
- I agree to call the Service if my child will be absent and am aware that make up days can be organised for another day if a spot is available. (A Maximum of 5 make up days can be used in each calendar year). Make ups days not taken whether by choice, lack of availability or absences will be forfeited at the end of each calendar year. Make up days can only be used for an additional day not for a routine day.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 cash per 15-minute block or part thereof after closing time, per Educator. If a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer, they use their own sunscreen please bring a spare tube to remain at the Service – clearly labelled with your child's first and last name).
- I give permission for my child to be photographed and videoed and the video and photos used for displays at the Service, shared with other children and families, used as teaching resources and to publicise the Service.
- Or **NO** photos to be shared on social media or with other families etc.
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child.
- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I understand that availability of placements will be given on a priority basis in accordance with government guidelines, these are as follows:
- Priority – A child at risk of serious abuse or neglect
  - Second Priority – A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.
  - Third Priority – Any other child
- I have read the Parent Information Booklet and am familiar with the Service's Policy Manual located at the service. I agree to follow, support, and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.
- I or someone I know has a skill they could share with the children.

### Child Care Subsidy

It is the enrolling parent responsibility to complete the CCS enrolment online through MyGov. You must also notify that your child is attending Kiddo's OSHC & Vacation Care. CCS is now paid directly to the Service and the gap fee must be paid by the enrolling parent either weekly or fortnightly as arranged with the Service.

### Office use only:

Child enrolment form checked / updated			
Date	Parent Initial	Same or change	On page no.
		Same / change	
		Same / change	
		Same / change	
		Same / change	

### Checklist:

- Custody order sighted and on file where applicable
- All details submitted
- Immunisation Record sighted or Approved Documentation
- Birth certificate sighted
- Photocopy of birth certificate attached
- Health Management Plans (And related documents as per the Medical Conditions Policy)
- Authorisation to give medication: Nominated Person: \_\_\_\_\_ Yes / No
- Permission for my child/children to attend organised excursions.
- Nominated Person: \_\_\_\_\_ Yes / No
- Conditions of Enrolment