

30 Gosse Road
 PADBURY, 6025
 WA



ENROLMENT FORM BAMBARA BEFORE, AFTER & VACATION CARE

CHILD DETAILS

Surname of Child:	First Name:
Address of child:	
DOB:	C.R.N:
<input type="radio"/> Female <input type="radio"/> Male	
School:	Year level on enrolment:
Is your child of Aboriginal or Torres Strait Islander origin?	
<input type="radio"/> No <input type="radio"/> Yes, Aboriginal <input type="radio"/> Yes, Torres Strait Islander	
Language spoken at home:	Cultural background:
Are there any cultural, dietary, religious, or additional need requirements for your child?	

Please tick below the days and care your child will require at the centre each week.

BEFORE SCHOOL CARE

Monday	Tuesday	Wednesday	Thursday	Friday	Occasionally

AFTER SCHOOL CARE

Monday	Tuesday	Wednesday	Thursday	Friday	Occasionally

Will your child use transport provided from school to centre? YES / NO

Commencement Date: _____ / _____ / _____

30 Gosse Road
 PADBURY, 6025
 WA



PARENT / GUARDIAN CONTACT DETAILS:

Parent/ Guardian 1 Name:		
Address:		
Work Address:		Occupation:
Work Contact:	Home Contact:	Mobile:
E-mail address:		
	CRN:	DOB:

Parent/ Guardian 2 Name:		
Address:		
Work Address:		Occupation:
Work Contact:	Home Contact:	Mobile:
E-mail address:		
	CRN:	DOB:

Are there any Family Court orders affecting custody of or access to the child? Y / N

Please provide details with attached court order: _____

30 Gosse Road
 PADBURY, 6025
 WA



PERSONS OTHER THAN PARENTS WHO ARE:

- **Authorised to deliver & collect your child, or**
- **To be contacted if parents / guardians are not contactable in the case of an emergency:**

1	Name:		
	Address:		
	Phone:		Mobile:
	Relationship to Child:		

2	Name:		
	Address:		
	Phone:		Mobile:
	Relationship to Child:		

Would you like your weekly statement emailed to you? YES / NO

ENROLMENT FEE

1 CHILD	\$20.00	2 OR MORE CHILDREN	\$30.00
----------------	----------------	---------------------------	----------------

PAYMENT OPTIONS

DIRECT DEBIT	
Financial Institution: _____	Branch: _____

BSB Number: _____	Account Number: _____
Account Name: _____	
I give permission for HOOSCI to withdrawal payment for Child Care Fees this includes <i>1-week payment in advance</i> for care required.	
Signature: _____	Date: _____
CREDIT CARD	

30 Gosse Road
PADBURY, 6025
WA



VISA

MASTERCARD

Card Number: _____

Expiry Date: _____

Name of Cardholder: _____

I give permission for HOOSCI to withdrawal payment for Child Care Fees this includes *1-week payment in advance* for care required.

Signature: _____ Date: _____

MEDICAL INFORMATION

Is there any medical or physical condition from which your child/children suffer that needs to be brought to the attention of the Supervisor? For example – special dietary needs; allergies; medical conditions such as Epilepsy, Asthma, Anaphylaxis, ADD etc.

PLEASE GIVE DETAILS

Dr: _____ Phone: _____

Address: _____

Medicare No: _____ Expiry Date: _____

Is your child fully immunised? YES / NO (please provide copy of up to date immunisation)

If not fully immunised which immunisations has your child not received?

Are there any medical management plans in place for your child? YES / NO

Please attach a copy of the medical management plan with risk minimisation plan signed by Dr.

ACCIDENTS AND ILLNESS

We regret that we are unable to care for sick children or children with contagious illnesses. Medicine will only be administered to children by staff if it is prescribed by a doctor and parent authorisation is received on the day that it is to be administered. **All medications are to be presented in labelled box/ container with prescribed information of dosage, expiry, child's name and how to be administered.**

30 Gosse Road
PADBURY, 6025
WA



PROGRAM OF ACTIVITIES

I am willing for my child to participate in all activities offered in the programme. I agree it is my responsibility to familiarise myself with the programme and to advise the Centre in writing if I do not wish my child/ children to participate in a particular activity. I understand that HOOSCI is not responsible for any toys or electronic equipment brought into the centre by my children.

TRANSPORTING CHILDREN TO THE CENTRE

I give permission for my child to be transported to and from the school by the centre's educators and in the HOOSCI bus or private vehicle.

LOCAL EXCURSIONS

I give permission for my child to participate in local excursions by the centre. I agree it is my responsibility to familiarise myself with the area and manner of the excursion.

PHOTOGRAPHS / PG MOVIES / MEDIA, IMAGES

We give / do not give permission for our child to be photographed for the purposes of displaying within the centre.

We give / do not give permission for our child to be photographed for the purposes of publicity for the service.

We give / do not give permission for our child to be photographed and their image being posted on our closed Facebook page.

We give / do not give permission for our child to be photographed and their image being posted on our public Facebook page.

We give / do not give permission for group photos to be taken and sent home in other children's learning journals.

We give / do not give permission for our child to watch PG rated movies.

VISITORS TO THE CENTRE

We give / do not give permission for the child to receive individual observation by students on accredited training programs in the Centre.

We are aware that the Centre may occasionally have visitors to the Centre and have volunteers that may assist at the Centre. We consent / do not consent to our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision.

ANY OTHER SPECIAL INFORMATION CONCERNING YOUR CHILD

Please indicate festivals/ celebrations your family recognises and wish for educators to be aware of:

30 Gosse Road
PADBURY, 6025
WA



PARENT STATEMENT

I the parent / guardian agree that the information provided in this application is true and correct and will be relied upon by the Hillarys Out of School Care Inc (HOOSCI). I agree to notify HOOSCI of any changes to the details outlined in this enrolment form within 7 days of such change.

Parent Signature: _____ **Date:** _____

TERMS AND CONDITIONS OF ENROLMENT

(The use of the word 'we' will also include the singular 'I' where applicable in this section)

1. We have viewed the Hillarys Out of School Care Centre (hereafter called HOOSCI) and consent to the enrolment of the admitting child/ren (hereafter referred to as the child).
2. We acknowledge having received and read the *Centre's Parent Handbook* and we understand any changes to such will be displayed on the Centre's notice board.
3. We agree to comply with all Government requirements in relation to the Centre and its services.
4. We agree that in the case of accident or injury, the Centre will attempt to contact us and where we cannot be contacted medical care may be sought and given to the child, and we agree to meet any expenses incurred. The medical care sought may include the calling of an Ambulance and we agree to meet the expense of an Ambulance. In the case of an emergency as determined by the Staff at the Centre, we authorise the Centre to contact an Ambulance and send the child to hospital.
5. We always agree to abide by the centre's policy by paying fees one week in advance. We agree to pay any expenses, cost or disbursement incurred by recovering or attempting to recover any outstanding monies including debt collection agency fees and or solicitors' costs which shall be paid by me.
6. We are aware that seven days' notice in writing of cancellation of care must be given in advance, otherwise fees will continue to be charged.
7.
 - a. We are aware that fees for public holidays are payable if the day is a usual day of attendance.
 - b. We are aware that fees are payable for days where allowable absences are taken.
 - c. We are aware that the Centre closes for a one-week period plus public holidays over the Christmas / New Year period
10. We understand that a system of payment for late collection operates at the Centre to cover overtime payments due to staff. We are aware that we are obliged pick up the child by 6.00pm. Any late collection will result in a fee of \$1.00 per minute being imposed. We understand the necessity to notify the centre if we are going to be late and if the child is unable to attend on the day.
11. We understand that children who are third priority in the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child.
12. We are aware that the child will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. We understand that the child will be accepted back into the Centre upon provision of a 'clearance certificate' for the child from a medical practitioner
13. We agree to provide the Centre with all information regarding the Health of the child or any other information required by the Centre.

30 Gosse Road
PADBURY, 6025
WA



14. We are aware that if we fail to provide information correctly as required by the Centre, the Centre will be able to terminate services forthwith.
 15. HOOSCI believes that all children should be cared for in a secure, warm & friendly environment wherein they are encouraged to be considerate and to cooperate with others. Experiences will be provided which are suited to the age and development of the children. We are willing for our child/children to participate in all experiences offered in the programme. We agree it is our responsibility to familiarise ourselves with the programme and to advise the centre in writing if we do not want our child to participate in a particular experience.
 16. We are aware that HOOSCI is not responsible for any electronic devices or personal toys that are brought into the centre.
 17. The Centre reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any credit balances.
-

UPDATED MAY 2020