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ABN: 374 648 951 28

CHILD ENROLMENT FORM

Child 1. First name: _____ Last name: _____

Male Female Other _____ DOB: (dd/mm/yyyy) _____

Childs' CRN: _____ Child's Medicare number: _____

Cultural background: Aboriginal NOT Torres Strait Islander Torres Strait Islander NOT Aboriginal
(Please tick) Aboriginal AND Torres Strait Islander NOT Aboriginal NOR Torres Strait Islander
 Other: _____

Child 2. First name: _____ Last name: _____

Male Female Other _____ DOB: (dd/mm/yyyy) _____

Childs' CRN: _____ Child's Medicare number: _____

Cultural background: Aboriginal NOT Torres Strait Islander Torres Strait Islander NOT Aboriginal
(Please tick) Aboriginal AND Torres Strait Islander NOT Aboriginal NOR Torres Strait Islander
 Other: _____

Child 3. First name: _____ Last name: _____

Male Female Other _____ DOB: (dd/mm/yyyy) _____

Childs' CRN: _____ Child's Medicare number: _____

Cultural background: Aboriginal NOT Torres Strait Islander Torres Strait Islander NOT Aboriginal
(Please tick) Aboriginal AND Torres Strait Islander NOT Aboriginal NOR Torres Strait Islander
 Other: _____

Child 4. First name: _____ Last name: _____

Male Female Other _____ DOB: (dd/mm/yyyy) _____

Childs' CRN: _____ Child's Medicare number: _____

Cultural background: Aboriginal NOT Torres Strait Islander Torres Strait Islander NOT Aboriginal
(Please tick) Aboriginal AND Torres Strait Islander NOT Aboriginal NOR Torres Strait Islander
 Other: _____

Number of children attending **other** care services (eg: Childcare Centre): _____ *Centrelink requirement for CCS percentage.*

Language/s spoken at home: _____

Address: _____

Postal Address: (or 'As Above') _____

School attending: _____

PARENT/GUARDIAN DETAILS

1. Parent/Guardian **Claiming CCS:**

Last Name: _____ First name: _____
DOB: dd/mm/yyyy _____ CRN Number: _____ *(different to child's)*
Relationship to child: _____
Address: *(if same as child, write 'as above')* _____

Ph Home: _____ Mobile: _____
Work: _____ Email: _____
Weekly fee statements and general correspondence: Emailed Printed
Is this parent/guardian responsible for payment of accounts? Yes No

Parent/Guardian 2.

Last Name: _____ First name: _____
DOB: dd/mm/yyyy _____ CRN Number: _____ *(different to child's)*
Relationship to child: _____
Address: *(if same as child, write 'as above')* _____

Ph Home: _____ Mobile: _____
Work: _____ Email: _____
Is this parent/guardian responsible for payment of accounts? Yes No

Are there any current written arrangements for the care of the child/ren? May include parenting plans, residence orders, custody orders etc. YES NO
TO ENABLE THE SERVICE TO COMPLY WITH COURT ORDERS A CETRTIFIED COPY MUST BE PROVIDED.

EMERGENCY CONTACT INFORMATION / PERSONS PERMITTED TO COLLECT MY CHILD

Please note the following applies to Emergency Contacts:

- 1. Only the people noted below may pick up your child unless otherwise arranged.
- 2. These people are required to produce photo identification when picking up your child at their first visit to the service and subsequently by staff request.
- 3. Authorised Nominees/Emergency Contacts must be over the age of 18. No person under the age of 18 years will be allowed to drop off or pick up your child unless he/she is authorised by you to do so. In this case, you will be requested to complete a separate authorisation.

In an emergency, and/or if your child is not collected at closing time, the centre staff will contact the emergency contacts.

EMERGENCY CONTACT PERSON/S **(OTHER THAN PARENTS)**

Name: Relationship to Child:
Telephone:
Name: Relationship to Child:
Telephone:

Do you permit the above-mentioned person/s to approve medical treatment, or to authorise administration of medication to the child; or transportation by ambulance service or excursion permission if we are unable to contact you? **YES/NO**
Do you permit the above-mentioned person/s to approve any person who is authorised to authorise an educator to take the

child outside the education and care service premises. YES/NO

CHILD'S MEDICAL INFORMATION

Doctor's name: _____

Practice Address: _____

Phone: _____

Is/are your child/ren fully immunised? NO YES

If your child is not fully immunised, they may be unable to attend the service at the outbreak of an infectious disease.

Does your child/ren have a disability? Y / N Name (if more than one child on form) : _____

Disability: Any specific care instructions.
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For additional children, please attached separate pages.

Does your child/ren have any health, medical or diagnosed behavioral conditions? NO YES

IF YES, CHILD/REN'S NAME/S IF MORE THAN ONE CHILD ON FORM: _____

Does your child have any food intolerances or food allergies? NO YES

IF YES, CHILD/REN'S NAME/S IF MORE THAN ONE CHILD ON FORM: _____

If yes, is the intolerance/allergy life threatening? NO YES

Please provide details of any food intolerance/allergy management plans relating to your child.

BEHAVIOUR MANAGEMENT

Does your child have a Positive Behaviour Support Plan? NO YES (PLEASE ATTACH)

IF YES, CHILD/REN'S NAME/S IF MORE THAN ONE CHILD ON FORM: _____

Are there any particular behaviors' that staff should be aware of and how these are best managed? NO YES

IF YES, CHILD/REN'S NAME/S IF MORE THAN ONE CHILD ON FORM: _____

Are there any identifiable triggers to the behaviour?

Please provide details of any Positive Behaviour Support plans relating to your child.

*****If you have ticked YES to any of the medical information questions, you will be required to complete a relevant medical management plan, action plan/support plan before your child may begin.**

Further Information

Does your child/ren have any Cultural, Religious or Lifestyle (eg: Vegetarian) requirements? Please specify:

CONSENT

Consent for photographs and video footage: (please circle)

- In the centre? **Y / N**
- In the school newsletter? **Y / N**
- Facebook **Y / N**
- On public displays? **Y / N**
- In advertising material? **Y / N** (brochures, newspapers, television)

Consent to apply sunscreen to my child: Y / N
Consent to apply insect repellent to my child: Y / N
Consent to act in an emergency: Y / N In the case of an emergency, I give permission for staff to administer first aid (including the use of an epi pen and a asthma puffer and spacer) and/or call an ambulance
Consent for my child to watch G and PG rated movies Y / N
Consent for educators to liaise with school staff when relevant to the wellbeing of my child Y / N
Consent for my child/ren to participate in nail painting/hair spray/face painting activities Y / N
Acknowledgement that 7 days written notice must be given to cancel/alter permanent booking for before and after school care Y / N
Acknowledgement that no changes or cancellations will be accepted for vacation care 2 weeks prior to the school holidays starting. Any absences will be charged at the full fee. Y / N
Acknowledgement that fees are payable whether my children attend or not on the day they are booked in on a permanent basis. This applies to public holidays, school camps and unforeseen closures. Y / N
Consent for my child/ren to participate in risky play such as tree climbing, tool use, loose parts play, rough and tumble play Y / N
Consent for my child to participate in spontaneous wet weather play. I will provide a change of clothes and towel Y / N

Terms and conditions:

- If your child becomes ill at the service, you will be required to pick the child up, or make alternative arrangements for pick up, as soon as possible.
- Certain illnesses and viruses have an exclusion period. Please refer to the information here:
https://www.health.qld.gov.au/data/assets/pdf_file/0022/426820/timeout_poster.pdf

- Educators are mandatory reporters and we are required by law to report any suspicions of child abuse to the relevant authorities
- I/we will inform the service of any changes to information provided on this form to keep our family details current
- Late fees apply to children collected after 6:00pm
- Children cannot leave OSHC with any persons other than those nominated by you unless prior arranged

BOOKING

**Permanent bookings are regular weekly or fortnightly bookings.
Casual bookings are made as required and dependent on availability.**

Casual Bookings Only

Before School Care (please circle): Mon Tue Wed Thurs Fri Weekly Fortnightly
Open: 6:30am – 8:15am

After School Care (please circle): Mon Tue Wed Thurs Fri Weekly Fortnightly
Open: 3:00pm – 6:00pm.

Preferred Start Date: _____

All casual bookings are made on a first in first served basis and placements cannot be guaranteed for the required day.

Vacation care and pupil free days bookings are taken each school holiday period and pupil free day.

Vacation Care programs and booking forms are available at least 2 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days. Bookings and permission forms are essential for vacation care programs.

Alternative care is not provided at the service on excursion days.

Student Free Days: Open: 7.00am – 6.00pm

Vacation Care: Open: 7.00am – 6.00pm

Public holidays: Closed

Any casual cancellations must be made before 12pm the previous day otherwise the full casual rate will be charged.

I have read and completely understand all content in this document.

I have accurately completed this enrolment form and declare that all information is true.

Sign: _____ Date: _____

FEES AND PAYMENT Machans Beach OSHC ABN: 374 648 951 28

All fees are based on a 'per session or day' cost.

After School Care: \$27.00 Permanent Booking	Before School Care: \$16.00 Permanent bookings
\$29.00 Casual Booking	\$18.00 Casual bookings:

Vacation Care: \$57.00 per day	Student Free Days: \$57.00 per day
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All above fees are 'Full Fee.' Individual fees will vary depending on your work/study/activity circumstances and your child care subsidy entitlement through Centrelink.

Excursions and incursions: We have 6 vacation care and student free days fees, depending on the cost of the activity, excursion or incursion.

Fees are paid via Direct Debit using Debit Success. Please go to <https://login.myxplor.com/> and fill in your bank details under the Finance tab. Information for this will be emailed to you in the confirmation of enrolment email.

We use **Xplor** childcare management software, instructions on how to set up the parent app will be in your confirmation of enrollment email. The default direct debit schedule is weekly, Thursdays. Please indicate below if you would prefer to change this:

Day _____ **Frequency (circle)** Weekly Fortnightly Monthly **Start date** _____

All CCS deductions are automatically calculated through Centrelink and applied to your account.

A weekly statement will be either emailed to you or printed for you to collect, as per your preference, on Mondays.

All about
ME



NAME

PETS

HOBBIES 

 favorite
CANDY

favorite MOVIE/T.V.
Show 


about my 
FAMILY  

favorite PLACE


favorite COLOR


favorite MUSIC


my BIRTHDAY


favorite BOOKS to
read


favorite VACATION


favorite SUBJECT
in school


favorite FOOD
