# ENROLMENT AND CONFIRMATION OF CHILDCARE AGREEMENT - 2022


# ALBANY HILLS STATE SCHOOL P&C ASSOCIATION (PROVIDER)

###  OUTSIDE SCHOOL HOURS CARE

**ABN - 40341506993**

###  Keong Road, Albany Hills 4035 | P.O. Box 238 Albany Hills

 **Phone: (07) 3325 3204 | Email address:** **oshc@albanyhillspandc.org.au**

As a part of your enrolment at our service we require you to confirm acceptance of the following items to be able to receive Government funding on your behalf. The acceptance of this Enrolment and Confirmation of Childcare Agreement will enable it to be used as a Complying Written Arrangement for Child Care Subsidy purposes.

Please ensure you complete all questions on the agreement and supply all required documents prior to commencement of care. All sections requiring a signature must be completed for the agreement to be valid and enable the child to commence care from the agreed start date.

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| **CHILD (one child per form)** |
| **FULL NAME:**  | **GENDER:** |
| **HOME ADDRESS:** | **2022 CLASS:** |
| **DATE OF BIRTH:** | **CHILD’S CRN:** |
| **CULUTRAL BACKGROUND:** | **PRIMARY LANGUAGE:** |

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| **PARENT / GUARDIAN #1 (Registered for CCS – Child Care Subsidy)** |
| **FULL NAME:** | **PARENT / GUARDIAN’S CRN:** |
| **RELATION TO CHILD** | **GENDER:** | **D.O.B:** |
| **HOME ADDRESS:** | **SUBURB:** | **POSTCODE:** |
| **HOME TELEPHONE:** | **MOBILE:** |
| **EMAIL:** | **EMPLOYER:** |
| **WORK ADDRESS:** | **WORK TELEPHONE:** |
| **CULTURAL BACKGROUND:** | **OCCUPATION:** |
| **LANGUAGE SPOKEN AT HOME:** | **RELIGION:** |

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| **PARENT / GUARDIAN #2**  |
| **FULL NAME:** |
| **RELATION TO CHILD** | **GENDER:**  | **D.O.B:** |
| **HOME ADDRESS:** | **SUBURB:** | **POSTCODE:** |
| **HOME TELEPHONE:** | **MOBILE:** |
| **EMAIL:** | **EMPLOYER:** |
| **WORK ADDRESS:** | **WORK TELEPHONE:** |
| **CULTURAL BACKGROUND:** | **OCCUPATION:** |
| **LANGUAGE SPOKEN AT HOME:** | **RELIGION:** |

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| **CONTACT #1**  |
| **FULL NAME:** |
| **RELATION TO CHILD** | **GENDER:** |
| **HOME ADDRESS:** | **SUBURB:** | **POSTCODE:** |
| **HOME TELEPHONE:** | **MOBILE:** |
| **WORK TELEPHONE:** |  |

I,       give permission for the above Contact #1 to be noted: (do not mark if not authorising)

To collect my child from the service: [ ]

To authorise consent to medical treatment or administration of medication: [ ]

To authorise an educator to take my child outside the service, i.e. excursion: [ ]

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| **CONTACT #2** |
| **FULL NAME:** |
| **RELATION TO CHILD** | **GENDER:** |
| **HOME ADDRESS:** | **SUBURB:** | **POSTCODE:** |
| **HOME TELEPHONE:** | **MOBILE:** |
| **WORK TELEPHONE:** |  |

I,       give permission for the above Contact #2 to be noted: (do not mark if not authorising)

To collect my child from the service: [ ]

To authorise consent to medical treatment or administration of medication: [ ]

To authorise an educator to take my child outside the service, i.e. excursion: [ ]

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| **CONTACT #3** |
| **FULL NAME:** |
| **RELATION TO CHILD** | **GENDER:**  |
| **HOME ADDRESS:** | **SUBURB:** | **POSTCODE:** |
| **HOME TELEPHONE:** | **MOBILE:** |
| **WORK TELEPHONE:** |  |

I,       give permission for the above Contact #3 to be noted: (do not mark if not authorising)

To collect my child from the service: [ ]

To authorise consent to medical treatment or administration of medication: [ ]

To authorise an educator to take my child outside the service, i.e. excursion: [ ]

**Please note for emergency contacts / authorised collectors, ID will be required upon collection of children. ID must be a photo ID such as a Driver’s License, 18+ Card, Senior Citizen’s Card or Passport.**

**Children under the age of 18 years will not be permitted to drop off or pick up children without an adult present.**

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| **COURT PARENTING ORDERS:** |

1. Are there any court orders, parenting orders or parenting plans for your child? [ ]  Yes [ ]  No
2. Are there any court orders providing information regarding your child’s residence or your child’s contact with a parent other than the parent listed in Parent / Guardian 1 above? [ ]  Yes [ ]  No

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| **MEDICAL DETAILS:** |
| **Doctors Name:** | **Doctor’s Telephone:** |
| **Doctors Work Address:** | **Medicare Number:** |

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| **ASTHMA:** |

Does your child suffer from Asthma? [ ]  Yes [ ]  No

Does your child have an Asthma Action Management Plan? [ ]  Yes [ ]  No

***\*If you ticked yes to either of the above questions, please complete the services ‘Asthma Risk Minimisation Form’.***

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| **ALLERGIES / MEDICAL CONDITIONS:** |

Has your child been diagnosed as at risk of severe allergy or anaphylaxis? [ ]  Yes [ ]  No

Do they have an Anaphylaxis/ Allergy Action Management Plan? [ ]  Yes [ ]  No

What have they been diagnosed anaphylactic or allergic too?

***\*If you ticked yes to either of the above questions, please complete the services ‘Anaphylaxis Risk Minimisation Form’.***

Has your child been diagnosed with a medical condition? (Examples: diabetes, epilepsy, ADHD/ASD) [ ]  Yes [ ]  No

Do they have a Medical Action Management Plan? [ ]  Yes [ ]  No

What medical condition have they been diagnosed with?

***\*If you ticked yes to either of the above questions, please complete the services ‘Medical Risk Minimisation Form’.***

Has your child been hospitalised in the last year? [ ]  Yes [ ]  No

If ticked yes, specify (serious illnesses or injuries):

Does your child have any individual developmental or additional needs that could affect their inclusion at the service? [ ]  Yes [ ]  No

If ticked yes, specify (serious illnesses or injuries):

Does your child take any medication? [ ]  Yes [ ]  No *If ticket yes, please complete Medication Form*.

**A copy of your child’s CURRENT Asthma, Anaphylaxis or Medical Action Plan from your General Practitioner or Medical Specialist MUST be supplied before commencement of care.**

**DIETARY CONDITIONS:**

1. **Are there any dietary requirements or foods that your child likes / dislikes?** [ ]  Yes [ ]  No

If ticked yes, specify:

1. **Is there any food that your child cannot eat due to religious / cultural / social reasons?** [ ]  Yes [ ]  No

If ticked yes, specify:

I,

authorise the approved provider, nominated supervisor or service educator to seek and provide medical treatment for my child from a registered medical practitioner, hospital, or ambulance service, including transportation of my child by ambulance if required in an emergency. I understand all medical expenses incurred will be my responsibility.

Signature:       Date:

**IMMUNISATION:**

1. Is your child’s immunisation up to date and have you provided a copy of the immunisation schedule with this enrolment form? [ ]  Yes [ ]  No

**Children not immunised will be excluded from the service if there is an outbreak of an infectious disease against which they have not been immunised. The period of exclusion will be in accordance with the National Health and Medical Research Council’s recommendations (**[**www.nhmrc.gov.au**](http://www.nhmrc.gov.au)**).**

***Children that are not immunised may not be eligible to claim Child Care Subsidy to reduce care fee.***

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| **DOCUMENTATION REQUIRED TO BE SUPPLIED PRIOR TO COMMENCEMENT**  |
| **Category** | **Documentation Required** | **Supplied** |
|  |  | **YES** | **NO** |
| **Fully Immunised** | Current Immunisation Schedule | [ ]  | [ ]  |
| **Conscientious Objector** | Conscientious Objection from Doctor | [ ]  | [ ]  |
| **Diagnosed Asthmatic** | Current Asthma Action Plan from GP / Specialist | [ ]  | [ ]  |
|  | Completed Service Risk Minimisation Plan | [ ]  | [ ]  |
| **Diagnosed Anaphylaxis** | Current Anaphylaxis Action Plan from GP / Specialist | [ ]  | [ ]  |
|  | Completed Service Risk Minimisation Plan | [ ]  | [ ]  |
| **Current Medical Condition** | Current Medical Action Plan from GP / Specialist | [ ]  | [ ]  |
|  | Completed Service Risk Minimisation Plan | [ ]  | [ ]  |

**I,**

**understand that if my child has been diagnosed with a medical condition, I am required to supply a GP or Specialist documentation and any necessary medication to the service PRIOR to the commencement of care.**

**All medication must have a chemist label present with child’s name and dosage.**

**All Action Plans should be current and issued within the last 6 months from a GP or Medical Specialist. If the documentation and medication (if required) is not supplied, my child/ren will be unable to attend the service until it is received.**

**Signature:** **Date:**

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| **SERVICE SCHEDULE & FEES** |
| **SESSION** | **OPERATION TIME:** | **FEE:** |
| Before School Care | 6:30am – 8:30am | $17.00 |
| After School Care | 3:00pm – 6:00pm | $22.00 |
| Vacation Care | 6:30am – 6:00pm | $55.00 |

**CARE TYPE:**

**Casual Care Bookings**

* This is where you can book on a casual basis with no set routine / regular bookings.

**Permanent Care Bookings**

* This is where you have a regular permanent (routine) booking.
* You have the option to add additional bookings on a casual basis.
* Permanent Care Bookings can be set weekly or fortnightly.

**2022 BOOKING SCHEDULE:**

**Date of First Day of Attendance:** **/** **/** 2022

**Age of Child on First Day of Attendance:** years **/** months

**TYPE OF CARE:**

*\* tick which type of care you require. This will need to be the same as you nominate with Centrelink.*

**Casual Care:** **[ ]**

*\*if selected, you are not required to fill out anymore of the Booking Schedule*

**Permanent / Routine Care:** **[ ]**

*\*if selected, complete the below Booking Schedule, and tick the days required for each care session.*

* If you require the same bookings each week, only complete Week 1.
* If you require alternating fortnightly bookings, complete the days required in Week 1 then for the alternating week in Week 2.

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| **PERMENANT / ROUTINE CARE SCHEDULE** *\*only complete if you require permanent / routine bookings*  |
| **SESSION** | **MON** | **TUE** | **WED** | **THURS** | **FRI** |
| **WEEK 1** | **Before School Care** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | **After School Care** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **WEEK 2***(Only complete week 2 if you require fortnightly care)* | **Before School Care** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | **After School Care:** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

*Please note any additional comments if required below:*

**FEES AND ATTENDANCES:**

[ ]  Yes - I understand and agree to abide by the fee policy including payment for days absent due to sickness and absences if cancellations are not received in time by the service.

[ ]  Yes - I understand the importance of signing in and out using the kiosk tablets and agree to do so on each session of care my child/ren attends. I understand that failure to do so may result in full fees being payable.

[ ]  Yes - I understand that if my child does claim an allowable absence from the centre due to an absence that I am required to acknowledge this on the kiosk next time my child attends.

[ ]  Yes - I understand that failure to pay my fees on time may result in my care being cancelled or reduced. If all reasonable attempts to recover the debt are unsuccessful, I acknowledge that my account may be sent to a Debt Collection Agency.

[ ]  Yes - I understand that I will be responsible for any additional costs associated with collecting my debt should this occur.

**LATE COLLECTION FEE:**

I      , understand that the person collecting my child / children (parents, guardians, emergency contacts and authorised collectors) must ensure that they collect the child/children by closure time. If your child is not collected on time, a late fee of $20.00 per family will be charged immediately after 6.00pm for the first 15 minutes, with a further $20.00 payable every 15 minutes thereafter. The correct time will be recorded on the kiosk tablet upon collection. If a child is not collected by 6.30pm and emergency contacts cannot be reached, the Co-ordinator will contact the police to collect child/ren who are still at the service.

**NON-NOTIFICATION FEE (NNF):**

I      , understand that the NNF fee is charged to families that do not notify OSH that their child/ren will not be attending afternoon care and are required to be contacted to ensure the safety of the child booked. We require notification in writing by email or the bookings and cancellations folder that a child will not attend after school care. The NNF will be $5 per family and will not incur any eligible rebates.

**RESPONSIBLE BEHAVIOUR PLAN:**

Tick to acknowledge you have completed the following:

[ ]  I have read the Responsible Behaviour Plan for the service.

[ ]  I am aware and have discussed the Responsible Behaviour Plan with my child and they are aware of their

 expectations and rules of the service when in care.

[ ]  I understand that certain types of behviour may result in possible suspension or exclusion from the service.

**SPECIAL EVENTS:**

I give permission for my child to celebrate **BIRTHDAYS** and **PERSONAL EVENTS**. [ ]  Yes [ ]  No

I give permission for my child to celebrate **EASTER**. [ ]  Yes [ ]  No

I give permission for my child to celebrate **CHRISTMAS.** [ ]  Yes [ ]  No

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| **AUTHORITIES** |
| **PARENT AGREEMENT** | I acknowledge and confirm:* That my personal details and child’s details in the Enrolment and Confirmation are correct.
* I have listed and agree to the days of care noted on the agreement and understand the start and end times of these sessions of care requested.
* I understand that care may be provided on a casual / routine with flexible option where available at the service at my request in writing.
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| **CHILD CARE SUBSIDY** | I acknowledge that it is my responsibility to complete a Child Care Subsidy assessment through Centrelink or MyGov and to link my child to the Albany Hills Outside School Hours Service. I understand that without completing this assessment and linking to this service that full fees will be incurred. I understand that I must provide the correct child and parent Customer Reference Numbers (CRN) to the service to enable the service to link our child and family to the governments system for the claim of Child Care Subsidy.  |
| **PUBLICITY** | **I** **[ ]  agree /** **[ ]  do NOT agree,**That my child’s photograph or an audio-visual recording may be taken and used (possibly including their name, age, and suburb) in the media such as the service website. |
| **PHOTOGRAPHY** | **I [ ]  agree / [ ]  do NOT agree,**that my child’s photograph or an audio-visual recording may be taken and used for displaying only at the service.  |
| **OBSERVATIONS** | **I [ ]  agree / [ ]  do NOT agree,**That educators of the service and possibly students of TAFE / University may observe my child to aid in the development of the service’s programmed activities or for training purposes for TAFE/university studies.  |
| **SUNSCREEN** | **I [ ]  agree / [ ]  do NOT agree,**That my child can use centre supplied sunscreen. If not centre sunscreen, then I will supply an alternate that will be kept onsite for use. It is a requirement prior to sun exposure. |
| **INSECT REPELLANT** | **I [ ]  agree / [ ]  do NOT agree,**To Educators may apply insect repellent to my child prior to going outside if mosquitoes or insects are present. |
| **LAPTOPS** | I acknowledge that storage space will be provided for my child’s laptop, however Albany Hills OSHC service will not be held responsible, financially or otherwise, for any damages that occurs to laptops being used or stored at OSHC.  |
| **FIRST AID** | I acknowledge that from time to time the educators may need to use Band-Aids or perform other general first aid. All first aid treatment will be non-invasive and no lotions or creams with be applied to the child. |
| **CONTAGIOUS ILLNESSES** | I acknowledge that I am required to keep my child at home when suffering from an infectious or contagious illness for the period recommended by a doctor. Where medical attention has not been sought the period of exclusion will be at the discretion of the coordinator. In some cases, a doctor’s clearance letter will be required.  |
| **ASTHMA and ANAPHYLAXIS EMERGENCIES** | I acknowledge that staff of Albany Hills Outside School Hours Care may be required to administer lifesaving medication in an emergency situation such as an acute asthma episode (Salbutamol inhaler - Ventolin) or severe allergic reaction - anaphylaxis (Adrenaline - EpiPen) whilst my child/ren are in care. |
| **EVACUATION****PERMISSION** | I acknowledge that in the case of a required evacuation the educators will escort my child/ren off the premises to safety. I agree that if I am on the premises during an emergency evacuation that I will follow the directions of the staff of Albany Hills Outside School Hours Care Service. |
| **SIGNING IN AND OUT** | I acknowledge that it is my responsibility to sign in and or out on the IPad kiosks for my child each time my child has a booked session of care. All absences are required to be acknowledged on the iPad kiosk upon return at their next attendance.  |
| **MEDIA VIEWING** | I acknowledge that educators will ensure that all material viewed or played by children, whether provided as part of the service program or bought from a child’s home, is age appropriate and consistent with the Australian Film and Literature Classifications (G) or (PG).  |
| **PROCEDURES AND POLICIES** | I acknowledge that I will follow the services Policies and Procedures. I have read and understand the enrolment literature provided by the Service and agree to abide by the policies and procedures as outlined in the parent service handbook. |

**Parent Signature:**

**Date:**