



Name:

CHILD DETAILS

Surname:			
Given name/s:		Preferred name:	
Date of Birth:		Gender (Please circle):	Male / Female
Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			
Child's home address:			
Child primarily lives with:			
School (Please circle):	Kingsbury Primary School Our Lady of the Way School	Grade in 2020:	
Child's cultural background:			
Language spoken at home:			
Is the Child of Aboriginal Descent?	Yes / No	Is the Child of Torres Strait Islander Descent?	Yes / No
Please outline any cultural or religious practices you would like followed:			
Foundation/Prep enrolments only:	I give permission for the Service to access my child's transition report: Yes / No		

MEDICAL INFORMATION

Medicare Number:		Expiry date:	
Ambulance Cover:	Yes: # _____ / No		

Child's Registered Medical Practitioner or Service Details

Service/Clinic Name:	
Practitioner's Name:	
Contact Number:	
Address:	

Child's medical report

Please indicate if applicable to your child

Medical condition	Yes/No	Details
Anaphylaxis	Yes / No	
Allergies (e.g. food, medication) <i>Please include any previously known allergies</i>	Yes / No	
Asthma	Yes / No	
Developmental delay or disability	Yes / No	
Other (e.g. physical disability, diabetes, epilepsy, grommets)	Yes / No	
Special dietary requirements (e.g. Halal, dairy free)	Yes / No	
Please provide management plans/procedures for each medical condition, as well as any relevant medication, prior to your child first attending.		

Immunisation records

Is your child fully immunised?	Yes / No
As part of the enrolment process, the Service needs to sight these immunisation records. Please indicate how you would like us to sight your child’s immunisation records.	<input type="checkbox"/> I have attached a copy of my child’s immunisation records (preferred) <i>Your child’s immunisation statement can be downloaded from your MyGov account.</i> <input type="checkbox"/> I give permission for my child’s immunisation records held by the school to be accessed by Kingsbury OSHC

COURT ORDERS

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	

PARENTAL CONSENT

I/We give permission for this child to:		
Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	Yes	No
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	Yes	No
Have Band-Aids or saline solution applied when necessary	Yes	No
Have face paint applied on special occasions	Yes	No
View PG rated movies with an OSHC educator present	Yes	No
Have photos and video footage taken for Service use, such as in documentation of activities and learning (footage will not leave the Service)	Yes	No
Have photos and video taken to be used in our portfolio documentation which may be seen by other users of the Service	Yes	No
Have photos and video footage taken to be used on the Kingsbury Primary School website and in school newsletters	Yes	No

PRIMARY PARENT DETAILS

Parent First Name:		Parent Surname:	
Relationship to child:		Parent Date of Birth:	
Address:			
Contact Number/s:	(Home) (Mobile) (Work)		
Email address:			
Parent Centrelink Reference Number (CRN): <i>Please note: This is the guardian who is claiming the Child Care Subsidy and takes responsibility for fee payments.</i>			
Does the child live with you?	Yes / No	Occupation:	

SECONDARY PARENT DETAILS

Parent First Name:		Parent Surname:	
Relationship to child:		Parent Date of Birth:	
Address:			
Contact Number/s:	(Home) (Mobile) (Work)		
Email address:			
Parent Centrelink Reference Number (CRN):			
Does the child live with you?	Yes / No	Occupation:	

EMERGENCY CONTACTS

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. Please nominate authorised nominees who:

- Live a maximum of 30 minutes away from the Service and can provide identification when collecting the child.
- You give permission to consent to medical treatment of the child where you are not able to be contacted.

Please obtain the person's consent before listing them as an emergency contact.

Name	Address	Telephone number	Relationship to child
		H: M: W:	
		H: M: W:	
		H: M: W:	
		H: M: W:	

BOOKINGS

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance. A Complying Written Arrangement (CWA) between the Parent/Guardian and Kingsbury Primary School Out of School Hours Care is an ongoing agreement between the Service provider and the Parent/Guardian, to provide care in return for fees.

Please tick the type of care you require

Casual (bookings for BSC, ASC, VAC and Pupil Free Days made on an as-needed basis)	✓
Permanent/Routine (an ongoing booking for nominated sessions of BSC and/or ASC)	Please tick if applicable

To make a permanent booking, please tick the sessions of care required.

Before School Care 7:00am – 9:00am	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care 3:30pm – 6:00pm	Monday	Tuesday	Wednesday	Thursday	Friday
Comments (e.g. alternate fortnightly pattern):					

*Please note OSHC must be notified of any cancellations as per the cancellation policy.
 Failure to notify OSHC will result in the full fee being charged.*

Fees

The following fee schedule outlines the full fee charged per session prior to the application of any government subsidies such as the Child Care Subsidy (CCS). By completing and submitting this enrolment form you are agreeing to pay the required fees.

Service Type		Cost per session
Before School Care	7:00am – 9:00am	\$17.00
After School Care	3:30pm – 6:00pm	\$20.00
End of Term-Short Session	1:00pm – 3:30pm	\$10.00
<small>OLW children commence at 1:00pm, Kingsbury children commence at 1:30pm</small>		
End of Term-Full Length	1:00pm – 6:00pm	\$30.00
<small>OLW children commence at 1:00pm, Kingsbury children commence at 1:30pm</small>		
Pupil Free Day	7:00am – 6:00pm	\$54.00 *
Vacation Care	7:45am – 6:00pm	\$54.00 *

* Additional fees may apply but will be communicated in advance

PARENTAL CONSENT

- I approve of this enrolment and declare the information on this form to be correct.
- I agree to familiarise myself with, and follow the terms and conditions of, the program's Policies and Procedures, as outlined in the Family Handbook, which I will receive on registration to the program.
- I understand and agree that information from this registration form, as well as other relevant information regarding my child/ren's wellbeing, may be discussed by OSHC staff, the Principal and other staff at Kingsbury Primary School.
- I agree to allow my child/ren to attend and participate in the activities of the program and will advise staff if I do not wish my child/ren to participate in a particular activity.
- I acknowledge that my child/ren may have their photograph taken or be part of a videotaping at the program as part of normal program activities and these will only be used within the program.
- I authorise the person in charge of the program to consent, where it is impractical to communicate with me, to my child/ren receiving such medical or surgical treatment as deemed necessary. I will incur all costs related to such arrangements.
- I understand that, although care and supervision are provided, the Kingsbury Primary Out of School Hours Care Staff & Kingsbury Primary Council cannot accept responsibility for any injury sustained by my child/ren at the Out of School Hours Care Program.
- I also accept full responsibility for my child's belongings whilst attending the program.
- I understand that if my child continually misbehaves, even after behaviour management procedures have been followed, my child may be removed from the program.
- I will inform the program staff of my child/ren being absent from the program. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, an authorised contact or guardian will collect the child as soon as practical.
- I accept the Kingsbury Primary School decision in relation to the policy of outstanding fees. I realise that my child/ren may need to be excluded from the program until all outstanding fees have been paid.
- I will notify staff in writing if a person, other than a parent or legal guardian, over the age of 16 years old is to collect my child/ren from the program.
- I understand that all enrolment details are private and confidential. This information will be used for program purposes only and will be accessible to OSHC staff, the Kingsbury Primary School Principal and School Council. I understand that I can access this information and correct any necessary details whenever I wish.

Signed: _____ Name: _____ Date: ___ / ___ / _____

Please read through these guidelines with your child

Our Program Guidelines

We respect each other.

We use our manners and ask for help when needed.

We always say goodbye to the educators when we are going home.

We don't play in places where the educators cannot see us.

We always go to the toilet in pairs and tell the educators first.

We keep our hands and feet to ourselves and respect other people's personal space.

We always pack up after ourselves before we move onto another activity or are going home.

We do not bring nuts into our program. This helps to keep people with allergies safe.

Privacy Disclaimer

We acknowledge and respect the privacy of our clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

OFFICE USE ONLY	
Date Entered:	Entered By:
Immunisations sighted:	