



Alphabeta OOSH

Enrolment Form 2021

For more information and bookings please contact:

Phone: 02 9831 4001

E-mail: assistant@Alphabeta.com.au

Head Office: 36 Forge Street

Blacktown NSW 2148

Dear Parent

CONGRATULATIONS! You have chosen a before and after school care centre which is dedicated to the care and wellbeing of your child. Our aim is to continue to provide high quality care and education which is personalised to your child.

Alphabeta OOSH provides:

- a secure and safe environment
- fun educational activities and experiences
- guidance and support
- experienced/trained staff members
- low child/staff ratios
- quality resources and equipment
- an action packed fun vacation care programme

Alphabeta OOSH staff create and implement group programs for children aged 5-12 years, which also cater to the individual child. The children are able to engage in group activities or quieter solitary activities which interest them. Children are encouraged to explore the outdoors and we promote physically active play.

We engage children into the programming and planning process by questioning, observing and listening to the children about their own individual, as well as group interests, ideas and desires.

Alphabeta OOSH encourages and supports family involvement. We like Parents/Guardians to communicate with us regularly via email, phone and face to face. We believe Parent/Guardian involvement contributes greatly to the quality care and education we provide.

Please complete the attached enrolment form for your child. It is important that you read and understand our parent handbook when enrolling your child. For further clarification, our service's policy and procedure manual is available to you upon request.

To secure a position and begin care for your child we must have the attached completed enrolment forms, child immunisation records and a copy of their birth certificate.

If you wish to claim Child Care Subsidy we require both a parent and child reference number (CRN number) along with the parent's date of birth. Please contact the Family Assistance Office on 13 61 50 if you need assistance with this.

An upfront non-refundable booking fee of \$50.00 is payable to secure your child's position in our centre.

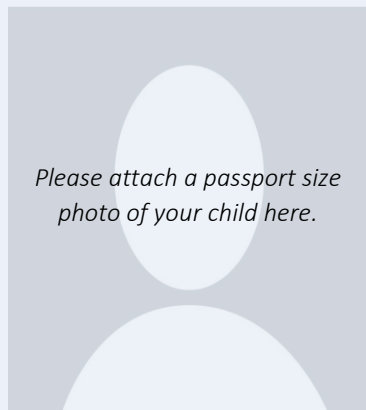
Kind Regards,

Kay Ishak

Centre Director



Alphabeta OOSH Enrolment Form 2021



Please attach a passport size
photo of your child here.

For more information and bookings please contact us:

Ph: 9831 4001

E: assistant@alphabeta.com.au

Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate		Child Customer Reference Number (CRN)	
AIR Immunisation record		Photo identification of all emergency contacts	
Parent Customer Reference Number (CRN) and date of birth		Medical documents & Action Plans (ASCIA)	
Documents regarding additional needs or diagnosed disability		Legal documents, regarding custody arrangements, court order, parental agreements, parenting plans, parenting order etc.	
Social Media/Photography Release		Direct Debit Payment Form (DDR)	

<i>Service name:</i> Michaelian Lane Cove OOSH Wentworthville OOSH	
<i>Address:</i>	
<i>Phone number:</i> 9831 4001	<i>Email:</i> assistant@alphabeta.com.au

OFFICE USE ONLY	
Date Entered:	Entered By:



Childs Name: _____

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family Name			
First given name		Middle name	
Preferred first name			

Date of Birth		Gender (Please check)	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address	
Child normally lives with	

Primary School attending					
Child's Year Level & Teacher					
Days of attendance (Please circle):	Mon	Tue	Wed	Thurs.	Fri
Morning Session Required (Tick):					
Afternoon Session Required (Tick):					

Casual Booking Only (please email assistant@alphabeta.com.au to book as required)	
Vacation Care Only (please book using Vacation Care Booking Form)	

Child's Start Date	
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Childs Name: _____

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home? (Please check) Yes / No	If yes, what language (s) other than English are spoken at home.
County of birth	
Child's residency status	
Please outline any cultural practices you would like followed	
Religion	
Please outline your child's religious background and if relevant any religious practices you would like followed.	
Religious celebrations	



Childs Name: _____

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Primary Parent must also be the registered CRN number holder

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth:	
Email address	
Relationship to child	
Country of Birth	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details	
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Does the child normally live with you? (Please circle)	Yes No
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Occupation	
Place of employment	
Hours of work	



Childs Name: _____

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	

Parent Centrelink Reference Number (CRN)	
--	--

Please provide any relevant cultural background details	
---	--

Does the child live with you? (Please circle)	Yes No
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Occupation	
Place of employment	
Hours of work	



Childs Name: _____

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER*Education and Care Services National Regulations - Regulation 160 (3c, d)*

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes No If yes, please provide all relevant documentation and paperwork	Attached
Have photographs and names of unauthorised people been attached to this form?	Yes No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.



Childs Name: _____

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES ☐ NO ☐

2. Are you liable for fees for care provided at an approved childcare service?

YES ☐ NO ☐

3. Do you meet residency requirements?

YES ☐ NO ☐

4. Does your child meet immunisation requirements?

YES ☐ NO ☐

5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?

YES ☐ NO ☐

6. Have you received confirmation about your Child Care Subsidy?

YES ☐ NO ☐

Please Note:

If you need assistance with filling out this form, please speak to our Childcare Team at head office, who will be happy to help. Please ensure that if any details change, you notify the Service immediately.



Childs Name: _____

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Private Health Cover	Yes No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes No

Child's Registered Medical Practitioner or Service Details

Name of Service	
Medical Practitioner	
Contact Number	
Address	

Child's Registered Dental Practitioner or Service Details

Name of Service	
Dentist's Name	
Contact Numbers	
Address	

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes	Parent 1 Signature:	
	No	Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes	Parent 1 Signature:	
	No	Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?	Yes	Parent 1 Signature:	
	No	Parent 2 Signature:	



Childs Name: _____

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies- provide details of child's allergies. These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other					
Allergy to					
Medical specialist or doctor who may be currently treating your child for this condition					
Phone contact				Address	
Risk of Anaphylaxis		Yes No		Has a doctor diagnosed this allergy? Yes No	
Does your child have a current Action Management Plan?		Yes No		Has your child been prescribed an adrenaline autoinjector? Yes No	
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).					
Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>				Yes No	Parent 1 Signature:
					Parent 2 Signature:

Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food	Detailed information



Childs Name: _____

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition					
Has a doctor diagnosed this condition?				Yes	No
Does your child have a current Medical Management Plan (eg ASCIA Asthma Plan)				Yes	No
If yes, is this plan attached?				Yes	No
REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION					
Do you agree to your child independently self-administer their own medication? <i>Education and Care Services National Regulations - Regulation 96.</i>	Yes	Parent 1 Signature:			
	No	Parent 2 Signature:			
Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis).					
Doctor's name					
Medical Centre		Phone Number			
Signature				Date	
Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.					
Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.					

Childs Name: _____

Medication agreement		
<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> it is prescribed by a medical practitioner it is in the original container with the original label the label contains the child's name instructions and dosage can be clearly read expiry date or use by date is valid any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations Regulation, 95</i></p> <p>Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our <i>Administration of Authorised Medication</i> form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	Parent 1 Signature:	
	Parent 2 Signature:	

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes No	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes No	Attached



Childs Name: _____

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

DEVELOPMENTAL INFORMATION

	<i>Please provide any relevant information</i>
Does your child have any problems with hearing, sight or speech?	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced.	



Childs Name: _____

FIRST EMERGENCY CONTACT

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

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. Please nominate two people over the age of 18 years who may be contacted in these circumstances, and in case of an emergency. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

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

Full Name			
Relationship to child			
Address			
Phone Number	(H) (M) (W)		
Email Address			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service? (Please Circle)	Yes No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes No	Parent 1 Signature:	



Childs Name: _____

SECOND EMERGENCY CONTACT*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)*

Full Name			
Relationship to child			
Address			
Phone Number	(H) (M) (W)		
Email Address			
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes No	Parent 1 Signature:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service? (Please Circle)	Yes No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes No	Parent 1 Signature:	



Childs Name: _____

ENROLMENT AGREEMENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
I/we give permission for this child to apply SPF30+ sunscreen prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO



Childs Name: _____

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Please tick box to confirm you have read each point:

- ☐ I agree to inform the Service in writing immediately of any changes to the above information.
- ☐ I agree to pay the Service enrolment fee to my child starting and am aware that the enrolment fee is non-refundable.
- ☐ I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays, including public holidays during term time. No fees are charged while the centre is closed over the Christmas period.
- ☐ I agree to notify the centre if my child is absent on a day they are booked in and agree to pay all search fees associated should I fail to contact the centre.
- ☐ I agree that I am liable for any debt recovery costs, including administration fees, solicitor fees and other disbursements incurred by the Service as a result of my failure to pay fees for services provided with the strict terms of payment specified in this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the local court at the time prevailing, these fees will be limited to fees recoverable under state legislation for legal cost recovery.
- ☐ 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 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 for the first 5 minutes or part thereof and then \$1 per minute after the initial timeframe, after closing time. In the event that 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, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- ☐ I agree to provide two weeks written notice to reduce booked days.

I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other



Childs Name: _____

measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.

- ☐ I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of 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 understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.
- ☐ I give permission for my child to be observed by 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 give permission for my child to be involved with leisure activities offered at the OOSH Service.
- ☐ I have read and understood the Parent Handbook and am familiar with the Service's Policy Manual located in the foyer area and in the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box.
- ☐ I give permission for my child to have their face painted and use coloured hair spray on their hair.
- ☐ I agree to Service staff transporting my child to and from the centre (by Alphabeta Bus, Private Coach, Public Transport and/or walking) for excursions, activities and school.
- ☐ I agree to the service staff seeking medical attention for my child on my behalf in an emergency and should I not be contactable. If an ambulance is called, I agree to pay all related medical costs.
- ☐ I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the centre.



Childs Name: _____

☐ I agree that when caring for my child/ren the centre will rely on the information provided by me in this enrolment record, in any notice of change and any other instructions and information I give to the centre. I am totally responsible for the accuracy of the information and my compliance with the policies and procedures.

☐ Subject to any applicable Australian Law which cannot be excluded I/we indemnify the centre management and its employees from any loss, of any nature whatsoever, incurred by my child/ren, myself or any third party in connection with any act made by me/us to comply with the centre policies and procedures, or caused by any omission of, or inaccurate information provided by me or other persons on my behalf.

☐ I, or someone I know, has a skill they could share with the children to enhance the educational program.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

Print Name: _____ Signature: _____ Date: __ / __ / __

Print Name: _____ Signature: _____ Date: __ / __ / __

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of its 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.