

Michaelian Lane Cove OOSH Enrolment Form



For more information and bookings please contact:

Phone: 02 9831 4001

E-mail: supervisor@alphabeta.com.au

St Michaels Catholic Primary School

175 Longueville Rd Lane Cove NSW 2066

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 programmes 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. Parent/Guardian involvement contributes greatly to the quality care and education in 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 Benefit and Childcare Tax Rebate 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

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Priority of Access

One of the main reasons the Australian Government funds child care is to meet the childcare needs of Australian families. However, the demand for child care sometimes exceeds supply in some locations. When this happens, it is important for services to allocate places to those families with the greatest need for child care support.

The Australian Government has “Priority Access Guidelines” for allocating places in these circumstances. These guidelines apply to centre-based long day care, in home care, family day care and outside school hours care services. They set out the following three levels of priority, which child care services must follow when filling vacant places:

- **Priority 1** - a child at risk of serious abuse or neglect
- **Priority 2** - a child of a single parent who satisfies, or of families where both parents satisfy, the work/training/study test under section 14 of the *A New Tax System (Family Assistance) Act 1999*.
- **Priority 3** - any other child.

Within these main categories priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families on low incomes
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents

Important

There are some circumstances in which a child who is already in a child care service may be required to leave the service.

A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority. They can only do so if you:

- a) are notified when your child first entered care that your service follows this policy
- b) are given at least 14 days’ notice of the need for your child to vacate.

Source: *Child Care Service Handbook 2013-2014*, Chapter 6.3 Pages 76-77 and online <https://www.dss.gov.au/our-responsibilities/families-and-children/programmes-services/early-childhood-child-care/priority-for-allocating-places>

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Before, After and Vacation Care Enrolment Checklist – OFFICE USE ONLY

Actual Start Date: ____ \ ____ \ ____ School Attending in 20__ : _____ Grade/Class in 20__ : _____ Custody Arrangements: YES NO Allergies: YES (<i>Details</i>); Alert Printed YES <hr/> <hr/> Asthma: YES (<i>Details</i>); Alert Printed YES <hr/> <hr/>	PLACE FAMILY NAME HERE <div style="border: 1px solid black; height: 50px; margin: 10px 0;"></div> Food Intolerances: YES (<i>Details</i>); Alert Printed YES <hr/> <hr/> Other Medical: YES (<i>Details</i>); Alert Printed YES <hr/> <hr/>
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	DATE RECEIVED	NOTES	STAFF INITIALS
Non-Refundable Enrolment Fee Invoiced			
CRN for Child			
CRN for Parent			
Immunisation on File			
Birth Certificate on File			
Court Order on file <i>(if applicable)</i>			
DDR on File			
Authorised Pickup Contact Details on File			

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PARENT/GUARDIAN DETAILS

Parent/Guardian 1: **(This is the parent the children are registered under with Centrelink)**

Given Name: _____ Family Name: _____

Relationship to Child: _____ CRN: _____

Date of Birth: ____/____/____ Gender: ____ Mobile Phone: _____

Work Phone: _____ Home Phone: _____

Email for Invoices/Correspondence: _____

Residential Address: _____ Post Code: _____

Postal Address same as Residential Address Authority to Collect: YES NO *(please circle)*

Postal Address: _____ Post Code: _____

Will Parent/Guardian 1 be claiming Child Care Benefit YES NO *(please circle)*

Family Doctors Name: _____ Phone: _____

Medicare Number: _____ Expiry Date: ____/____/____

Private Health Fund Name: _____ Membership No. _____ Are

you an Australian Resident: YES NO Languages Spoken at Home: _____

Country of Birth: _____ Occupation: _____ *(optional)*

Parent/Guardian 2:

Given Name: _____ Family Name: _____

Relationship to Child: _____ CRN: _____

Date of Birth: ____/____/____ Gender: ____ Mobile Phone: _____

Work Phone: _____ Home Phone: _____

Email *(for Correspondence only)*: _____

Address details same as Parent/Guardian 1 Authority to Collect: YES NO *(please circle)*

Residential Address: _____ Post Code: _____

Are you an Australian Resident: YES NO Languages Spoken at Home: _____

Country of Birth: _____ Occupation: _____ *(optional)*

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Emergency Contact/Authorised Nominee

Emergency Contact 1: (Must NOT be parents)

Given Name: _____ Family Name: _____

Relationship to Child/ren: _____ Phone: _____

Authority to Collect Child/ren: YES NO Authority to Consent to Medical Treatment: YES NO

Consent to Medication: YES NO Authorise others to collect child/ren: YES NO

Emergency Contact 2: (Must NOT be parents)

Given Name: _____ Family Name: _____

Relationship to Child/ren: _____ Phone: _____

Authority to Collect Child/ren: YES NO Authority to Consent to Medical Treatment: YES NO

Consent to Medication: YES NO Authorise others to collect child/ren: YES NO

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Children's Details

<p>Child A Given Name: _____</p> <p>Preferred Name: _____</p> <p>Family Name: _____</p> <p>CRN: _____ DOB: ___/___/___</p> <p>Gender: _____ Grade in 20___: _____</p> <p>School Attending: _____</p> <p>Child's Medicare Reference No. _____</p> <p>Regular Medication Required: YES NO <i>(if yes, please request Medication Form)</i></p> <p>Has child ever been hospitalised: YES NO <i>(if yes, please give details below)</i></p> <p>_____</p> <p>Child Immunised accordingly: YES NO <i>(Please supply immunisation records)</i></p> <p>Does your child attend another service: YES NO</p> <p>Service Name: _____</p> <p>Special Dietary Needs: _____</p> <p>Diagnosed with Medical Condition E.g. Asthma/Allergy: _____</p> <p>_____</p> <p><i>(please provide Action Plan prior to Commencement)</i></p> <p>Diagnosed with Disability: _____</p> <p>_____</p> <p>Diagnosed Behavioural Conditions E.g. ADHD/ OCD: _____</p> <p>_____</p> <p>Country of Birth: _____</p> <p>Languages Spoken: _____</p> <p>Interests, Hobbies, Favourite Foods: _____</p> <p>_____</p> <p>Fears, Phobias, Food Dislikes: _____</p> <p>_____</p>	<p>Child B Given Name: _____</p> <p>Preferred Name: _____</p> <p>Family Name: _____</p> <p>CRN: _____ DOB: ___/___/___</p> <p>Gender: _____ Grade in 20___: _____</p> <p>School Attending: _____</p> <p>Child's Medicare Reference No. _____</p> <p>Regular Medication Required: YES NO <i>(if yes, please request Medication Form)</i></p> <p>Has child ever been hospitalised: YES NO <i>(if yes, please give details below)</i></p> <p>_____</p> <p>Child Immunised accordingly: YES NO <i>(Please supply immunisation records)</i></p> <p>Does your child attend another service: YES NO</p> <p>Service Name: _____</p> <p>Special Dietary Needs: _____</p> <p>Diagnosed with Medical Condition E.g. Asthma/Allergy: _____</p> <p>_____</p> <p><i>(please provide Action Plan prior to Commencement)</i></p> <p>Diagnosed with Disability: _____</p> <p>_____</p> <p>Diagnosed Behavioural Conditions E.g. ADHD/ OCD: _____</p> <p>_____</p> <p>Country of Birth: _____</p> <p>Languages Spoken: _____</p> <p>Interests, Hobbies, Favourite Foods: _____</p> <p>_____</p> <p>Fears, Phobias, Food Dislikes: _____</p> <p>_____</p>
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IMPORTANT: If you have advised that your child has an Allergy, Asthma or Food related illness, you must request and complete the appropriate Action Plan, which is available from our offices.

Enrolments will not be processed without this documentation

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Children's Details cont.

<p>Child C Given Name: _____</p> <p>Preferred Name: _____</p> <p>Family Name: _____</p> <p>CRN: _____ DOB: ___/___/___</p> <p>Gender: _____ Grade in 20___: _____</p> <p>School Attending: _____</p> <p>Child's Medicare Reference No. _____</p> <p>Regular Medication Required: YES NO <i>(if yes, please request Medication Form)</i></p> <p>Has child ever been hospitalised: YES NO <i>(if yes, please give details below)</i></p> <p>_____</p> <p>Child Immunised accordingly: YES NO <i>(Please supply immunisation records)</i></p> <p>Does your child attend another service: YES NO</p> <p>Service Name: _____</p> <p>Special Dietary Needs: _____</p> <p>Diagnosed with Medical Condition E.g. Asthma/Allergy: _____</p> <p>_____</p> <p style="text-align: center;"><i>(please provide Action Plan prior to Commencement)</i></p> <p>Diagnosed with Disability: _____</p> <p>_____</p> <p>Diagnosed Behavioural Conditions E.g. ADHD/ OCD: _____</p> <p>_____</p> <p>Country of Birth: _____</p> <p>Languages Spoken: _____</p> <p>Interests, Hobbies, Favourite Foods: _____</p> <p>_____</p> <p>Fears, Phobias, Food Dislikes: _____</p> <p>_____</p>	<p>Child D Given Name: _____</p> <p>Preferred Name: _____</p> <p>Family Name: _____</p> <p>CRN: _____ DOB: ___/___/___</p> <p>Gender: _____ Grade in 20___: _____</p> <p>School Attending: _____</p> <p>Child's Medicare Reference No. _____</p> <p>Regular Medication Required: YES NO <i>(if yes, please request Medication Form)</i></p> <p>Has child ever been hospitalised: YES NO <i>(if yes, please give details below)</i></p> <p>_____</p> <p>Child Immunised accordingly: YES NO <i>(Please supply immunisation records)</i></p> <p>Does your child attend another service: YES NO</p> <p>Service Name: _____</p> <p>Special Dietary Needs: _____</p> <p>Diagnosed with Medical Condition E.g. Asthma/Allergy: _____</p> <p>_____</p> <p style="text-align: center;"><i>(please provide Action Plan prior to Commencement)</i></p> <p>Diagnosed with Disability: _____</p> <p>_____</p> <p>Diagnosed Behavioural Conditions E.g. ADHD/ OCD: _____</p> <p>_____</p> <p>Country of Birth: _____</p> <p>Languages Spoken: _____</p> <p>Interests, Hobbies, Favourite Foods: _____</p> <p>_____</p> <p>Fears, Phobias, Food Dislikes: _____</p> <p>_____</p>
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Omit this page if there are no more than 2 children

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Court Orders and Custody Agreements

Are there any court orders/ custody agreements pertaining to any of the children being enrolled: YES NO

Child A: Child B: Child C: Child D:

Please Note: A copy of any orders/agreements must be attached to the enrolment form

Religious Requirements

Are there any Religious or Religion related Dietary Requirements: YES NO

Child A: Child B: Child C: Child D:

More Information: _____

Before & After School Care Bookings

Please complete this section if your booking is for the same day every week for the entire Term/Year

Before School Permanent (please circle mornings required)

Child A:	MON	TUE	WED	THU	FRI	Requested Start Date: ____/____/____
Child B:	MON	TUE	WED	THU	FRI	Requested Start Date: ____/____/____
Child C:	MON	TUE	WED	THU	FRI	Requested Start Date: ____/____/____
Child D:	MON	TUE	WED	THU	FRI	Requested Start Date: ____/____/____

After School Permanent (please circle afternoons required)

Child A:	MON	TUE	WED	THU	FRI	Requested Start Date: ____/____/____
Child B:	MON	TUE	WED	THU	FRI	Requested Start Date: ____/____/____
Child C:	MON	TUE	WED	THU	FRI	Requested Start Date: ____/____/____
Child D:	MON	TUE	WED	THU	FRI	Requested Start Date: ____/____/____

Casual Booking only (please email supervisor@alphabeta.com.au to book as needed)

Child A:	<input type="checkbox"/>	Child B:	<input type="checkbox"/>	Child C:	<input type="checkbox"/>	Child D:	<input type="checkbox"/>
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Vacation Care Booking only (please book using Vacation Care booking form)

Child A:	<input type="checkbox"/>	Child B:	<input type="checkbox"/>	Child C:	<input type="checkbox"/>	Child D:	<input type="checkbox"/>
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Permission and Consents

Parent Handbook:

I have read and understood the information in the Parent Handbook.

Photography:

I agree to my child/ren being photographed at the service and all photographs can be used for promotional material:

Child A: Child B: Child C: Child D:

Face Painting/Hairspray:

I allow my child/ren to have their face painted and use coloured hair spray on their hair:

Child A: Child B: Child C: Child D:

Videos/Movies/Games:

I agree to my children watching videos or movies, and playing games with a G or PG rating.

Transport and Travel:

I agree to the service staff to transport my child/ren to and from The Service, Excursions, Activities and School.

Sunscreen:

I agree to the use of normal sunscreen being used on my child/ren:

Child A: Child B: Child C: Child D:

Medical Assistance:

I agree to the service staff seeking medical attention for my child/ren 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.

First Aid Treatments:

In the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

Administration of Medication in the case of emergency:

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child should they have a fever, while awaiting my arrival to seek medical treatment.

Arrivals and Departures:

I agree to have my child/ren signed in and/or out on the appropriate documentation at the centre on arrival and departure each day they attend the centre.

Absences:

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 make contact with the centre. Fees are payable for public holidays, family holidays and absences due to illness if those days fall on a day that your child is booked into the centre. No fees are charged while the centre is closed over the Christmas period.

Late Fee:

The centre is open from 7am to 9am for Before School Care, 3pm to 6pm for After School Care and 7am to 6pm for Vacation Care. Staff are unable to accept children outside of these hours. I understand that if my child/ren is still at the centre after closing a time, a late for of \$15 for the 1st minutes and \$1/minutes thereafter. There will be no waiver of this late fee policy, for any reason.

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Overall Permission:

I hereby give permission for my child/ren to attend Michaelian Lane Cove OOSH and agree to abide by all relevant policies and procedures, pay all fees on time and two weeks in advance and to abide by all operating hours. I understand that my child/ren's place may be forfeited if fees are not kept up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

I, _____ (Parent/Guardian Name) have read and understood the above information and voluntarily give my permission.

Signed: _____

Date: _____

DISCLAIMER / INFORMED CONSENT:

I hereby acknowledge that:

- I have read and understand the centre's procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (which may be changed by notice from time to time by the centre at its sole discretion).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child/ren
- I must strictly comply with the policies and procedures at all times
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record
- 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
- I must inform any other person/s whom I authorise to visit, deliver/collect my child about the policies and procedures prior to arriving at the centre and that they must strictly comply with them
- 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 expressly agree that I am liable for any debt recovery costs, including administration fees, solicitor fees and other disbursements incurred by AlphaBeta OOSH 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.

DECLARATION:

I, _____ (Parent / Guardian Name) hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate. I have read and understood the above information and voluntarily give my permission.

Signed: _____

Date: ____/____/____