

SWANSEA COMMUNITY COTTAGE INC CHILD CARE ENROLMENT FORM - 2021

- | | |
|---|--|
| <input type="checkbox"/> SWANSEA OOSH | <input type="checkbox"/> SWANSEA VACATION CARE |
| <input type="checkbox"/> CAVES BEACH OOSH | <input type="checkbox"/> CAVES BEACH VACATION CARE |

(All information supplied on this form is treated as confidential)

OFFICE USE ONLY:	Date Entered into System:	Entered by:
Surname of FTB Recipient:	Kidsoft Customer ID:	
Documents Attached:	<input type="checkbox"/> Proof of Immunisation	<input type="checkbox"/> Asthma Plan
<input type="checkbox"/> Risk Minimisation Plan	<input type="checkbox"/> Court Order	<input type="checkbox"/> Administer Medication
	<input type="checkbox"/> Anaphylaxis Plan	<input type="checkbox"/> Other _____

**PLEASE NOTE EACH CHILD REQUIRES A SEPARATE ENROLMENT FORM
AT THE START OF EACH YEAR OR UPON ENROLMENT**

**ENROLMENT FEE: \$10 Annual joining fee is payable at the start of each year or time of enrolment.
(this fee is per family and will be included on your first invoice)**

CHILDS DETAILS

First Name Last Name
Preferred Name (if different to above)

D.O.B Age (upon enrolment).....
Home Address

Childs Customer Reference Number (CRN).....
School Gender

Country of Birth

Aboriginal &/or Torres Strait Islander descent	Yes	/	No	/	Decline to Answer
Non-English Speaking Background	Yes	/	No	/	Decline to Answer

Languages spoken at home (other than English).....
Religion &/or Cultural Background

CHILD'S INTERESTS

FOOD LIKES.....

FOOD DISLIKES.....

INTERESTS & HOBBIES.....

SPORTS & ACTIVITIES

PARENTS/GRANDPARENTS/SIBLINGS, PETS & OTHER IMPORTANT PEOPLE

.....
.....
.....

CHILD CARE SUBSIDY & ACCOUNTS

Child Care Subsidy Percentage% Total Eligible Hours

Do you use this service because you work and/or study? Yes / No Work Study Other

Invoices are emailed (unless requested otherwise) Email / Printed for collection at Centre

Email for accounts:

MEDICAL INFORMATION

Medicare Card Number _____ Ref # ____ Valid to ____/____

Private Health Fund Member **Yes / No**

If yes, Fund name & number

Is there any specific health care needs (medical or physical condition) including asthma, allergies, diagnosed disability or whether the child has been diagnosed at risk for anaphylaxis from which your child is diagnosed or undergoing that needs to be brought to the staff's attention?

Medical Conditions.....

Allergies.....

Dietary (diagnosed, cultural or restriction by choice)

Behavioural.....

Other.....

Please indicate any prescribed medication (medication form to be completed). Please indicate how staff may deal with any additional care needs.

Attached relevant documentation

Risk Management Plan Allergy Plan Asthma Plan Anaphylaxis Plan
 Other

Family Doctor..... Phone

Address.....

PLEASE NOTE: If there is a serious medical condition you will be required to provide documentation (such as an asthma or anaphylaxis plan) and complete a Risk Minimisation Plan in consultation with the Nominated Supervisor to assist in the best possible care of your child.

IMMUNISATION

My child is currently immunised and is

Up to date Not up to date Exempt (attach official exemption)

(Please note a copy of the blue book is unable to be accepted as proof of immunisation. The Immunisation History Statement from the Australian Childhood Immunisation Registry ACIR is the only documentation we are allowed to accept for your child to attend.)

PARENT/CARER OR GUARDIAN DETAILS #1

(please note this needs to be the person receiving the Family Tax Benefit)

Primary Carers Name
Relationship to Child.....
***Date of Birth ***Parent/Carer CRN #.....
Country of Birth
Home Address (if different to child).....

Occupation

Contact Numbers (w) (h)
..... (m)

Email address:

Please tick where relevant:

- Carer is Emergency Contact Carer can Consent to Medical Treatment Carer authorised to collect
- Carer authorises educator to take out of service (excursion/daytrip etc)

PARENT/CARER OR GUARDIAN DETAILS #2

Primary Carers Name
Relationship to Child.....
***Date of Birth ***Parent/Carer CRN #.....
Country of Birth
Home Address (if different to child).....

Occupation

Contact Numbers (w) (h)
..... (m)

Email address:

Please tick where relevant:

- Carer is Emergency Contact Carer can Consent to Medical Treatment Carer authorised to collect
- Carer authorises educator to take out of service (excursion/daytrip etc)

EMERGENCY CONTACT NUMBERS (Apart from the Primary Carers above)

Name.....	Name.....
Relationship to child.....	Relationship to child.....
Address.....	Address.....
.....
Contact #s (w)	Contact #s (w)
..... (h) (h)
..... (m) (m)

AUTHORITY TO COLLECT

Persons Authorised to collect (apart from Primary Carers above): Photo ID required

Name.....	Name.....
Relationship to child.....	Relationship to child.....
Address.....	Address.....
.....
Contact #s (w)	Contact #s (w)
..... (h) (h)
..... (m) (m)

CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child or access to your child? **Yes / No**

If yes, please attach a copy for our reference.

Persons NOT Allowed to collect children on any account are:

NameRelationship to Child

NameRelationship to Child

DAYS OF ATTENDANCE (OOSH)

First date of attendance will be/commencing

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
am	am	am	am	am
pm	pm	pm	pm	pm

(Please circle when care is required.)

PERMANENT BOOKING (Charged at a slightly reduced rate, guaranteed availability of booking however still charged regardless if there is a cancellation of attendance)

CASUAL BOOKING (Charged at a slightly higher rate however if you cancel WITH notice as per policy you are not charged for attendance)

DAYS OF ATTENDANCE (VACATION CARE)

First date of attendance will be/commencing

(Advise individual days of attendance each holiday period)

Please note: If arrangements are to be changed on any day please ring **Swansea OOSH 49710022, Caves Beach OOSH & Vacation 0418 661 321, Swansea Vacation Care/Cottage 02 49711229** and leave a message to notify the staff of the new arrangements as well as notifying the school.

If your child does not attend After School Care regularly please send a note with your child to their class teacher on the day they are to go to OOSH to ensure that your child is directed to under the meeting place in the afternoon where the Childcare educator will be waiting.

PARENTS/GUARDIAN STATEMENT

I wish to enrol my child at Swansea Community Cottage Inc (Approved Provider) Child Care Services as indicated.

Although I realise that every care will be taken I agree that the staff are free of all responsibility for accidents and lost property in connection with participation in the program.

In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require, and agree to meet any expenses attached thereto, including ambulance.

I have read and agree to abide by the Centre Policies and the conditions stated on this form governing the enrolment of my child. I have been advised that I can access additional information regarding OOSH and Vacation Care can be located on www.swanseacommunitycottage.com.au

Signed..... Dated

APPROVALS & AUTHORISATIONS for

Please tick each area to authorise

If you do NOT give permission for any of the following please cross out & initial

Permission to seek medical assistance in an emergency

I give permission for my child to be attended by and transported to a doctor or hospital for urgent treatment including an ambulance if deemed necessary or an emergency.

Administration of Medication

I authorise staff of Swansea Community Cottage Inc. to administer medication as prescribed by my child's doctor. Times and dates of administration and child's name is clearly written on the container and a completed medication record form.

Permission for application of sunscreen and insect repellent

I give permission for my child to have sunscreen applied as per SunSmart recommendations and Centre policies AND insect repellent roll on and/or spray depending upon environmental conditions.

Permission for photos of child to be used for centre publicity & documentation

I give permission for my child to be photographed while in the care of SCC Inc Services and am aware that these photos may be used for newspaper articles and online promotion, for assessment and relevant documentation.

Permission to attend Excursions

I give permission for the staff of the centre to take my child/ren outside the centre on walking excursions to places of interest or to sporting activities in the near vicinity of the centre or to approved excursions related to our Vacation Care school holiday program.

Transport Permission

I give permission for my child to be walked in supervised groups (Swansea only) or transported by the Swansea Community Cottage Inc bus or car to or from Swansea, Marks Point, Pelican & Blacksmiths Schools and between schools on the bus run (if required).

Account Payment - OOSH

I understand should my OOSH account remain outstanding two (2) weeks after date of issue that a late fee of 10% of the balance could be added to the invoice. Payments can be made at the Centre or via internet banking.

Account Payment – Vacation Care

I understand Vacation care accounts are to be paid the morning of the day attending or week in advance if attending multiple days.

Liability

I accept the Management Committee, Community Cottage or Staff cannot be held liable in the event of an accident occurring with injury to my child, or for replacement/cost of any property lost by my child.

Resources for attendance

I agree to provide my child/ren with adequate morning /afternoon tea and lunch as well as a drink bottle which will be refilled as required and suitable hat/clothing as required for vacation care excursions and activities.

Signed.....

Dated