



OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM

CHILDREN ATTENDING

Family Name _____			
Child A _____	M / F _____	Date of birth _____	Age _____ Class _____
(English Name) _____	Child's CRN Number: _____		
Child B _____	M / F _____	Date of birth _____	Age _____ Class _____
(English Name) _____	Child's CRN Number: _____		
Child C _____	M / F _____	Date of birth _____	Age _____ Class _____
(English Name) _____	Child's CRN Number: _____		

BACKGROUND INFORMATION

Are any of the children you are enrolling of Aboriginal or Torres Strait Island background? YES / NO					
Child A	<input type="checkbox"/>	Child B	<input type="checkbox"/>	Child C	<input type="checkbox"/>
Are any of the children you are enrolling of Non-English Speaking background? YES / NO					
Child A	<input type="checkbox"/>	Child B	<input type="checkbox"/>	Child C	<input type="checkbox"/>
Please list the Cultural background of the child: _____					
Please list the cultural background of each parent/guardian: _____					

YOUR CONTACT DETAILS

Please ensure that names provided are consistent with those registered with the Family Assistance Office (FAO).			
Primary Parent/Guardian First Name: _____		Family Name: _____	
Please tick Female: _____	Male: _____	Date of Birth: ___/___/___	Country of Birth: _____
Ph:(hm) _____	(wk) _____	(mob) _____	
Registered Parent CRN Number: _____			
Home Address: _____		Postcode: _____	
Email address for correspondence: _____			
Second Parent/Guardian First Name: _____		Family Name _____	
Ph:(hm) _____	(wk) _____	(mob) _____	
Are you a single supporting parent? YES / NO		Is English your first language? YES / NO	
If no - language spoken at home: _____			
Do you work? YES / NO		Occupation: _____	
Employer Name: _____		Employer Address: _____	
		Postcode: _____	
Employment Status: Full time - Part time If part time/casual please indicate days of work Mon Tues Wed Thu Fri			

IT IS RECOMMENDED THAT FAMILIES CONTACT THE FAMILY ASSISTANCE OFFICE EACH TIME A NEW ENROLMENT WITH A SERVICE IS CREATED TO ENSURE YOUR DETAILS RELATING TO YOUR CHILD CARE BENEFIT ARE CORRECT

DETAILS FOR BOOKINGS AND CARE

Please note this section is for After School Care permanent bookings only, that is if you require the same days every week (whatever days you choose you will be invoiced for each week). If you require casual days please indicate a start date and book in with the Service staff as required.

- I require Permanent Care
- I require Casual Care

Using the table below please indicate your child/ren's permanent attendance across the week by placing an 'X' in the box corresponding to the days you require.

Casual and extra bookings required can be discussed with OSHC Admin and will be subject to availability.

CHILD A: Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care days attending					

CHILD B: Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care days attending					

CHILD C: Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care days attending					

MEDICAL AUTHORISATION

Please list any person who is authorised to consent to medical treatment for your child from a medical practitioner, hospital and/or ambulance service.

1. Full Name: _____

Relation to child: _____

Home/Work Phone: _____ Mobile: _____

2. Full Name: _____

Relation to child: _____

Home/Work Phone: _____ Mobile: _____

Do you consent to the transportation of your child by an ambulance service in the event of an emergency?

- YES
- NO

Full Name: _____ Signature: _____

COURT ORDER

Are any of the children you are enrolling involved in a court order? YES NO If so, please supply a copy of the court orders for our records Child A Child B Child C

EDUCATIONAL AUTHORISATION

Please list any person who is authorised to permit an educator to allow another adult to take your child outside the education and care premises.

1. Full Name: _____

Relation to child: _____

Home/Work Phone: _____ Mobile: _____

2. Full Name: _____

Relation to child: _____

Home/Work Phone: _____ Mobile: _____

NON-PARENT EMERGENCY CONTACT INFORMATION

You **MUST** provide the names of TWO authorised person/s to pick up child/ren other than Parent/Guardian. (MUST BE 18 YEARS +).
 Contacts **MUST** be available to pick up your child during the hours of care and be within a reasonable distance from the centre.

1. Name: _____ Daytime Ph: _____ Mobile: _____

Relationship to Child: _____

Is this person authorised to sign in and/ or out your children from care? YES NO

2. Name: _____ Daytime Ph: _____ Mobile: _____

Relationship to Child: _____

Is this person authorised to sign in and/ or out your children from care? YES NO

AGREEMENTS

Have you registered your child's details with the FAO?	YES / NO
Have you included the following details on this enrolment form to ensure your CCB can be processed?	YES / NO
Do you know that FULL FEES will be charged to all accounts until all of the above details are provided	YES / NO
Have you supplied a copy of the immunisation records?	YES / NO
Have you supplied a copy of the court order for our records?	YES / NO
Have you supplied a copy of the Behavioural Management Support Plan?	YES / NO
Have you supplied a copy of the Asthma/Medical Form Attached?	YES / NO

ALLERGIES

Please nominate and list any anaphylaxis requirements for

	Child A	Child B	Child C
Anaphylaxis			
Asthma			
Other			

GENERAL INTERESTS

Is there anything that the children you are enrolling cannot eat or activities they cannot participate in due to lifestyle or religious choices? YES / NO

Please specify what foods your child/ren cannot eat and what activities they cannot participate in.

What are your child's interests and hobbies? E.G. sports, art, cooking, games, books etc.

GENERAL SPORT

Children may participate in the regular recreational activity program operated by Citipointe during Outside School Hours Care. These may be soccer, football, ball games, running games, dancing, skipping, climbing etc. I understand that some of the activities in which they may participate will be physically and emotionally demanding. My child/ren's participation in any activity is voluntary and not compulsory and Citipointe staff will exercise their Duty of Care.

PAYMENT / FEE AGREEMENT

I / We understand that all fees are invoiced fortnightly and payable two weeks in advance.

I / We understand that if fees are not maintained appropriate action will be taken, as per our service policy.

I / We understand that days booked are payable at all times including absences, holidays & public holidays unless approved arrangements are made to the contrary.

I / We understand that if fees are not paid my child's place at the service could be jeopardised.

I / We understand that a late fee of \$2.00 per minute will apply if my child is collected after 6:00pm.

I / We understand that my child's first and last day in care must be in attendance or the full centre fee will be charged. The CCB does not apply if absent.

I/We understand that the Ezidebit system is our only method of payment and separate from the schools account.

Signed: _____

Date: ___ / ___ / ___

AGREEMENT

I hereby give permission for my child to attend Citipointe OSHC and agree to abide by the policies and procedures of the Service. Including hours of operation, sickness, payment of fees, suspension due to program disruptions and safety issues.

I acknowledge that there will be no refunds or credit given if I cancel any of my children without providing the written one week's notice (5 days).

I hereby state that the above information is correct and all information that may affect my children's care at the Service has been included.

I understand that enrolment in the service is conditional on the accuracy of the information supplied by me and that my children's participation may be terminated with no refund costs incurred. If the information is found to be inaccurate or misleading, I understand that my responses to the above questions will be acted upon as I have directed and any alterations to this information need to be made in writing.

OVERALL CONSENT

I _____ (the undersigned) have read all enrolment policies and conditions and agree to abide by them. I give permission for Child A _____ Child B _____ Child C _____ to attend Citipointe OSHC and will not hold the Service, its staff or volunteers responsible for damages and/or loss of property and/or accident.

Signed _____ Date ____/____/____

Office Use Only:

	Child A	Child B	Child C
DOB			
CRN			
Immunisation Received			
Court Order Received			
Anaphylaxis Plan Received			
Asthma Plan Received			
Behaviour Plan Received			