



Application for Enrolment 2016
Registration fee \$40 per family per School Year

Child's Surname:

Which service / Kids Club will your child attend?

Cromer Kids Club St Kevin's Kids Club St Johns Kids Club

Parent/Guardian Information (Account Holder)

First Name: _____ Surname: _____

Mobile: _____ Home Phone: _____

Work Phone: _____ Relation to Child: _____

Parents Date of Birth // Gender: Female Male

Parents Centrelink CRN Number: If not applicable please tick

Are you responsible for this account? : Yes No Are you the Primary Carer for Centrelink: Yes No

Home Address: _____

Postcode: Email address: _____

Do you work? Yes No If yes, occupation: _____

Employer name: _____ Employer Address: _____

Employment Status: Full Time Part time Casual Student

If part time/casual indicate days: Monday Tuesday Wednesday Thursday Friday

Is there an external agency paying fees? Yes No If yes, which agency? _____

Family Medicare Details

Medicare Number:

Valid to Date: // Child Reference Number:

Childcare Benefit

Childcare Reference Number (CRN) must be provided to claim the discount. To ensure that you receive childcare Benefit you MUST provide on this 2015 Application for Enrolment form the Customer Reference Number and Date of Birth of the parent/guardian who has applied for Childcare Benefit AND the Customer Reference Number and Date of Birth for each child who will be receiving Childcare Benefit. This is a unique number given to each individual family member.

Are your child/ren registered with Centrelink for Child Care Benefit? Yes No

Do you have any other child currently enrolled in another Childcare service? Yes No

OFFICE USE ONLY

Account Name (Child's surname & Initial)	Check list completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have immunisation health records been sighted and a copy taken for each child?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Form received <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff member data entry signature: _____	Entered into Software	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff member who received signature page: _____		

2nd Parent/Guardian Information

First Name: _____ Surname: _____

Mobile: _____ Home Phone: _____

Work Phone: _____ Relation to Child: _____

Parents Date of Birth / / Gender: Female Male

Parents Centrelink CRN Number:

Home Address: _____

Postcode: Email address: _____

Do you work? Yes No If yes, occupation: _____

Employer name: _____ Employer Address: _____

Employment Status: Full Time Part time Casual Student

If part time/casual indicate days: Monday Tuesday Wednesday Thursday Friday

Court/Parenting Orders

Is this child involved in a Court Order, Parenting Order or Parenting Plan? Yes No

Please specify: _____

Have you attached a copy of the Order (only if applicable)? Yes No

Please note: it is a requirement that you provide a copy of the Court Order, Parenting Order or Parenting plans to OOSH Northern Beaches relating to the powers, duties, responsibilities or authorities of any person in relations to the child or access to the child and details of the child's residence and contact with the parent or other person.

Declaration and Indemnity- registration invalid if not signed (both parents to sign if applicable)

I acknowledge that my child/children will be exposed to all normal risks associated with participation in activities offered by the "The Kids Club". Including soccer, football, ball games, running, dancing skipping climbing etc. I understand that some of the activities they may participate in may be rough/non-violent play that may be physically and emotionally demanding. Participation in any activity is voluntary and not compulsory. Yes No

I hereby agree that I will indemnify the respective School, The Kids Club, the Centre's Licensee, all the Kids Club officers, staff and agents, and keep them indemnified against all claims, demands, actions and liabilities of any kind arising (other than wilful negligence) in the course of my child's/children's attendance. I consent to my child/children attending the Kids Club and indemnify the respective School, the Kids Club and it's staff and Licensee against any responsibility for any accident, loss or injury suffered by my child/children and/or self during the course of attending the Kids Club. Yes No

I acknowledge it is my/our responsibility to inform the Kids Club in advance of a non-attendance of my/our child at the Kids Club and not the responsibility of a staff member of the Kids Club to telephone to confirm the whereabouts of a child who is not in attendance at roll call or a fee of \$5 will be charged to my account. Yes No

I understand it is my responsibility to ring the FAO on 136150 to be CCB assessed and provide this information to the Kids Club otherwise full fees will apply. OOSH Northern Beaches encourages all families be CCB assessed to receive the 50% childcare rebate automatically. Yes No

I understand that neither OOSH Northern Beaches nor any of its representatives will be held responsible for not being able to contact any listed parents/guardians/authorised collectors if we have not advised of any changes to any contact details listed on this registration form. Yes No

Accounts/receipts will be addressed to the Account Holder unless specified otherwise. Any outstanding monies due will be charged at the end of each term. Yes No

I enclose the annual registration fee of \$35 per family or it is contained on our booking form, and we the undersigned are legally liable for and agree to pay all fees and charges. Yes No

Parent 1 signature: _____ Parent 2 signature: _____

Date: _____ Date: _____

Authorised Nominees

Authorised nominees will be contacted in cases where the parent/guardian cannot be contacted. Please supply the names of persons who can be contacted. Three (3) nominees are required to be given as Emergency contacts. Two (2) of these nominees are required to be authorised for collection or medical purposes. Indicate what the person is authorised to do by ticking the appropriate box. All nominees must be authorised to collect from OOSH Northern Beaches Service. Authorised nominees must be over the age of 16. (The nominated person must be available to collect you child with a reasonable distance to the Service)

Authorised Nominee 1

Full Name: _____

Relationship to Child: _____ Home Phone: _____

Mobile: _____ Work Phone: _____

Home Address: _____

Authorised Nominee for Emergency Contact and Collection

Do you hereby authorise this person to be contacted by OOSH Northern Beaches Staff in case of emergency if you cannot be contacted? (The nominated person must be available to pick up you children within a reasonable distance to travel). Yes

Authorised Nominee for Medical

Do you hereby authorise this person to consent for medical treatment of, or to authorise the administration of medication to your child and medical treatment from a medical practitioner, as well as to authorise the contracting of emergency vehicles as necessary and for the transportation of my child by an ambulance? Yes

I authorise this person to consent for medical treatment for my child as outlined above.

Full name: _____ Signature: _____

Authorised Nominee for authorising staff

Do you hereby authorise the OOSH Northern Beaches staff to take your child outside the service? Yes

Authorised Nominee 2

Full Name: _____

Relationship to Child: _____ Home Phone: _____

Mobile: _____ Work Phone: _____

Home Address: _____

Authorised Nominee for Emergency Contact and Collection

Do you hereby authorise this person to be contacted by OOSH Northern Beaches Staff in case of emergency if you cannot be contacted? (The nominated person must be available to pick up you children within a reasonable distance to travel). Yes

Authorised Nominee for Medical

Do you hereby authorise this person to consent for medical treatment of, or to authorise the administration of medication to your child and medical treatment from a medical practitioner, as well as to authorise the contracting of emergency vehicles as necessary and for the transportation of my child by an ambulance? Yes

I authorise this person to consent for medical treatment for my child as outlined above.

Full name: _____ Signature: _____

Authorised Nominee for authorising staff

Do you hereby authorise the OOSH Northern Beaches staff to take your child outside the service? Yes

Authorised Nominee 3

Full Name: _____

Relationship to Child: _____ Home Phone: _____

Mobile: _____ Work Phone: _____

Home Address: _____

Authorised Nominee for Emergency Contact and Collection

Do you hereby authorise this person to be contacted by OOSH Northern Beaches Staff in case of emergency if you cannot be contacted? (The nominated person must be available to pick up you children within a reasonable distance to travel). Yes

Authorised Nominee for Medical

Do you hereby authorise this person to consent for medical treatment of, or to authorise the administration of medication to your child and medical treatment from a medical practitioner, as well as to authorise the contracting of emergency vehicles as necessary and for the transportation of my child by an ambulance? Yes

I authorise this person to consent for medical treatment for my child as outlined above.

Full name: _____ Signature: _____

Authorised Nominee for authorising staff

Do you hereby authorise the OOSH Northern Beaches staff to take your child outside the service? Yes

Parent/Guardian Consent:

Please indicate you have understood the following by ticking the corresponding box.

Photography:

I give permission for my child/ren to be photographed or videoed for the purpose of OOSH Northern beaches Media (displayed online, or within our centre or program). OOSH Northern Beaches Duty of Care ensures that children’s safety and privacy is of the highest priority at all times.

Yes No.

Movies:

I acknowledge that from time to time a ‘PG’ movie/playstation game may be shown at the discretion of staff and further approval is not required.

Yes No.

Face paint:

I allow my child to have their face painted with specific face paints during programmed activities.

Yes No.

Sunscreen:

I allow my child to use provided sunscreen during programmed activities (If no please provide your own)

Yes No.

Travel:

I give permission for my child to travel supervised by walking to and from the Kids Club for extracurricular activities, I understand a separate permission form must be completed. I understand that due care will be taken at all times by OOSH Northern Beaches staff and that the employee cannot be held responsible for any damage or injury occurring during travel.

Yes No.

Full name: _____

Date: _____

Parent/Guardian Responsibilities:

Please indicate you have understood the following by ticking the corresponding box.

Refunds / Credits

I acknowledge there will be no refunds or credit given for the cancellations of any bookings without 7 days’ notice in writing. Bookings are of a permanent nature & without 7 days’ notice in writing, any absences will be charged.

Emergency:

I authorise the Kids Club, the Licensee, it’s officers, servants or agents in the event of any emergency, accident or illness, to obtain such dentist, ambulance, medical and hospital assistance as required, and agree to meet any and all expenses thereby incurred, including a \$35 per hour charge for labour if a staff member has to accompany your child/ren to seek medical attention.

Authorised Nominees:

All people named on this form have been notified by me as required by the Privacy Act 1998, which came into force in December 2001.

Handbook:

I am aware of the Kids Club Introduction Handbook and accept the terms and conditions of registration at the Kids Club and abide by the OOSH Northern Beaches Policy & Procedure Document, varied from time to time, and available at the Kids Club or upon request.

Accounts:

Accounts/receipts will be addressed to the Account Holder unless specified otherwise. Any outstanding monies due will be charged at the end of each term.

Medical

I acknowledge responsibility to disclose any diagnosed or undiagnosed concerns or conditions my child/ren may have

Communication:

Parents / guardian are to maintain appropriate and respectful communication with the service. Parents must inform the service if their child will be absent from the service. Parents/guardians must inform the service of any court papers in place. Parents should not approach any child other than their own whilst at the service. Parents/guardians are not to use loud, abusive or threatening language whilst at the service.

I _____ have read all the enrolment responsibilities and conditions and agree to the above terms.

Signature: _____ Date: _____

Child's Information:

Child 1 – Please complete a separate form for each child enrolling.

Name of School: _____ Class in 2015: _____

Full name (include middle name): _____

Childs Date of Birth //

Gender: Female Male

Home Address: _____

Childs Centrelink CRN Number: (Different to the parents CRN)

Is this child from a non_english speaking background? Yes No Please specify: _____

Country of birth (if not Australia) _____

Are you booking your child in Permanent Casual Days Have you attached a booking form? Yes No

Is this child of Aboriginal or Torres Strait Islander decent? Yes No

Medical Details

Doctor/Medical Centre Name: _____

Street Address: _____

Suburb: _____

Ph Number: _____

I hereby authorise OOSH Northern Beaches to release my child to a doctor in the case of an emergency Yes No

Do you have Religious Requirement in case of an accident/Emergency? Yes No.

If yes please specify: _____

Is the child you are enrolling immunised? Yes No

Have you provided a copy of the Immunisation record? Yes No

Please provide a copy of your child's Immunisation Certificate for an OOSH Northern Beaches staff member. Evidence must be produced within 28 days of start of care to be eligible for Childcare Assistance or Childcare Cash Rebate. I understand that I am required to comply with the Department of Health regulations in relation to immunisation. If my child is not immunised and an outbreak of a vaccine preventable disease occurs, I understand I am required to exclude my child from care for the duration of the outbreak. I will provide updated copies as further immunisations are completed.

Does the child your are enrolling have any medical conditions? Special needs, Disabilites, Dietary Restrictions, Food Sensitivities, Asthma, Religious Choices etc Yes No

Please specify the additional conditions including how it affects your child. Eg. Autism, ADHD, ODD Allergies, anaphylaxis:

Paracetamol Policy: I agree that if my child/ren's temperature rises above 37.5 C, every attempt will be made to contact my emergency contact or myself. If no contact can be made, the Kids Club Staff will administer one dose of paracetamol in accordance with the manufacturer's instructions. If the temperature continues to rise above 38.5 C, and staff cannot contact my emergency contacts or me, I understand an ambulance may be called at my expense. See Parent Responsibilities. Yes No

If your child is medicated regularly, please advise Head office (029984 8089) for any further forms.

Child's Information:

Child 2 – Please complete a separate form for each child enrolling.

Name of School: _____ Class in 2015: _____

Full name (include middle name): _____

Childs Date of Birth //

Gender: Female Male

Home Address: _____

Childs Centrelink CRN Number: (Different to the parents CRN)

Is this child from a non_english speaking background? Yes No Please specify: _____

Country of birth (if not Australia) _____

Are you booking your child in Permanent Casual Days Have you attached a booking form? Yes No

Is this child of Aboriginal or Torres Strait Islander decent? Yes No

Medical Details

Doctor/Medical Centre Name: _____

Street Address: _____

Suburb: _____ Ph Number: _____

I hereby authorise OOSH Northern Beaches to release my child to a doctor in the case of an emergency Yes No

Do you have Religious Requirement in case of an accident/Emergency? Yes No.

If yes please specify: _____

Is the child you are enrolling immunised? Yes No

Have you provided a copy of the Immunisation record? Yes No

Please provide a copy of your child's Immunisation Certificate for an OOSH Northern Beaches staff member. Evidence must be produced within 28 days of start of care to be eligible for Childcare Assistance or Childcare Cash Rebate. I understand that I am required to comply with the Department of Health regulations in relation to immunisation. If my child is not immunised and an outbreak of a vaccine preventable disease occurs, I understand I am required to exclude my child from care for the duration of the outbreak. I will provide updated copies as further immunisations are completed.

Does the child your are enrolling have any medical conditions? Special needs, Disabilites, Dietary Restrictions, Food Sensitivities, Asthma, Religious Choices etc Yes No

Please specify the additional conditions including how it affects your child. Eg. Autism, ADHD, ODD Allergies, anaphylaxis:

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