



Payne Rd State School Outside School Hours Care Family Enrolment Form

1. PARENTS/CARERS DETAILS Fields marked with an * must be completed

The date of birth and Centrelink reference numbers (CRN) for the account holder and each child are required for the purposes of linking for Child Care Benefits (CCB) and the 50% Child Care Rebate. Families MUST be assessed as eligible for Child Care Benefit, please contact the Dept. of Human Services on 13 61 50 for further information.

	Parent/Caregiver 1 <small>Account Holder</small>	Parent/Caregiver 2
*Family Name:		
*Given name:		
*Date of Birth:		
Address:		
*CRN:		
Email:		
Home Phone:		
Mobile Phone:		
Work Phone:		
Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Other _____ Need interpreter? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> English <input type="checkbox"/> Other _____ Need interpreter? <input type="checkbox"/> NO <input type="checkbox"/> YES
Occupation:		
Place of Employment:		

2. CARE ARRANGEMENTS (Relevant documentation may include Parenting Plans, Residence Orders and Contract Orders)

Are there any written agreements/court orders affecting the child?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Certified copy provided:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is there anyone legally denied access to the child?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Certified copy provided:	<input type="checkbox"/> NO <input type="checkbox"/> YES

3. AUTHORISATION TO COLLECT/EMERGENCY CONTACTS

(Please list the details of all persons, other than Parents/Carers nominated in Section 1, who are authorised to collect your child and/or can be contacted in case of emergency.)

Full Name:	Relationship to Child:
Home Phone:	Mobile:
Work Phone:	Place of Employment:

Full Name:	Relationship to Child:
Home Phone:	Mobile:

3. MEDICAL INFORMATION

Family Medicare Number:	
Doctor's Name:	Telephone:
Address:	

(Please tick the appropriate boxes to signal your agreement)

4. PERMISSION AND AGREEMENT DETAILS

POLICY AND PROCEDURES

- NO YES I agree to adhere to the Service's Policies and Procedures, as outlined in the Family Handbook.
- NO YES I give my consent to the information contained in this document being available to the Educators at Payne Rd OSHC employed to work with my child. I understand this information and information about my child's time at OSHC will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will be shared as a way of improving the quality of service provision and also shared when necessary amongst communities in order to enhance children's health and wellbeing.
- NO YES I agree for OSHC staff to liaise with the school, health/medical and other professionals in relation to the care of my child.
- NO YES I have been informed of the Behaviour Management Policy and acknowledge that every effort will be taken to ensure children are treated equally and fairly. I understand if my child's behaviour is unable to be supported by educators, I will be contacted and asked to collect my child. (Available on PRSS website)
- NO YES I have been informed of the Medical Policies and understand my obligations in regards to my child. (Available on PRSS website)
- NO YES I understand that I am financially responsible for any wilful damage of equipment or property by my child/ children.

NOTIFICATIONS

- NO YES I agree to notify the Coordinator of any change in circumstances regarding the details as outlined in this enrolment form including contact details and living arrangements of my child and/or parent/caregiver.
- NO YES I understand that I must notify the service if a person, who is not authorised on this form to collect my child, will be collecting my child from the service.
- NO YES I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our dates of birth and providing family and child CRNs.

FEES

- NO YES I agree to pay for all fees (including excursion costs) for all the days that my child attends the program.
- NO YES I agree to inform the Service of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service policy.
- NO YES I understand if my child is not collected by closing time (6pm) that I will incur a late fee penalty as specified in the Service's Policy and Procedures/Family Handbook being \$20 for each 15 minute period or part thereof.

PHOTOGRAPHY

- NO YES I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation.

COMMUNICATION

- NO YES I agree to receive information, newsletters and/or account statements via email.

Parent / Carer's Signature: _____

Date: _____