



Payne Rd State School Outside School Hours Care Family Enrolment Form

Welcome to *Payne Rd OSHC*. To assist us in providing your family with the best possible care, please complete the following forms as accurately as possible. All personal information collected will be treated confidentially and used in accordance with our service policies on privacy and confidentiality. These are available upon request.

When completed, return the forms to the OSHC. This form must be returned fully completed before your child/children can attend OSHC. In addition to this enrolment form we must also receive a child details form for each child and in some cases may require medical management plans.

PARENT/CARER 1 <small>(The Person who child resides with and who is responsible for the account)</small>		PARENT/CARER 2 <small>(The Person is authorised to collect child)</small>	
Full Name:		Full Name:	
Street Address:		Street Address:	
Suburb/Postcode:		Suburb/Postcode:	
Contact/Phone numbers:		Contact/Phone numbers:	
Email:	Employer:	Email:	Employer:
Date of Birth:	Occupation:	Date of Birth:	Occupation:
Customer Reference Number (Centrelink):		Customer Reference Number (Centrelink):	
Relationship to Child:	Country of Birth:	Relationship to Child:	Country of Birth:
Accounts are issued weekly. Our policy states all accounts must be paid one week in advance. You will receive your account by email unless otherwise requested.			

Please provide 2 emergency contacts (other than listed above). If you are unable to provide 2, speak to the Director.

Please note the following applies to Emergency Contacts:

1. Only the people noted below may pick up your child unless otherwise arranged.
2. These people are required to produce photo identification when picking up your child at their first visit to the service and subsequently by staff request.
3. Authorised Nominees/Emergency Contacts must be over the age of 18 unless authorised and arranged.
4. In an emergency, and/or if your child is not collected at closing time, the centre staff will contact the emergency contacts.
5. These people are required to produce photo identification when picking up your child at their first visit to the service and subsequently by staff request.
6. Authorised Nominees/Emergency Contacts must be over the age of 18 unless authorised and arrange
7. In an emergency, and/or if your child is not collected at closing time, the centre staff will contact the emergency contacts.

AUTHORISED NOMINEE/EMERGENCY CONTACT 1	
Full Name:	*This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	
AUTHORISED NOMINEE/EMERGENCY CONTACT 2	
Full Name:	*This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	

*Please ensure you have ticked the appropriate authorities for each of your nominated emergency contacts.

PARENTAL/CARER AGREEMENT

In consideration for enrolling my child/ren at Payne Rd OSHC (referred to as the 'Service') I, the undersigned agree (please tick and initial each item as read and agreed upon):

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 Subsidy requirements are fulfilled, in particular, ensuring eligibility for CCS, 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 SIGNATURE:

DATE: