

RIVERWOOD COMMUNITY CENTRE OUT OF SCHOOL HOURS CARE & VACATION CARE

ENROLMENT FORM

2023

Out of School Hours Care is for children attending school from Kindergarten to 12 years of ages.

Please complete the following details and return the form to OOSH@riverwoodcommunity.org.au or in person.

Family Name:		Care start date:/...../.....	
Service type:	Before & After School Care:	<input type="checkbox"/>	
	Vacation Care:	<input type="checkbox"/>	
	Before & After school Care & Vacation Care:	<input type="checkbox"/>	
Please tick what school your child/ren attends (Children who attend schools other than those listed below can only be enrolled in Vacation care)			
Hannans Road Public School	<input type="checkbox"/>	Riverwood Public School	<input type="checkbox"/>
Peakhurst Public School	<input type="checkbox"/>	Montessori Riverwood	<input type="checkbox"/>
Peakhurst West Public School	<input type="checkbox"/>	St Joseph's Catholic School	<input type="checkbox"/>
Other: (Please specify) _____	<input type="checkbox"/>		
Before the child starts in the service make sure all the relevant information have been received accordingly			
Immunisation record	(Staff Initials)	<input type="checkbox"/>	
Child's birth certificate	(Staff Initials)	<input type="checkbox"/>	
CRN for child and parents	(Staff Initials)	<input type="checkbox"/>	
Medical communication plans x2	(Staff Initials)	<input type="checkbox"/>	
Medication supplied and in date	(Staff Initials)	<input type="checkbox"/>	
Action plan	(Staff Initials)	<input type="checkbox"/>	

Fees and charges		
	Amount	Director to sign when charged to family
Yearly enrolment fee:	\$70.00 per family (to be paid upon enrolment/reenrolment for the year)	
Yearly administration fee:	\$50 per family (to be paid upon enrolment/reenrolment for the year)	
BSC:	\$21.00 \$24.00 (casual booking)	
ASC:	\$24.00 \$26 (casual booking)	
Late fees	IF you pick up your child after 6.00pm you will be charged First 15 minutes \$15 \$15 for every 15 minutes after 6.15pm	
Non-notification fee	\$20 (If you do not inform the centre before 2.00pm that your child will be away)	

OFFICE USE ONLY		
Entered into QikKids	(Initials)	(Date)
Added onto Bus Run	(Initials)	(Date)
Added onto Emergency Contact List	(Initials)	(Date)
Added onto Allergies/Asthma List	(Initials)	(Date)
Asthma Action Plan Provided	(Initials)	(Date)
Allergies Action Plan Provided	(Initials)	(Date)
Immunisation form Provided	(Initials)	(Date)
Added to Email list	(Initials)	(Date)

Sighted by (Staff initials):..... Date...../...../.....

About your child

Child 1

*Child's First Name:*Child's Family Name:

Child's Date of Birth: Centrelink Reference Number (CRN): ____ - ____ - ____ - ____

Home Address:Post Code:

Country of Birth:..... Age: Gender: Male Female

Are you of Aboriginal or Torres Strait Island background? Yes No

Are you LBOTE – Language background other than English? Yes Cultural background:

Languages spoken by child:

.....

Grade/Class: School Attending:

BEFORE	Monday: _____	AFTER	Monday: _____
SCHOOL CARE	Tuesday: _____	SCHOOL CARE	Tuesday: _____
<u>Place P or V</u>	Wednesday: _____	<u>Place P or V</u>	Wednesday: _____
P = Permanent	Thursday: _____	P = Permanent	Thursday: _____
C = Casual	Friday: _____	C = Casual	Friday: _____

VACATION CARE ONLY (Please fill in a booking form with required days.)

What are your child's interests and hobbies? E.g. Sport, Art, Cooking

etc.....
.....

Does your Child suffer from any fears or phobias? Yes/No

Please Specify

.....
.....

Please specify any further information that may assist us in providing better care for your child

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

Child 2

*Child's First Name:*Child's Family Name:

Child's Date of Birth: Centrelink Reference Number (CRN): ____ - ____ - ____ - ____

Home Address:Post Code:

Country of Birth:..... Age: Gender: Male Female

Are you of Aboriginal or Torres Strait Island background? Yes No

Are you LBOTE – Language background other than English? Yes Cultural background:

Languages spoken by child:
.....

Grade/Class: School Attending:

BEFORE	Monday: _____	AFTER	Monday: _____
SCHOOL CARE	Tuesday: _____	SCHOOL CARE	Tuesday: _____
<u>Place P or V</u>	Wednesday: _____	<u>Place P or V</u>	Wednesday: _____
P = Permanent	Thursday: _____	P = Permanent	Thursday: _____
C = Casual	Friday: _____	C = Casual	Friday: _____

VACATION CARE ONLY (Please fill in a booking form with required days.

What are your child's interests and hobbies? E.g. Sport, Art, Cooking

etc.....
.....

Does your Child suffer from any fears or phobias? Yes/No

Please Specify

.....
.....

Please specify any further information that may assist us in providing better care for your child

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

Child 3

*Child's First Name:*Child's Family Name:

Child's Date of Birth: Centrelink Reference Number (CRN): ____ - ____ - ____ - ____

Home Address:Post Code:

Country of Birth:..... Age: Gender: Male Female

Are you of Aboriginal or Torres Strait Island background? Yes No

Are you LBOTE – Language background other than English? Yes Cultural background:

Languages spoken by child:
.....

Grade/Class: School Attending:

BEFORE	Monday: _____	AFTER	Monday: _____
SCHOOL CARE	Tuesday: _____	SCHOOL CARE	Tuesday: _____
<u>Place P or V</u>	Wednesday: _____	<u>Place P or V</u>	Wednesday: _____
P = Permanent	Thursday: _____	P = Permanent	Thursday: _____
C = Casual	Friday: _____	C = Casual	Friday: _____

VACATION CARE ONLY (Please fill in a booking form with required days.)

What are your child's interests and hobbies? E.g. Sport, Art, Cooking

etc.....
.....

Does your Child suffer from any fears or phobias? Yes/No

Please Specify

.....
.....

Please specify any further information that may assist us in providing better care for your child

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

Child 4

*Child's First Name:*Child's Family Name:

Child's Date of Birth: Centrelink Reference Number (CRN): ____ - ____ - ____ - ____

Home Address:Post Code:

Country of Birth:..... Age: Gender: Male Female

Are you of Aboriginal or Torres Strait Island background? Yes No

Are you LBOTE – Language background other than English? Yes Cultural background:

Languages spoken by child:

.....

Grade/Class: School Attending:

BEFORE	Monday: _____	AFTER	Monday: _____
SCHOOL CARE	Tuesday: _____	SCHOOL CARE	Tuesday: _____
<u>Place P or V</u>	Wednesday: _____	<u>Place P or V</u>	Wednesday: _____
P = Permanent	Thursday: _____	P = Permanent	Thursday: _____
C = Casual	Friday: _____	C = Casual	Friday: _____

VACATION CARE ONLY (Please fill in a booking form with required days.)

What are your child's interests and hobbies? E.g. Sport, Art, Cooking

etc.....
.....

Does your Child suffer from any fears or phobias? Yes/No

Please Specify

.....
.....

Please specify any further information that may assist us in providing better care for your child

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

Information about Parent/Guardian

Parent/Guardian 1

Relationship to child:

Mr. Mrs. Miss Ms

First Name:

Family Name:

Date of Birth:/...../.....

CRN Number: _____ - _____ - _____

Address:

.....**Post Code:**

Home Phone Number:

Mobile Number:

Study/Work contact number:.....

Email:

Cultural/Ethnic background:

Are you LBOTE – Language background other than English? Yes No

Languages Spoken:

Are you the CRN Account Holder? Yes No

Are you a single supporting parent? Yes No

Work Status:

Full Time Part Time Contracted

Self Employed Un Employed Studying

Actively Seeking Employment

Occupation:.....

Parent/Guardian

signature.....

Parent/Guardian 2

Relationship to child:

Mr. Mrs. Miss Ms

First Name:

Family Name:

Date of Birth:/...../.....

CRN Number: _____ - _____ - _____

Address:

.....**Post Code:**

Home Phone Number:

Mobile Number:

Study/Work contact number:.....

Email:

Cultural/Ethnic background:

Are you LBOTE – Language background other than English? Yes No

Languages Spoken:

Are you the CRN Account Holder? Yes No

Are you a single supporting parent? Yes No

Work Status:

Full Time Part Time Contracted

Self Employed Un Employed Studying

Actively Seeking Employment

Occupation:.....

Parent/Guardian

signature.....

Emergency Contacts

Please provide **AT LEAST 1** emergency contact who is **NOT** the parent/ guardian.

Contact 1:

Full Name:

Relationship to child:

Address:

Contact number:

Authorisation to consent for this person to collect my child/ren from the service:

Yes No

Authorised to consent to administration of medication or authorised for medical treatment:

Yes No

Authorised to consent for an educator to take the child/ren outside the education and care service premises

Yes No

Authorise to authorise the service to transport the child or arrange transportation of the child:

Yes No

Contact 2:

Full Name:

Relationship to child:

Address:

Contact number:

Authorisation to consent for this person to collect my child/ren from the service:

Yes No

Authorised to consent to administration of medication or authorised for medical treatment:

Yes No

Authorised to consent for an educator to take the child/ren outside the education and care service premises

Yes No

Authorise to authorise the service to transport the child or arrange transportation of the child:

Yes No

Contact 3:

Full Name:

Relationship to child:

Address:

Contact number:

Authorisation to consent for this person to collect my child/ren from the service:

Yes No

Authorised to consent to administration of medication or authorised for medical treatment:

Yes No

Authorised to consent for an educator to take the child/ren outside the education and care service premises

Yes No

Authorise to authorise the service to transport the child or arrange transportation of the child:

Yes No

Medical details:

Doctors Name:.....

Street Address:.....

Suburb: Post Code:

Phone Number:.....Medicare Number:.....

Reference number on Medicare:

Child 1: ____ Child 2: ____ Child 3: ____ Child 4: ____

Additional Information:

Is the child immunized and is the immunization up to date?

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If no, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If no, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If no, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If no, please specify</u> _____

Has the Child for who you are applying for care, been diagnosed with an ongoing high support need or are they undergoing diagnosis/assessment?

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify</u> _____

Has your child been diagnosed with an ongoing medical condition? E.g. Asthma, Fits, Seizures, ANAPHYLAXIS

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify</u> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify</u> _____

Action Plan must be provided

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify:</u> Conditions: Severity: Treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify:</u> Conditions: Severity: Treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify:</u> Conditions: Severity: Treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please specify:</u> Conditions: Severity: Treatment:

Does your child have any behaviour management issues and/or have a plan in place? E.g. ADHA, Non responsive, uncooperative etc. Has your child had any behaviour management issues as previous centre they have attended?			
Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes, please specify</u>	<u>If yes, please specify</u>	<u>If yes, please specify</u>	<u>If yes, please specify</u>
_____	_____	_____	_____

Permissions:	
I give the following permissions for my child/ren:	
In the event of a serious accident, I give written authorization for the centre to seek urgent medical, dental care, ambulance including transport by ambulance if required or hospital treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that medication will not be administered to my child unless: <ul style="list-style-type: none"> The medication is in its original container The Child's name is on the medication. The medication is correct. A separate medication form has been obtained from staff and filled out but the parent/guardian. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that if my child obtains a wound that is treatable at the centre, a staff member who holds a senior first aid certificate will apply appropriate treatment and record it in the accident report book. The staff member will also notify the parent upon pick up.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All belongings brought to the centre remain the responsibility of the child. Staff will take no responsibility for items lost, stolen or broken at Riverwood Community Centre Before and After School Care Centre.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give my child/ren permission, while at Riverwood OOSH, to participate in high impact activities such as park visits, climbing playing apparatus, games involving hard equipment or balls and running games. I understand that accidents can and do happen and that first aid is required my child/ren will be attended by a staff member who holds a senior first aid certificate, unless it is an emergency where by an ambulance will be called. I do not hold the staff, Riverwood OOSH or Riverwood Community Centre responsible for any unforeseen accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that all fees need to be paid weekly or fortnightly. In the event my fees are not paid the centre reserves the right to refuse care of my child/ren	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Do you allow your child to be photographed at the centre or on excursions to be used at the centre?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s:</p>
<p>Do you allow photos of your child to be used for advertising?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s:</p>
<p>I give permission for my child to be taken to and collected from school by the centre bus and by staff cars when the bus is unavailable or detained. I will also not hold any staff member responsible for any accident not caused by them on route to and from the Centre.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s:</p>
<p>Do you give permission for students from TAFE or UNI to do child studies and observations on your child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s:</p>
<p>Do you give the centre permission to apply 30+ sunscreen and/or insect repellent to your child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s:</p>
<p>Do you give permission for your child to watch G and PG movies at the centre?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s:</p>
<p>I give permission any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child (This may be for excursions or emergency circumstances).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s:</p>

Custody Arrangements:

<p>Are there any custody issues relating to the child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child's Name/s:</p> <p>.....</p> <p>.....</p>
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Parent Name: **Signature:**..... **Date:**

Director of Early Childhood & OSHC Signature: **Date:**.....