RIVERWOOD COMMUNITY CENTRE
OUT OF SCHOOL HOURS CARE & VACATION CARE

ENROLMENT FORM
2026

Out of School Hours Care is for children attending Primary School from Kindergarten to Year 6.

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:	☐
	Vacation Care:	☐
	Before & After school Care & Vacation Care:	☐

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	☐	Riverwood Public School	☐
Peakhurst Public School	☐	Montessori Riverwood	☐
Peakhurst West Public School	☐	St Joseph's Catholic School	☐
Other: (Please specify) _____	☐		

Before the child starts in the service make sure all the relevant information have been received accordingly		
Immunisation record	(Staff Initials)	☐
Child's birth certificate	(Staff Initials)	☐
CRN for child and parents	(Staff Initials)	☐
Risk Minimisation Plan	(Staff Initials)	☐
Medication Authorisation Form	(Staff Initials)	☐
Medication supplied to service with child's name on original packaging and in date.	(Staff Initials)	☐
Action plan with child's photo	(Staff Initials)	☐

Fees and charges		
	Amount	Director to sign when charged to family
Yearly Administration and enrolment fee:	$70.00 per family (to be paid upon enrolment/reenrolment for the year)	
BSC:	$22.00 per session $25.00 (casual booking)	
ASC:	$25.00 per session $27 (casual booking)	
VACATION CARE:	$111 per day	
Late fees	IF you pick up your child after 6.00 pm you will be charged First 15 minutes $15 $15 for every 15 minutes after 6.15 pm	
Non-notification fee	$20 (If you do not inform the centre before 2.00 pm that your child will be away)	

OFFICE USE ONLY		
Entered into OWNA	(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 Record Provided	(Initials)	(Date)
Added to Email list	(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:	_____
Place P or C	Wednesday:	_____	Place P or C	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:	_____
Place P or C	Wednesday:	_____	Place P or C	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:	_____
Place P or C	Wednesday:	_____	Place P or C	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:	_____
Place P or C	Wednesday:	_____	Place P or C	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

.....

.....

Riverwood Community Centre

Information about Parent/Guardian

Parent/Guardian 1 *(Same as Parent 1 on Centrelink)*

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		

Riverwood Community Centre

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
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If no, please specify	**If no, please specify**	**If no, please specify**	**If no, please specify**
_____	_____	_____	_____

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
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please specify	**If yes, please specify**	**If yes, please specify**	**If yes, please specify**
_____	_____	_____	_____

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

Child 1	Child 2	Child 3	Child 4
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please specify	**If yes, please specify**	**If yes, please specify**	**If yes, please specify**
_____	_____	_____	_____

Action Plan must be provided

Child 1	Child 2	Child 3	Child 4
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please specify:	**If yes, please specify:**	**If yes, please specify:**	**If yes, please specify:**
Conditions: …….. …… **Severity:** …….. …… **Treatment:** …… ……	**Conditions:** …….. …… **Severity:** …….. …… **Treatment:** …… ……	**Conditions:** …….. …… **Severity:** …….. …… **Treatment:** …… ……	**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
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please specify	**If yes, please specify**	**If yes, please specify**	**If yes, please specify**
_____	_____	_____	_____

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.	☐ Yes ☐ No
I understand that medication will not be administered to my child unless: • 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.	☐ Yes ☐ 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.	☐ Yes ☐ 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.	☐ Yes ☐ 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 whereby an ambulance will be called. I do not hold the staff, Riverwood OOSH or Riverwood Community Centre responsible for any unforeseen accident	☐ Yes ☐ 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	☐ Yes ☐ No
I give my child/ren whilst at Riverwood OOSH and or vacation care permission to use the monitored service iPad to play age-appropriate games under the supervision of staff (children will take turns every 3minutes at a time)	☐ Yes ☐ No
Do you allow your child to be photographed at the centre or on excursions and to be used at the centre and uploaded onto OWNA?	☐ Yes ☐ No Child's Name/s: …… ……

Do you allow photos or videos of your child to be used for advertising and for Riverwood community website and/or Facebook page?	☐ Yes ☐ No Child's Name/s: ……
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. Understanding that the service has a Transport Policy and Risk Management Plan in place, I will not hold any staff member responsible for any accident not caused by them on route to and from the Centre.	☐ Yes ☐ No Child's Name/s: …… ……
Do you give permission for students from TAFE or UNI to do child studies and observations on your child?	☐ Yes ☐ No Child's Name/s: …… ……
Do you give the centre permission to apply 30+ sunscreen and/or insect repellent to your child?	☐ Yes ☐ No Child's Name/s: …… ……
Do you give permission for your child to watch G and PG movies at the centre?	☐ Yes ☐ No Child's Name/s: …… ……
I give permission for 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).	☐ Yes ☐ No Child's Name/s: …… ……

Custody Arrangements:	
Are there any custody issues relating to the child?	☐ Yes ☐ No Child's Name/s: …… ……

Riverwood Community Centre

Permissions

Enrolment Agreement

I understand that: (please tick each statement as you read it)

- ☐ On confirmation of enrolment, Annual Administration Fee of $70 must be paid. This will be held, and not refundable.
- ☐ I must sign my child in and out for any absences.
- ☐ Fees are payable for absence of permanent bookings.
- ☐ Fees must be paid up to date, i.e. current week.
- ☐ A daily fee is charged.
- ☐ My child's attendance may be terminated if fees are not up to date without consultation with the manager.
- ☐ Any fees, penalties or service charges incurred by the Riverwood Community OSHC and Vacation care as a result of fee payments will be charged to my account.
- ☐ If there is an outstanding balance of $350, my child/ren enrolment may be suspended or terminated upon the discretion of the Nominated Supervisor.
- ☐ Failure of Parent/Guardian to make payment or set up a payment arrangement within seven (7) calendar days, Riverwood Community Centre reserves the right to seek debt recovery, for outstanding balances, families will be notified by a Final Notification letter.
- ☐ A minimum of two weeks' notice is required when withdrawing my child from care or fees will be payable in lieu of notice.
- ☐ My child must be picked up no later than 6.00pm otherwise I will be charged a late pick-up fee. Please call the Centre to inform us if your child's going to be late.
- ☐ Riverwood community Centre Long Day Care educators are mandatory reporters, which means that they are required, under the Children and Young Person's (Care and Protection) Act of 1998, to make a report to the NSW Department of Family and Community Services if they suspect a child is at significant risk of harm.
- ☐ My child's enrolment is subject to guidelines stated in the 'Family Information Handbook'.
- ☐ The centre will be closed on public holidays and at the end of December over the Christmas/New Year period.
- ☐ As a parent/guardian I am responsible for updating the Centre staff, in a timely manner, on any changes in my child's health, ongoing medical conditions or immunization matters.
- ☐ My child may be asked not to attend the centre if she/he contacts an infectious disease that requires an exclusion period Such as (Diphtheria, hepatitis B, fever, conjunctivitis, covid19)
- ☐ I am aware that the Centre require presentation of a medical certificate (Action Plan) in the event of the child developing a medical condition.
- ☐ The Riverwood Community Centre OSHC and vacation care is part of the Riverwood Community Centre, and as such adheres to a set of policies and procedures that govern the way service is provided. I am able to view these documents by asking the Centre staff.
- ☐ I am aware that it is our Responsibility to maintain current Family Assistant Office income Assessment Notice for childcare subsidy purposes
- ☐ I am aware that to have access to Child Care Subsidy we need to meet all the current childcare requirement
- ☐ Agree to comply with all government requirements in relation to the Centre and its service.
- ☐ I am aware that the Riverwood community centre OOSH and vacation care may take photos and or videos of my child for the purposes of documentation for the educational program and will be safely stored and destroyed at end of enrolment if permission was given in enrolment.
- ☐ I am aware that Riverwood community have installed and use closed circuit television systems throughout the building where my child may be captured in footage and understand that CCTV footage is kept in a secure location at RCC for a period of up to 90 days before it is destroyed. I am aware that there is no CCTV inside the childcare centre or in personal places such as bathrooms.
- ☐ Understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:

First priority: Child at risk of serious abuse or neglect

Second Priority: Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act

Third priority: Any other child

Signature (Parent/Guardian) ……..……Date: ……/……/…..…

Disclaimer

Riverwood Community Centre occasionally collects statistical information about children and families using the service. This information is used to help plan and deliver services, to monitor and improve services and to meet reporting requirements specified by funders. We respect the privacy of your personal information. All of the Riverwood Community Centre staff are bound by the Riverwood Community Centre's Privacy and Confidentiality policy. The Riverwood Community Centre take all reasonable steps to ensure that your personal information is protected against loss, unauthorized access, modifications or disclosure, and other misuse. Information will only be disclosed or shared if required by law or regulatory or reporting requirements.

Privacy Statement

Riverwood Community Centre has a commitment to protect the privacy of its clients. Riverwood Community Centre complies with the National Privacy principals set out in the Privacy Amendment (private sector) Act 2000. For more information, please refer to the Riverwood Community Centre Privacy Policy available at the centre.

Nominated Supervisor Comment

_____

_____

_____

_____

_____

_____

Nominated Supervisor Children's Services

Name: _____

Signature: _____**Date:** …. /…../……..

CHILDREN'S SERVICES OSHC EXCURSION PERMISSION FORM

Dear parents/Guardians

Please see below the details regarding excursions from our service in line with the proposed activities.

When: Monday – Friday as programmed

Time: between 4:15pm and 5:30pm; and as programmed (Vacation Care as programmed)

Route:

1. Library 80 Kentucky Rd, Riverwood NSW 2210 for the purpose of the Riverwood library
   Children will exit the main service doors and walk around the exterior façade of the Main RCC building, across the fenced bridge and attend to Riverwood Library, they will return via this route back to the service.
2. Parklands outside Riverwood Community centre and Karne St Reserve Playground at 151 Belmore Road Nth, Riverwood NSW 2210 for the purpose of evacuation drills and programmed park play, recreational play and mealtimes. Children will exit the main service doors and walk alongside the fencing in a line with educators, making their way down the steps to the grassed area, next door to the service. For Karne St Playground children will exit the service as outlined above and walk along the Riverwood Wetlands walkway to the park.
3. Basketball Courts inside Riverwood Community Centre at 151 Belmore Road Nth, Riverwood NSW 2210 for the purpose of programmed based sports activities. Children will exit via the OSHC room doors/Hall, walking through foyer, front reception to basketball courts. Returning via this path into the centre.

Individual risk assessments are available for families for the above activities. These are stored electronically and are made available to families upon request to the Nominated Supervisor or Children's Services Director.

Anticipated number of children: 30-60 children (licenced for 60 children)

Anticipated ratio of staff to children: 1:15 In centre activities, Outdoor Gardens, Park Playground, Library Visit

Transport and required seat belts: Not relevant for this excursion. Children will be walking.

Please fill out the permission form and hand in back to staff

Children will be transported to and from these areas via walking only with a return time of no later than 5.30pm. If parents are required to collect children during the times of excursions being conducted, they must inform educators via the centre mobile phone and can meet us at the above locations.

I give permission to any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child for the purpose of the proposed activity and for the purpose of collecting the child from the following locations.

Child's Name: …… Date of Birth: ……/……/……. Age: ……

Parent/Guardian Name: ……Date: …… Signature:……

Nominated Supervisor: …….…… Date:…… Signature:……

Regular Transport Authorisation Form 2026

Riverwood Community Centre OOSH Regular Transport Permission Form

This Form is to be completed by OOSH attending Families only

Transportation Permission Form
Child Information

Child name……

Name of Authorising family member……

Relationship to child……

I consent to the regular transportation of my child as per the information below

Signed…… Date……

In the interest of my child's wellbeing, I understand that my child\ren may require to use the bathrooms during the bus run at another school during drop off or pick up times, my Child will be accompanied by the Educator into the school grounds to use the school children's bathroom. The parent will be contacted by staff to advise the child has disembarked the bus at the specific school for the use of the bathroom. The Child will then return with the group of children collected from that school.

Transport information		
Note for Service: Please complete this section for every regular journey. For example, If you transport both to and from school to the Service, please complete this section once for the morning journey, and again for the afternoon journey.		
Reason for Regular Transportation e.g. Travel from Before School Care Site to School Grounds, Travel from School Grounds to After School Care Site, Travel from Service to alternative activity etc.	Before and after school care service Travel from Riverwood community centre building to each school for drop of and pick up each day	
How Frequently is this Journey Expected to Occur?	Weekly Fortnightly Other (please specify): **This will happen daily in the morning for drop off and in the afternoon for pickups Monday – Friday**	
Time of Journey	Start: morning session 8.30am Afternoon session 3.00pm	Finish: drop all children off by 9.15am Back to the centre by 3.45pm
	Estimated length of journey: morning run= 40minutes total Afternoon run= 45minutes total	

Which Day(s) of the week will child/ren be transported? The service will document the estimated start and finish times for this journey. Where multiple routes have been provided, this service will document alternative start and finish times for each route as appropriate (for example, if one route is estimated to take longer than another).	BSC- Monday, Tuesday , Wednesday, Thursday, Friday ASC- Monday, Tuesday , Wednesday, Thursday, Friday Child/ren will be transported as per their booked days of care during the week Monday to Friday including casual booked days of care. Start and finish times for the routes are stated above in Time of Journey.
Mode of Transportation	Private Bus
Are seatbelts or other safety restraints required for this type of transportation under NSW law? At any time that the mode of transport provides seatbelts, this Service will ensure their use by children for the duration of the journey	[X] Yes [ ] No
Route Information	Departure Point: 151 Belmore Road North, Riverwood NSW 2210
	Stops or Pickup Points along Route: Riverwood Public School – Union Street, Riverwood NSW 2210 Southside Montessori Primary School – 35 Lillian Road, Riverwood NSW 2210 Peakhurst Public School – 65A Bonds Road, Peakhurst NSW 2210 St Joseph's Catholic School – 28/32 Thurlow Street, Riverwood NSW 2210 Peakhurst West Public School – Ogilvy Street, Peakhurst NSW 2210 Hannans Road Public School – 32 Hannans Road, Riverwood NSW 2210
	Destination:

Route(s): Routes can be documented in written form, or alternatively, a map can be placed here. If you have more than one usual route, please include all routes here. For example: you may only stop at one school along the route to the Service if there are casual bookings at that school; or there is unpredictable traffic, so you take one of two usual routes on any given day.	Morning run- staff leave from Riverwood community centre northern car park. Starting off with going to St josephs, Montessori, Riverwood Public, Peakhurst west, Peakhurst public and Hannan's road. Bus stops at the entrance of each school with staff taking children inside the gates and marking them off their roll once entered. Afternoon run- staff leave from Riverwood Community Centre northern car park. 2 buses are used with 1 staff member on each bus. Bus 1- first to Riverwood Public, Montessori then Peakhurst Public. Bus stops at the front of the school staff get out and collect the children in a group and then go back to the bus (the bus returns to the Centre at the end of the school run) Bus 2- first to St Josephs, Peakhurst West then Hannan's Road Public. Bus stops at the front of the school staff get out and collect the children in a group and then go back to the bus (the bus returns to the Centre at the end of the school run) On occasions where numbers and seating on each bus is required, one run may collect another school from another run. This is documented on the daily transportation embarking & disembarking records.
Anticipated Number of Children on this Journey	Morning session= anticipated up to 20 children for drop off Afternoon session bus 1/bus 2- anticipated up to 20 children on each bus
Maximum Number of Children on this Journey Optional Section For Example, maximum number of children allowed on bus.	Ratio for children 1educator to 15 children. Bus drivers are counted in ratio each with first aid, asthma and anaphylaxis training. Occupancy for each bus up to 20 children per bus *subject to change according to attendances of the day, can be less. Back up minibuses are also available and in use x1 10-seater and x1 8-seater with space for one educator and the driver.

Number of Anticipated Staff in Attendance This number is an estimate based on attendance trends. If the number of bookings changes from the date of agreement, the Service reserves the right to increase or decrease the number of staff allocated to this journey. The Service will not exceed mandated child: staff ratios.		Morning routine 1 bus with 1 staff member on the bus & 1 driver Afternoon session is 2 buses with 1 staff in each bus with a driver. Additional staff member may be present
Number of Additional Adults in Attendance. Any adult not employed by the Service and counted to child: staff ratios will be listed here. For example: bus drivers, volunteers.	Who will be Attending? Kent Lo, Norman Khoury, Van Tran Matthew Phillips, Daniel Dable Chen Jianhong, Tony Moubarak	Purpose for Attendance: Drive the bus to and from the service
Accompanying Documents. A risk assessment has been prepared for the journey(s) listed in this agreement, and is available at the Service, as per reg 102B, C		