



# South Liverpool Out of School Hours KIDSCARE INC.

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<https://www.facebook.com/Sloosh-Kids-Care-1607028576211095/>

ABN: 61 425 407 142

## ENROLMENT FORM

for

## **BEFORE SCHOOL & AFTER SCHOOL CARE**

\*\*\* You **must** answer **all questions** - please print & use a black or blue pen\*\*\*.

### **PARENT / GUARDIAN 1 INFORMATION: -**

Education and Care Services National Regulations - Regulation 160 (3b)

Title	Surname	First Name	D.O. B
			__ / __ / __

Relationship to Child	Are you of Aboriginal or Torres Strait Islander Descent?
	Please Confirm:

Address:			
	State	Postcode	
Home Phone:		Mobile Phone	
Email:			
Main language spoken at home: English / Other Please Specify:			

Employer:	Work Phone
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Parent 1 CRN: _____	Is this Guardian Linked to Childcare Subsidy- Yes / No (Circle)
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\*\*\* Customer Reference Number - CRN Number is a mandatory requirement, Centrelink. \*\*\*

**PARENT / GUARDIAN 2 INFORMATION: -**

Education and Care Services National Regulations - Regulation 160 (3b)

Title	Surname	First Name	D.O. B
			__ / __ / __

Relationship to Child	Are you of Aboriginal or Torres Strait Islander Descent?
	Please Confirm:

**Address:**

	State		Postcode
Home Phone		Mobile Phone	
Email:			
Main language spoken at home: English / Other Please Specify:			

Employer:	Work Phone
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Parent 2 CRN: _ _ _ _ _	Is this Guardian Linked to Childcare Subsidy- Yes / No (Circle)
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**Emergency Contact Details:**

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

In case of emergency, please give the names of persons we can contact,  
(Other than parents or guardians).

Contact 1		Phone	
Contact 2		Phone	

Doctor		Phone	
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Medicare No		Ambulance cover	Yes/No (Circle)
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Private Health Insurance Name:	Private Health Insurance Number:
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In the event of the parent / guardian or nominated persons being uncontactable, would you accept our arrangements, for emergency treatment, medical, hospital or ambulance? Yes/No (Circle)

Can this person consent to the Nomination Supervisor or an educator taking the child outside the service if we cannot contact you? Contact 1-Yes / No (Circle) Contact 2-Yes / No (Circle)

I Authorise this person to collect my child from this service: Yes/No Can this person consent to medical treatment or the administration of medication if you are not contactable?

Contact 1-Yes / No (Circle) Contact 2-Yes / No (Circle).

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

## CHILD'S INFORMATION

Please Note: You will need to fill in a separate form for each child.

Child's Surname		First Name	
Child's CRN	- - - - -		
Is this child of Aboriginal or Torres Strait Islander			Yes / No (Circle)
D.O. B	- - / - - / - -	1 <sup>st</sup> day at this centre	- - / - - / - -
		1 <sup>st</sup> day at school	- - / - - / - -
Religion/Culture			
Interests and Hobbies: -			

Please ensure that all your details are up to date and active with **CENTRELINK** to be eligible to receive **SUBSIDISED CARE**.

If we don't receive the **required information** from **CENTRELINK** we will have, **NO ALTERNATIVE**, but to charge you the **FULL RATE** for any care provided.

**Bookings:** When do you require care for this child? (Please tick)

	Mon	Tue	Wed	Thu	Fri
Before School					
After School					

**Waiting List - Optional:** When do you require care for this child? (Please tick)

	Mon	Tue	Wed	Thu	Fri
Before School					
After School					

### Immunisation & Health:

Education and Care Services National Regulations - Regulation 160 (3a, I, j)

Are Immunisation Records completely up to date?	Yes / No (Circle)
Please attach an Immunisation History Statement: Attached:	Yes / No (Circle)
Are there any health concerns or allergies? If so, please detail below.	
Any Medication Requirements: Yes / No (Circle) discuss Plan / Requirements.	

In the event of an accident or illness requiring medical treatment, or Panadol / Neurofen / Claritin every effort will be made to contact parents before such treatment takes place. However, on the chance that this should prove impossible, it is necessary for authority to be given in advance.

I \_\_\_\_\_, the undersigned give permission for the staff of SLOOSH KIDSCARE to seek medical / ambulance attention for my child / children under their care, in the event of an accident or emergency and I agree to pay such costs as may be incurred.

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_/\_\_/\_\_

**Transportation:**

I \_\_\_\_\_ give permission for my child/ children to travel in the minivan provided by Sloosh Kidscare, between the centre and the local schools.

I understand that, if the van is unavailable for any reason, Sloosh Kidscare will provide alternative transport, usually by taxi. I will pay only for the SLOOSH KIDSCARE transport fare, not the taxi fare.

In giving my permission, I understand that SLOOSH KIDSCARE, its staff & management, will undertake every reasonable care and precaution for the safety and wellbeing of the children travelling.

All drivers are licenced and have the appropriate level required to operate the SLOOSH KIDSCARE mini-bus vehicles.

\*Booster seats are made available on all transport vehicles to all age-appropriate child.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Excursions:**

I \_\_\_\_\_ give permission for my child/Children to go for a spontaneous excursion if the weather and staff ratios permit this. Parents/Guardians will be contacted prior to this excursion taking place if their child will be participating by various forms of communication such as: SLOOSH KIDSCARE Facebook, Verbal, Communication Book, Email, Phone or Text.

I also understand that Risk Assessments will be conducted by SLOOSH KIDSCARE Staff prior to the excursion occurring and will be evaluated at completion. This includes the mode of transport required. (A copy of these can be viewed on request).

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Morning	Drop my child in the morning:	School Name:
Afternoon	Pick my child up from:	School Name:

Please tick the days & sessions when transport is required.

	Mon	Tue	Wed	Thu	Fri
Morning					
Afternoon					

If for any reason transport is not required on a specific day due to sickness or the child / children absence, please contact the Sloosh Centre so the driver can be informed of that change.

**FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER****Education and Care Services National Regulations - Regulation 160 (3c, d)**

Are there any relevant court orders? parenting orders or parenting plans relating to the powers, duties, and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
		Yes / No (Circle)
Are there any other relevant court orders? relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
		Yes / No (Circle)
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
		Yes / No (Circle)
Briefly outline court order requirements		

**Additional Home Transport**

If you require a pickup or drop off service for before or after school care, the cost will be \$5.00 each way per child.

To access this service, you must fall within our transport service area. Please speak to management to see if you are eligible for this service.

Please tick the days when transport is required.

	Mon	Tue	Wed	Thu	Fri	Total Cost
Morning						
Afternoon						

**Swimming**

I \_\_\_\_\_ give permission for my child/ children to go for a spontaneous swim if weather and staff ratios permit this.

This authority covers Swimming at the Michael Wenden Centre held in either their outdoor or indoor pools.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_ / \_\_ / \_\_

**Photo / Social Media Permission:**

I \_\_\_\_\_ DO / DO NOT (**Circle**), give staff permission for my child's image / photograph to be used on SLOOSH KIDCARE Facebook page, website, and other related community social media events.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_ / \_\_ / \_\_

**Fees Policy: -**

We aim to provide quality service that is affordable. Fee levels will be set by management each year on completion of an annual budget and according to the centres required income.

Fees are reviewed annually on attendance and the centre's ability to meet the running costs.

Parents/ caregivers will be given at least 2 weeks' notice of any changes in the fees.

Fees must be paid weekly or fortnightly and must be paid in full by the end of each school term.

Casual and emergency care must be paid for on the day of care. Fees are to be paid for the days the child is **booked** into the centre, including times when the child is absent due to illness or holidays and for public holidays.

CCB is paid for sick days and up to 42 days allowable absences per session per year, and for public holidays.

**2 weeks prior notice** in writing is to be given to the Co-ordinator for any changes to the days of care or cancellation of care unless the parent is a current user of the service and an account can be given.

**If no notice is given fees are to be paid.**

**Late Fee:**

I understand that a late fee of \$15.00+ GST will be charged for each 15minutes, after closing time, of 6:30 and that continued lateness after three warnings may result in the cancellation of my child's placement.

If fees are not paid in full by end of school term, I understand that I will forfeit my child / children's position for future care.

I have read, understood, and agree to the terms and conditions above.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_ / \_\_ / \_\_

**ALL FEES ARE PAYABLE WEEKLY BY BANK TRANSFER**

**SLOOSH BANKING DETAILS:**

**Bank: ST GEORGE      BSB: 112 879      Account Number: 456 645 190**

## PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, I, j)

Please tick  box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is **non-refundable**. Bond is refundable under conditions outlined in the Policy Manual.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 plus GST per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I agree to provide two weeks written notice to withdraw my child or reduce booked days.
- I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- I give permission for prescribed medication to be administered by SLOOSH KIDSCARE primary contact staff upon my authorisation on the Service's Administration of Medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter reason for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.
- I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that student will not be left with children without an educator present.

I give permission for my child to be involved with leisure activities offered at SLOOSH KIDSCARE Service.

I am interested in being a part of a Parent Committee that meets occasionally to update policies, provide feedback, assist with activities, fundraising and social events.

I, or someone I know, has a skill they could share with the children to enhance the educational program.

I have read and understood the information in this application. Information provided about myself, my child/ren or other people, has been given with their authorisation.

Print Name: \_\_\_\_\_ Signature: Date: \_\_ / \_\_ / \_\_

Print Name: \_\_\_\_\_ Signature: Date: \_\_ / \_\_ / \_\_

## **Privacy Notice**

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, childcare benefit information, Medicare number, immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences, and needs, including special needs. We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent, or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date, and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency. We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider or Nominated Supervisor who may be contacted by telephone on 0488 041 011 NUMBER or email shine2168frs2gmail.com or by mail 62 Cabramatta Ave Miller NSW 2168. We will provide a copy of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard and include the changes in our Newsletter.



## DECLARATION

As a person who has parental responsibility for the child referred to in this enrolment form for SLOOSH KIDSCARE I declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information, I understand there may be costs involved in the provision of professional medical, ambulance or hospital services for my child/ren as a result of a medical emergency or accident at the service, and I agree to pay those costs.

I agree to collect or plan for the collection of my child if he/she becomes sick/unwell. I will not send my child to the service if he/she is sick/unwell at the service. I understand my child must have any required medication (always including EpiPen) with them at the service or they will be unable to attend.

I understand and agree that a first aid trained staff member may administer first aid when necessary.

I declare that I have read and understood the Code of Conduct and policies of SLOOSH KIDSCARE and will abide by them.

These policies include the Medical Conditions Policy, Administration of Authorised Medication Policy, Delivery and Collection of Children Policy, Infectious Disease Policy, Immunisation Policy, Behaviour Guidance Policy (in Relationships with Children Policy) and Privacy and Confidentiality Policy.

I have read and will comply with the fees and payment structure of SLOOSH KIDSCARE, I agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical or dental professionals (including their contact details).

I agree to provide updated information about my child's immunisations whenever he or she is vaccinated I agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy. I agree for my child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.

I agree to provide information about my child's life, family, and community to support the achievement of meaningful learning outcomes.

I understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member. We aim to provide quality service that is affordable.

Print Name of Parent / Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

Print Name of Parent / Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

I have read and understand the information above.

Print Name of Authorised Witness \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

Print Name of Authorised Witness \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

Staff to confirm the following documents received on form:

Please provide copy of Immunisation Forms (mandatory) <i>My Gov website. - Check all immunisation is up to date.</i>	Received:	Yes / No (Circle) Yes / No (Circle)
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Customer Reference Number (CRN) required for Child / Parents Centrelink / My Gov website.	Received:	Yes / No (Circle)
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Private Healthcare Name / Number Supplied.	Received:	Yes / No (Circle)
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SLOOSH KIDSCARE FACEBOOK: Please take the time to visit our Facebook page and like the Service for us and make comments if you would like. The Service encourages the family to support us through this Social Media option. Thankyou.