

Enrolment Form



This enrolment form belongs to:

Child's Name

Start Date

Child's Age

Enrolment Submitted Date

Child Australia Anula OSHC

Anula OSHC, Anula Primary School 73
Yanyula Drive Anula, NT 0812

anulaoshcoshc@childaustralia.org.au
(08) 8997 7515 or 0439 790 131

Opening Hours:

Monday to Friday

Vacation Care - 7:00AM - 6:00PM

After School Care - 2:30PM - 6:00PM

Fees

After School Care: \$36 / day

Vacation Care: \$77



- Drawn by Ruheen

OFFICIAL USE ONLY

Family has provided

- Birth Certificate
- Immunisation
- Code of Conduct signed
- Declaration signed
- Excursion Permission signed
- All about Me

Admin Enrolment

- Entered into online admin platform
- Entered Booking
- Entered Allergies/Dietary Info
- Allergies added to register
- Entered emergency contacts
- Sent confirmation email to family

- Enrolled for CCS
- Checked Social Media Permission
 - Yes
 - No
- New Registration Fee (2 weeks out)
- Sent confirmation email to family

Entered by: _____

Comments: _____

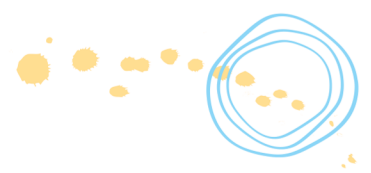
Date: _____



We acknowledge and pay our respects to Aboriginal and Torres Strait Islander peoples, including Elders past, present and emerging.

We celebrate their contribution and connection to the lands, seas and communities in which we work.

We are committed to understanding and engaging with Aboriginal and Torres Strait Islander history, living culture and traditions, and to contributing to Australia's reconciliation journey.



Child Australia requires this form to be completed and all documentation attached prior to your child's first day with us. This information must be completed by one of the child's parents, who have lawful authority in relation to the child. Please notify us of any change of details, as soon as they arise.

Which Program will your child attend?

- After School Care
 Vacation Care

Days of attendance you require:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Main Contacts

PRIMARY PARENT

Parent Customer Reference Number (CRN)

Title First Name (s)

Surname

Relationship to Child

Date of Birth Country of Birth

Does your child live with you? Yes No Shared Care

Comments or Details Occupation

Organisation Preferred Contact Method

Work Address

Home Address

Same as above Post Code

Mobile Number Work Phone

PERSONAL E-mail Address

Tick to Authorise Collection Emergency Medical Excursion Transportation

SECONDARY PARENT

Parent Customer Reference Number (CRN)

Title First Name (s)

Surname Country of Birth

Relationship to Child Preferred Contact Method

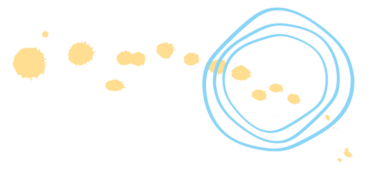
Date of Birth

Does your child live with you? Yes No Shared Care

Comments or Details Organisation

Occupation Work Phone

Mobile Number



Work Address

Home Address
 Same as above Post Code

Personal E-mail Address

Tick to Authorise Collection Emergency Medical Excursion Transportation

In case of an emergency, Child Australia will contact the parents or guardians. If the service is unable to gain contact with the primary caregivers, we will contact the emergency authorised contacts below in the order in which they are listed.

Please provide a copy of photo identification at the time of enrolment as we will be unable to release children into the care of authorised persons we have not met without verifying their ID first.

No persons under the age of 18 years will be allowed to drop off or pick up your child unless he/she has recognised carer status by the Australian Government. In this case, please provide a copy of the appropriate documentation.

Additional Contacts

CONTACT ONE

Title First Name (s)

Surname Relationship to Child

Work Address

Home Address
 Same as above Post Code

Mobile Number Work Phone

Personal E-mail Address

Tick to Authorise Collection Emergency Medical Excursion Transportation

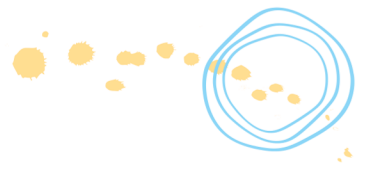
CONTACT TWO

Title First Name (s)

Surname Relationship to Child

Work Address

Home Address
 Same as above Post Code



Mobile Number Work Phone
Personal E-mail Address
Tick to Authorise Collection Emergency Medical Excursion Transportation

CONTACT THREE

Title First Name (s)
Surname Relationship to Child
Work Address
Home Address
 Same as above Post Code
Mobile Number Work Phone
Personal E-mail Address
Tick to Authorise Collection Emergency Medical Excursion Transportation

Medical Contacts

FAMILY DOCTOR

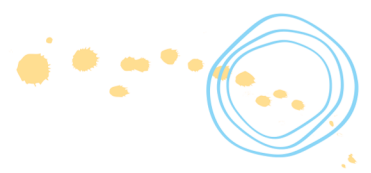
Family Doctor Full Name
Service Name
Address
Postcode:
Contact Number

FAMILY DENTIST

Family Dentist Full Name
Service Name
Address
Postcode:
Contact Number

HEALTH FUND DETAILS

Medicare Number Ambulance Cover Yes No
Health Insurance Fund Yes No Insurance Number
Health Insurance Name



Child Information

CHILD DETAILS

Given Name Last Name

Surname Preferred Name

Country of Birth Date of Birth

Primary Language Gender at Birth Male Female

Secondary Language Gender Identity (Other):

Cultural Background Pronoun

Is your child Aboriginal Torres Strait Islander Other:

What land group do you belong to?
(leave blank if you do not wish to disclose)

Child primarily lives with

Child Address

Medicare Number CRN

Please provide your child's grade and classroom teachers details.
Grade Teacher's Name

COURT / PARENTING ORDERS OR PARENTING PLANS

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, Child Australia cannot enforce parents' requests.

	YES	NO
Are there any 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?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	<input type="checkbox"/>	<input type="checkbox"/>

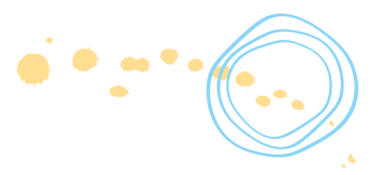
Child Health Information

IMMUNISATION RECORD

- Is your child fully immunised? Yes No
- Attach copy of Child's Immunisation Record
 - If your child receives further immunisations during their time at Child Australia, please provide us with updated copies as soon as possible.
 - Please note that until Child Australia has received your child's immunisation record, they will be treated as unimmunised in the case of an outbreak of an infectious illness. Fees will still be payable during this time.
 - You are required to provide us with a copy of your child's up to date immunisation record.

I/We have provided Child Australia with a copy of these records.

- Yes No



Please sign the following Declaration if you have chosen NOT to have your child immunised.

- I/We have chosen not to have my child vaccinated.
- I/We understand that my child will be excluded for the prescribed period as advised by the Public Health Office during an outbreak of vaccine preventable diseases at Child Australia and
- I/We understand that fees will still be payable during this time.

Name _____

Signature _____

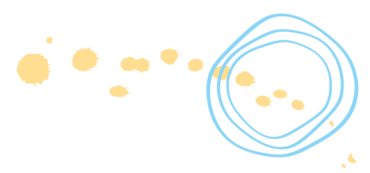
Date _____

MEDICAL CONDITIONS

Please write a check mark if you agree:

- I agree that if my child has been injured, or becomes ill whilst at the service or otherwise in care, for the approved provider, a nominated supervisor or an educator to seek Medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.
- I give consent to the carrying out of appropriate medical, dental or hospital treatment.
- Does your child have any special considerations we need to take into account for their enrolment. _____

	YES	NO
Has your child ever been diagnosed with a medical condition? If yes , please provide relevant details below and provide us with a medical management plan completed by a medical professional. Is the Risk Minimilisation Plan and Wellbeing Plan Attached?		
Does your child suffer from any allergies or anaphylaxis? If yes , please provide relevant details below and provide us with an allergy or anaphylaxis management plan completed by a medical professional.		
Does your child suffer from Asthma? If yes , please provide us with a copy of your child's Asthma Plan completed and signed by a medical professional, and provide us with relevant Medication/s with a Chemist Label on.		
Does your child have a diagnosed disability or are they undergoing assessment? If yes , please provide relevant details below:		
Does your child take prescribed medication or treatment on a regular basis? If yes , please provide relevant details below:		



- Please ask the OSHC Supervisor for a copy of the Medication Policy and Consent forms for any ongoing medication to be administered whilst in our care.
- Please provide any information accessing any specialist care.
- Please note that all medication (including over the counter medication) must be in the original packaging and be labelled with child's name and medical instructions from a medical practitioner/chemist in order to be administered at the centre.
- The parents should have previously applied or used these products on the child on at least three occasions, without causing any allergic reactions.
- You will be asked to complete an "Authority to Administer Medication" form and supply a copy of the medical advice.
- For all over the counter medication/creams/ointments etc you will be asked to fill out an "Authorisation for the Administration of Non-Prescription Medications" form.
- Please speak to the OSHC Supervisor for further details.

	YES	NO
Does your child take prescribed medication or treatment on a regular basis? If yes, please provide relevant details below:		
Do you require OSHC/Vacation Care Educators to Administer these medicines? If so, please provide in writing to the OSHC Supervisor. If this is not provided Medication cannot be given.		

DIETARY REQUIREMENTS

Does your child have any special dietary, cultural restrictions or particular food dislikes?

Yes No

Allergy (Tick Accordingly below)

- Cannot have:
- Medical Plan attached
- No medical plan. Family preference

Gluten Free (Tick Accordingly below)

- Medical Plan attached
- No medical plan. Family preference

Vegetarian (Tick Accordingly below)

- No Egg and Fish
- Eggs ok
- Fish ok

Halal (Tick Accordingly below)

**Please check with your Centre Director.
Halal is optional for some Child Australia services.*

- All Halal meat: chicken, beef, lamb, fish
- Vegetarian option ok when halal meat is unavailable

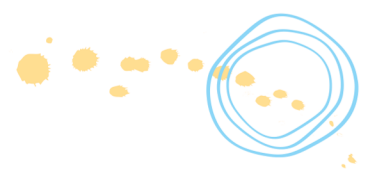
No Beef (cultural/family preference)

No Lamb (cultural/family preference)

No Pork (cultural/family preference)

Other (Please Elaborate):

Please list any other details that could help us in providing your child with the most suitable dietary options:



MORE ABOUT YOUR CHILD

Please provide the names and ages of your child's siblings:

Name	Age

Tell us more about your child (e.g. hobbies, likes, dislikes, fears, etc) and how you would like us to support.

Enrolment Agreement

Please read the following agreement carefully before signing.
Please ask, if there is anything in this document that you are unsure of.

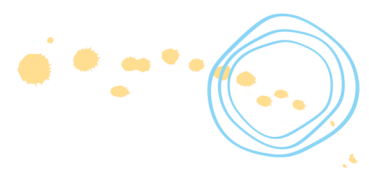
EXCURSIONS

Below you will give permission for your child to attend excursions. Please be advised that you will need to sign the additional **'Local Excursion Permission' form**, which will be provided to you by your centre director.

	YES	NO
I/We authorise my/our child to participate in activities or events within the perimeters of the service grounds, as such occasions as the Director shall decide. I understand that a risk assessment will be completed annually for students that outline appropriate activities and risks for the various ages of the children.		
I/We authorise my/our child to participate in local excursion within the service community. These will be locations accessible by foot only. When an excursion has been planned, the Supervisor or Educators will give prior notice to families as well as include a current risk assessment for this excursion. Excursions will be age and developmentally appropriate.		
I/We authorise the Supervisor and Educators to escort my/our child off the premises in the case of an evacuation or in the case of an evacuation drill.		

GENERAL

I/We give permission for this child to:	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the service of any Liability. You will be required to provide clothing that covers limbs and neck, as well as a broad brimmed hat. Your child will also be encouraged to seek shade during outdoor play. If you would like to provide your own sunscreen, you will be asked to complete an "Authorisation for the Administration of Non-Prescription Medications" form.		
Have Band-Aids or sticking plasters applied when necessary		



PHOTOS AND VIDEO FOOTAGE

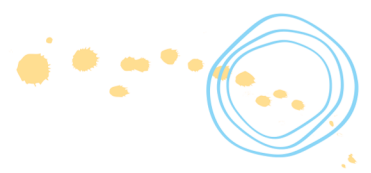
I/We give permission for this child to:

	YES	NO
For photos and video footage of my/our child or myself/family to be used in Educational/Service Documentation.		
I understand that group photos or videos will be accessed by other parents/guardians for those children.		
For photos and video footage of my/our child or myself/family to be used on the Child Australia website and promotional material.		
For photos and video footage of my/our child or myself/family to be used on our Facebook page and/or website and brochures.		
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing/copies?		

AUTHORISATION, CONSENT AND DECLARATION

I/We acknowledge and agree that:

1. Child Australia does not need to submit to any promotional material containing a photograph of my child/myself/family for approval before publication of that promotional material.
2. Any and all copyright and other rights to any photographs/videos of my child/myself/family shall be owned by Child Australia.
3. The person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child.
4. We have received and read Child Australia's family handbook.
5. We will abide by the service's policies and procedures which are available on request.
6. We have been given the option of having a free play and stay with my child prior to formal enrolment (where applicable).
7. We will comply with all Government requirements in relation to Child Australia's OSHC services.
8. If I/We fail to pay the fees, any Child Care Subsidy payable will be cancelled and I will become responsible for the total amount of fees.
9. Fees will be paid two weeks in advance. Payments will be made via direct debit from a bank account or credit card via the company 'Debit Success'.
10. Are aware that Debit Success charges additional fees as listed below per transaction, this amount is subject to change.
 - **Credit Card / debit card (VISA / MASTER) - 2.47%**
 - **Credit Card (AMEX) - 4.57%**
 - **Dishonour fee- \$19.95**
11. Fees for public holidays are payable if the day is a usual day of attendance.
12. Fees are payable for all booked days, including absent days, i.e. sick days, and family holidays.
13. I/We will be liable for any fees incurred when a debt collection agency is contracted.
14. 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 Services 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
15. The service may seek medical treatment for my child from a registered medical practitioner, hospital, dental or ambulance service. I/We also give permission for my child to be transported by an ambulance service in the case of an emergency. I/We understand we will be liable for all costs incurred, for both ambulance and/or medical treatment.
16. The child will be excluded from care at OSHC if we suspect that he/she has contracted a contagious disease or condition. I/We also understand that my child will not be accepted back into the service until the Director/Coordinator/Responsible Persons has received a clearance certificate from a medical practitioner and is satisfied that there is no further risk of contagion.



16. It is our responsibility to provide Child Australia with all information regarding the health of my/our child.
17. Child Australia collects some information about my/our family and my/our child. Most information will be provided by me/us via the enrolment process. Some information may be provided by government departments or other agencies. Information collected from external sources will be checked with me/us to ensure it is correct.
18. Child Australia may be used as a training and observation site by students aiming to/or already working with young children.
19. Child Australia may occasionally have visitors, or volunteers present, and consent to my/our child being in the presence of volunteers or visitors, while supervised by Child Australia educators.
20. If my family goes for a holiday I may cancel my child's care for this period. However, upon reenrolling I will be charged a \$25 administration fee. I understand that my preferred days may not be available upon our return.
21. To cancel your enrolment, we are required to give notice in writing two weeks prior to the date of withdrawal; otherwise fees will continue to be charged. During this period, we are aware that if our child does not attend we are liable to pay full fees (as per CCS agreements).
22. It is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Subsidy purposes.
23. To have access to Child Care Subsidy we need to meet all current Government requirements.
24. It is my responsibility to manage my booking in accordance to the hours of care granted through the Child Care Subsidy and has signed/agreed to a Complying Written Agreement.
25. Understand that a system of payment for late collection operates at the Centre, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the Centre. A late fee will apply for children who are not collected by 6pm. This will be billed at \$15.00 for the first 10 minutes and \$3 per minute from 6:10pm. This fee is per child. This fee will not be reduced by CCS and will be added to the family's account. When a parent/guardian is continually and regularly late arriving at the Centre to collect their child, the Director will discuss other childcare options with the parent.
26. I/We are responsible for nominating a person/s who can be authorised for drop off and pick up as well as medical consent and consent in an emergency. This does not include us as Parents/Guardians. These consents can be given to up to 3 people.
27. Child Australia reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of Child Australia. It agrees to give the Parent/Guardian reasonable notice of its intention to exercise this right and will refund any payments in credit.

Declaration

I/we hereby declare that all the information given is accurate and that I/we agree to the authorisations, acknowledgments and consents listed and to abide by Child Australia's conditions of enrolment.

I/We have read, understood and agree to abide by the conditions of this contract.

Primary Parent / Guardian

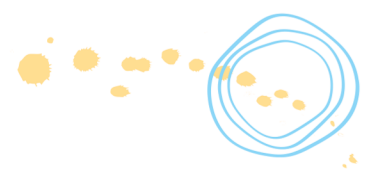
Print Name _____
 Signature _____
 Date _____

Parent / Guardian 2

Print Name _____
 Signature _____
 Date _____

How did you find out about us?

- Word of Mouth
- Website
- Live Nearby
- Internet Search
- Facebook
- Other (please elaborate)



CHILD AUSTRALIA CODE OF CONDUCT POLICY

For all Families and Visitors at the Centre

Child Australia provides an open, welcoming and safe environment. We believe that all families play a crucial role in the effective operation of our service. The Code of Conduct policy details acceptable conduct required of all adults involved in our centre. It will assist in ensuring the safety and wellbeing of children, families and staff.

Child Australia has a legal responsibility to ensure centres provide a safe and harmonious environment for all children and staff. All families of children attending and visitors involved with our centre will be required to read the Code of Conduct policy and sign either electronically or in person.

It should be noted that a breach of the Code of Conduct may result in formal disciplinary action being taken by Child Australia and may lead to exclusion from the centre.

PRINCIPLES OF STANDARDS OF CONDUCT:

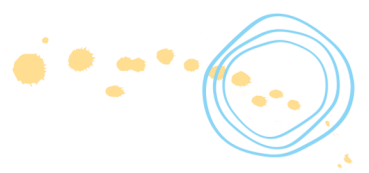
All adults are expected to follow the principles:

- **Safety:** Comply with all Policies and Procedures of the centre. A policy and procedure manual is available at the centre.
- **Respect:** Always act in the best interests of children, their families, staff and users of the service.
- **Support:** Work in a cooperative and positive manner
- **Effective communication:** Use courteous and acceptable language and refrain from the use of profane, insulting, harassing or otherwise offensive language.
- **Ethical conduct:** Value diversity and refrain from all actions and behaviour that constitute harassment or discrimination.
- **Confidentiality:** Keep information relating to the children, families and the centre confidential.

RESPECTFUL PRACTICES TO FOLLOW:

In Relation to the Children:

- Remember to be a positive role model at all times and speak in an encouraging and positive manner. Listen actively to children and offer empathy, support and guidance where needed.
- Treat all children equally and with respect and dignity
- Always put the care, welfare and safety needs of a child first.
- Physical contact with children other than your own should be avoided unless directed by staff or if the safety of a child is compromised (this should be reported immediately to staff).
- When collecting a child the authorised person must be coherent meaning alcohol and drug free.



IN RELATION TO OTHER ADULTS AND STAFF:

- Treat everyone with respect, honesty, courtesy, sensitivity, tact, consideration and humility.
- Be aware of your own body language and stay calm and relaxed.
- Use non-discriminatory, respectful and non-judgemental language.
- Respect the rights of others as individuals.
- Understand that sometimes staff decisions may differ from your own however there will be purpose and reasoning behind this. Please speak with the Centre Director or Supervisor to discuss any issues you may have.
- Guiding children's behaviour is the responsibility of staff and therefore any matters or concerns related to managing ongoing children's behaviour should be referred to staff immediately for further discussion.
- Please do not approach staff to discuss any issues with another child publicly. You are encouraged to book an appointment to discuss at an alternative time.
- Any issues or grievances should be directed to the Centre Director as outlined in our policies. Under NO circumstance should a child, parent or member of staff be approached directly in a confrontational manner.
- Smoking is prohibited on the centre property at all times.

I have read and understood the code of conduct policy:

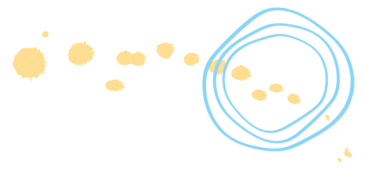
Primary Parent / Guardian

Print Name _____

Signature _____

Date _____





All About Me

Child's Name

Date completed

CHILD DETAILS

My Child prefers to be called:

Date of birth:

My Child's preferred pronoun is:

MY CHILD'S LEARNING GOALS AND EXPECTATIONS

Please share with us your goals and expectations you have for your child while they are in our care.

OUR FAMILY

What are your family cultural practices and traditions?

We want to know about your family structure.
Who lives in your child's home/s?

What do you celebrate at home?

What is/are your child's home language/s?

Do you have family values, beliefs or perspectives you would like to see reflected in our service?

What are some of your favourite activities, interests or things you do together?

MY CHILD

What are your child's strengths and interests?

Have there been any recent/future changes or are there any ongoing changes at home?
(i.e., moving, family separation, new baby)

What makes your child happy?

Does your child have any fears?