



**PINNAROO
OOSH (INC)**
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PINNAROO ENROLMENT FORM 2018

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.

Please read each section carefully and complete a separate "Child Enrolment Form" for each child you are enrolling.

SECTION 1: PARENT / GUARDIAN DETAILS

Parent / Guardian 1

Given Names: _____ Surname: _____

Gender: Male Female Relationship to Child: _____

Date of Birth: __ __ / __ __ / __ __ __ __ CRN: _____

Country of birth: _____

Address: _____

_____ Postcode: _____

Home phone number: _____ Work number: _____

Mobile Phone Number. _____

Email Address: _____

Occupation: _____

Employer: _____

Work address: _____

Employment Status: Full-time Part-time Casual Not currently working

Are you an Australian resident: YES NO

Language/s spoken at home: _____

Of Aboriginal or Torres Strait Islander descent : YES NO

Do you have a Disability: _____

SECTION 3: EMERGENCY CONTACTS

I hereby authorise the staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency.

Please supply at least 2 names, other than the child's parents/guardians.

	Contact 1	Contact 2	Contact 3
Name			
Relationship to child			
Address			
Mobile			
Home Phone			
Work Phone			
These people	have authority to:		
Collect/Deliver child to/from the service			
Give permission for excursions out of the service			
Consent to medical treatment			
Permit transportation by an ambulance service			
Request/Permit medication to be given			
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			
This person is over the age of 18 years			

NOTE: *It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the service, and asked to collect your child when you cannot be contacted.*

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child? YES NO

If **YES** please provide details:

I have attached a copy of the legal documents.

NOTE: The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.

SECTION 5: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial.

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- Medical
- Hospital
- Ambulance Service and transportation of the child by Ambulance.

Parent Signature _____

2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

Parent Signature _____

3. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY.

Staff will attempt to contact parents but if unable to do so I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent (Panadol) to my child, should he/she have a fever.

Parent Signature _____

4. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for my child to use the sunscreen supplied by the centre before outdoor play activities.

Parent Signature _____

5. PERMISSION FOR CHILD TO WATCH PG MOVIES

I hereby give permission for my child to watch PG as well as G movies while at the centre.

Parent Signature _____

6. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the service or on an excursion.

NOTE: There are a number of reasons the service takes photographs/videos of the children, including:

- Providing visual documentation for families to see what their child does throughout the day and to assist with evaluations of the program to be displayed at the centre.
- To use as part of promotion and publicity for the service in centre newsletters, local newspapers, school newspapers and our annual AGM Report booklet.
- To be used for Parent Newsletters distributed via emails to all families.

Parent Signature _____

7. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to have my child signed in and out on the appropriate documentation on arrival and departure each day they attend the service.

Parent Signature _____

8. CHILD ABSENCE

I agree to notify the service if my child is absent on a day that they are booked in.

NOTE: If your child is absent from the service and a medical certificate is provided for you or your child this will be classed as an approved absence. The service needs to record the amount of allowable and approved absences your child is entitled under Child Care Benefit legislation.

Parent Signature _____

SECTION 6: PAYMENT OF FEES

1. ADMINISTRATION FEE

Upon being offered a place at the service, parent(s) or guardian are required to pay an annual Equipment & Maintenance Fee of \$25.00 and a Association Fee of \$10.00.

Payments are payable to the service by, Net bank, cheque or cash.

I agree to the above. Parent Signature _____

2. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the service you are required to provide one (1) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of one weeks child care fees to the service.

I agree to the above. Parent Signature _____

3. ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for bank/public holidays, family holidays and sick periods if those days fall on a day that your child is booked into the service unless one weeks notice is given.

I agree to the above. Parent Signature _____

4. SERVICE CLOSURE

No fee is charged while the service is closed over the Christmas period.

5. LATE FEE

Should children be present after the 6.30pm closing time, a late fee of \$10.00 for the first 15 minutes and then \$10.00 per 5 minutes will apply.

I agree to the above. Parent Signature _____

6. PAYMENT OF FEES

Weekly fees are payable to the service by Net Bank, cheque or cash. I understand that fees must be paid once invoiced within the stated due date, that my child’s place at the service may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

I agree to the above. Parent Signature _____

7. COSTS OF DEBT RECOVERY

I (The Client) (The Parent) expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Pinnaroo OOSH Inc as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (alternatively the number of days) specified in this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

I agree to the above. Parent Signature _____

SECTION 7: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).

- When caring for my child/children the service will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the service or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's.

I agree to the above. Parent Signature _____

SECTION 8: MEMBERSHIP

The service is an Incorporated Association and as such, by enrolling my child in the service I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at any General Meeting held by the service and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

The person nominated for member representation is:

SECTION 9: DECLARATION

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent and/or Guardian's Full Name (please print):

Signature: _____ Date: _____

OFFICE USE ONLY

Immunisation Attached YES NO

Court Orders (if required) Attached YES NO

Medical Plan (if required) Attached YES NO

FORMS STILL NEEDED: _____

Forms checked and accepted by: _____

DATE: _____

FOLLOW UP NEEDED: _____

Appointment with Coordinator requested / needed YES NO

Coordinator will make contact to arrange appointment ASAP.



PINNAROO
CHILD ENROLMENT FORM 2018

SECTION 1: CHILD'S DETAILS

Given Names: _____ Surname: _____

Sex: Male Female Date of birth: __ __/__ __/__ __ __ __

Child's CRN: _____

Country of Birth: _____ Child's nationality: _____

Address of child: _____

School Attending: _____

Of Aboriginal or Torres Strait Islander descent : YES NO

Is your child attending another service? YES NO

SECTION 2: MEDICAL INFORMATION

Medicare Number: _____

Family Doctor's name: _____

Telephone number: _____

Does your child have a diagnosed disability or other condition for which they need or receive special treatment? YES NO

If so you will need to fill in a "Children with Additional Needs" Form.

Please discuss this with the Coordinator.

If so please attach a letter from your doctor and a copy of your Health Care Card.

Does your child have any allergies (including asthma or anaphylaxis)? YES NO

If **YES** please provide details, including a copy of a medical management plan (required for asthma and anaphylaxis) or risk minimisation plan prepared by the child's doctor (if applicable):

Medical Plan attached: YES NO

Does your child require regular medication? YES NO

If **YES** please provide details: _____

If so you will need to fill in a “Long Term Medication” Form.

Does your child administer their own medication? YES NO

If so you will need to fill in a “Children’s Self Medication” Form.

Is your family a member of a Private Health Fund? YES NO

Private Health Fund: _____ Number: _____

***NOTE:** Medication will only be administered in accordance with the services Medication Policy that you be will be provided with.*

Immunisation

Has your child received the necessary immunisation for their age? YES NO

Immunisation Record Attached: YES NO

For a full copy go to www.immunise.health.gov.au

Medical Conditions/Additional Needs

Does your child have a medical condition or require additional assistance to meet their needs?
YES NO

If **YES** please provide details of the condition/needs they require assistance with:

SECTION 3: INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies? YES NO

If **YES** please provide details:

Is there anything else our staff needs to know about your child? (E.g. cultural or religious requests, interests, dislikes, fears etc.)

NOTE: Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.

Days you wish your child to attend the service (Please circle)

Before School care: Monday Tuesday Wednesday Thursday Friday

OR Casual only

After School care: Monday Tuesday Wednesday Thursday Friday

OR Casual only

* A separate form will be provided prior to each Vacation care period.

Child's expected start date at the service: ___ ___/___ ___/___ ___ ___

**PLEASE FILL IN A SEPARATE CHILD ENROLMENT FORM FOR EACH CHILD
ATTENDING AND ATTACH TO YOUR FAMILY ENROLMENT FORM.**

**ADDITIONAL CHILD ENROLMENT FORMS ARE AVAILABLE ON THE
WEBSITE OR AT THE CENTRE.**