



## WEST PYBBLE OUT OF SCHOOL CARE - Application

Please complete one form per child - INCOMPLETE FORMS WILL NOT BE ACCEPTED FOR PROCESSING. THE APPLICATION WILL BE REJECTED, AND A NEW DATE & TIME STAMP LOGGED WHEN THE COMPLETED FORM IS RESUBMITTED

Received - office use only	Date:	Time:
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Once we have processed your application form a link for FULL HUBWORKS REGISTRATION will be emailed to you.

**THIS APPLICATION FORM MUST BE SUBMITTED TO OUR OFFICE OR SCANNED AND EMAILED.**  
Please use a scanner or scanner app, photos are not suitable.

CHILD										
FIRST NAME				MIDDLE NAME/S				LAST NAME		
NAME KNOWN AS - any other name you use for your child				DATE OF BIRTH DD/MM/YYYY			GENDER:			
CHILD CRN (required for registration with Dept of Human Services)				PARENT CRN						
ADDRESS										
SCHOOL YEAR /CLASS	WPOOSC START DATE			IS YOUR CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT				YES/NO		
REBATE ARRANGEMENT <small>PLEASE TICK</small>			CWA - Have applied for CCS rebate			RA - Not entitled to CCS rebate or do not intend to claim				
CHILD'S POSITION IN FAMILY		__ OF __	SIBLINGS NAMES							

PARENT 1 - it is important that these are the details of the parent registered for Child Care Subsidy rebate and the official name registered with Department of Human Services										
FIRST NAME				MIDDLE NAME/S				LAST NAME		
KNOWN AS - any other name you prefer to use daily				Date of Birth DD/MM/YYYY			GENDER			
MOBILE	OCCUPATION			COMPANY & LOCATION						
Please enter the email address you would like us to use for correspondence for invoices, newsletters, fee updates and general information										

PARENT 2										
Reg 160 requires that we have details for each known parent										
FIRST NAME				MIDDLE NAME/S				LAST NAME		
KNOWN AS - any other name you prefer to use daily				Date of Birth DD/MM/YYYY			GENDER			
MOBILE	OCCUPATION			COMPANY & LOCATION						
Please enter the email address if you would like copies of all correspondence to go to Parent 2										

FAMILY STATUS - please tick										
BOTH PARENTS AT HOME		SOLE PARENT		SHARED CUSTODY		OTHER - give details				
If separated or divorced who has legal custody of the child?				PARENT 1		PARENT 2		BOTH		
Are there any court orders relating to the powers and responsibilities of the parents in relation to the child, or access to the child; details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person? If YES, please attach supporting documentation and update when changes occur									YES / NO	

CULTURAL BACKGROUND										
We aim to create an environment in which each child's cultural background is respected and their individual identity can be nurtured. Please complete the following questions. This includes children from Aboriginal and Torres Strait Islander backgrounds and children from other culturally and linguistically diverse backgrounds.										
Country of birth	(child)			(mother)			(father)			
Language/s spoken	(child)			(parents)						
Child's cultural identity				Parent's cultural background						

ABOUT MY CHILD										
The information supplied will allow the staff to learn some important details about your child. This information will be used to provide learning opportunities and play experiences as part of our program to be able to cater for each child. We want to make your child's time at the Centre as happy, safe and enjoyable as possible.										
My child's strengths:										
Please provide details about your child's interests for example hobbies, books, games, art and craft, music, sporting groups or extracurricular activities.										
Is there any additional information about your child you would like to tell us about?										

**CHILD HEALTH & MEDICAL INFORMATION**

DOES YOUR CHILD HAVE ASTHMA? MILD / MODERATE / SEVERE (please circle severity)			YES / NO	
HAS YOUR CHILD BEEN DIAGNOSED AT RISK OF ANAPHYLAXIS?			YES / NO	
HAS YOUR CHILD BEEN DIAGNOSED WITH ALLERGIES?			YES / NO	
ALLERGIES	1.	2.	3.	
Does your child have any dietary restrictions?			YES	NO
Does your child have any health problems or require additional assistance?			YES	NO
Does your child have any disabilities including intellectual, sensory, social or physical impairment?			YES	NO
Does either parent have any disabilities?			YES	NO
Does your child take any regular medication? If yes, please provide details			YES	NO
If <b>YES</b> to <b>any</b> of the above a <b>separate consultation</b> to develop a Risk Minimisation & Communication Plan will be arranged with centre staff. For anaphylaxis and asthma, we require you to supply a <b>CURRENT MEDICATION &amp; ACTION PLAN</b> , updated annually by a medical practitioner. Failure to provide current in-date plans will result in your child being unable to attend the centre.			Action Plan Supplied	

IF AN EPIPEN® or ANAPEN® IS PRESCRIBED PLEASE SUPPLY A RELEVANT UP TO DATE ASCIA ACTION PLAN FROM YOUR DOCTOR AND 2 X I.D. PHOTOS (email copies accepted).

EXPIRY DATE OF EPIPEN® or ANAPEN® SUPPLIED  EXPIRY DATE OF ACTION PLAN SUPPLIED

**BEFORE & AFTER SCHOOL CARE BOOKING REQUESTS - Please indicate if your child will be attending permanently or casually**

**Priority of Care:** Childcare places are allocated to families based on the centre’s Enrolment & Access Policies and in accordance with Government guidelines.

**P - Permanent attendance** – This means children will attend on the same days each week and 2 weeks’ notice in writing will be required to cancel the place or change attendance days.

**C - Casual Attendance** -. Casual attendance is only available if there is a vacancy, we cannot exceed our licensed quota. Cancellation requires 24 hours’ notice or payment of full fee.

Date Permanent Care to commence	<input type="text"/>	This is the date you will be invoiced from, and that your child’s name will appear on the centre roll. <b>Please note, in Term 1 of each year ALL CARE is invoiced from the first eligible day of the school term.</b>
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Permanent/ Casual	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	A.M. 7.30-9.00	P.M. 3.10-6.00	A.M. 7.30-9.00	P.M. 3.10-6.00	A.M. 7.30-9.00	P.M. 3.10-6.00	A.M. 7.30-9.00	P.M. 3.10-6.00	A.M. 7.30-9.00	P.M. 3.10-6.00

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

PARENT 1 SIGNATURE		PARENT 2 SIGNATURE	
NAME		NAME	
			DATE

**Privacy Disclaimer**

We acknowledge and respect the privacy of our clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

*Under the Children and Young Persons (Care and Protection) Act 1998, Chapter 16A, information may be shared with other prescribed agencies that relates to the current welfare, wellbeing, and safety of children in our care. Staff at West Pymble Out of School Care Centre adhere to the Privacy Act and all Centre Policies and Procedures. Staff at West Pymble Out of School Care Centre are mandatory reporters under the Children and Young Persons (Care and Protection) Act 1998.*