WEST PYMBLE OUT OF SCHOOL CARE

2018 REGISTRATION FORM

Office Use Only – DATE & TIME RECEIVED

SECTION 1 – FAMILY DETAILS

CHILD DETAILS

FIRST NAME _____ SURNAME _____

MIDDLE NAME/S _____ GENDER: M / F

DATE OF BIRTH _____ CHILD CRN(required for rebate) _____

ADDRESS _____

CURRENT YEAR (please circle) Pre-School K 1 2 3 4 5 6 CLASS (if known) _____

IS YOUR CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT YES / NO

CHILD'S POSITION IN FAMILY _____ SIBLINGS NAMES _____

NUMBER OF CHILDREN IN FAMILY USING CHILDCARE _____ REQUESTED START DATE _____

PARENT DETAILS

PARENT 1 (Centrelink Registered for Childcare Rebate)		PARENT 2	
FIRST NAME		FIRST NAME	
MIDDLE NAMES		MIDDLE NAMES	
LAST NAME		LAST NAME	
GENDER	MALE / FEMALE	GENDER	MALE / FEMALE
DATE OF BIRTH	(dd/mm/yyyy)	DATE OF BIRTH	(dd/mm/yyyy)
CRN(required for rebate)		CRN	
ADDRESS		ADDRESS	
SUBURB		SUBURB	
STATE		STATE	
POSTCODE		POSTCODE	
HOME PHONE		HOME PHONE	
WORK PHONE		WORK PHONE	
MOBILE NO.		MOBILE NO.	
OCCUPATION		OCCUPATION	
WORKPLACE – company & location		WORKPLACE – company & location	

Please enter the email address you would like us to use for correspondence for invoices, newsletters, fee updates and general information

Email address _____ PLEASE PRINT CLEARLY

INCOMPLETE REGISTRATION FORMS WILL NOT BE ACCEPTED FOR PROCESSING

Apollo Avenue, West Pymble. NSW. 2073
Phone: 9418 1914
website: www.wpoosc.com.au Email:coordinator@wpoosc.com.au

PLEASE LIST TWO PEOPLE (OTHER THAN PARENTS) TO BE CONTACTED IN AN EMERGENCY IF PARENTS CANNOT BE CONTACTED. Please circle authorisations for each contact

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE (HOME) _____

MOBILE PHONE (WORK)

AUTHORISED TO COLLECT FROM CENTRE	CONSENT TO EXCURSIONS	FULL CONSENT TO MEDICAL TREATMENT	PERMIT TRANSPORT BY AMBULANCE	REQUEST MEDICATION BE GIVEN

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE (HOME) _____

MOBILE PHONE (WORK)

AUTHORISED TO COLLECT FROM CENTRE	CONSENT TO EXCURSIONS	FULL CONSENT TO MEDICAL TREATMENT	PERMIT TRANSPORT BY AMBULANCE	REQUEST MEDICATION BE GIVEN

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE (HOME) _____

MOBILE PHONE (WORK)

AUTHORISED TO COLLECT FROM CENTRE	CONSENT TO EXCURSIONS	FULL CONSENT TO MEDICAL TREATMENT	PERMIT TRANSPORT BY AMBULANCE	REQUEST MEDICATION BE GIVEN

4. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE (HOME) _____

MOBILE PHONE (WORK)

AUTHORISED TO COLLECT FROM CENTRE	CONSENT TO EXCURSIONS	FULL CONSENT TO MEDICAL TREATMENT	PERMIT TRANSPORT BY AMBULANCE	REQUEST MEDICATION BE GIVEN

PERSONS NOT AUTHORISED TO COLLECT (if applicable) _____

FAMILY STATUS - please tick

BOTH PARENTS AT HOME		SOLE PARENT	
SHARED CUSTODY		OTHER	

(please give details) _____

If separated or divorced who has legal custody of the child?	PARENT 1	PARENT 2	BOTH
PARENT 1 Access Arrangements	FULL	LIMITED	
PARENT 2 Access Arrangements	FULL	LIMITED	

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)

YES / NO _____

CULTURAL BACKGROUND

We aim to create an environment in which each child's cultural background is respected and each child's individual identity can be nurtured. To assist us to achieve this, we ask you to 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 _____

Special cultural or religious considerations for the child _____

_____

Family customs or religious or cultural practices to be respected by the service _____

_____

SECTION 2 – HEALTH DETAILS
CHILD HEALTH & MEDICAL INFORMATION

MEDICARE NUMBER _____ HEALTH FUND & MEMBERSHIP NUMBER _____

HEALTH CENTRE _____ DOCTORS NAME _____

PHONE _____ ADDRESS _____

IMMUNISATIONS UP TO DATE?	YES / NO	IMMUNISATION CERTIFICATE SIGHTED INITIALS (staff member)	DATE

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?	YES / NO
If YES to any of the above a separate consultation will be arranged with centre staff. For anaphylaxis and asthma, we require you to supply a current medication & action plan, updated annually by a medical practitioner.	Action Plan Supplied YES / NO

IF AN EPIPEN® IS PRESCRIBED PLEASE SUPPLY AN UP TO DATE ASCIA ACTION PLAN FROM YOUR DOCTOR AND 2 X I.D. PHOTOS

ALLERGIES & ASTHMA
I hereby GIVE / DO NOT GIVE permission for a photograph of my child to be displayed in a public area. The photograph and details will be included on an Allergy & Asthma Awareness Chart within the centre and will be visible to staff and visitors.
SIGNATURE DATE

HEALTH PERMISSIONS	Please Initial Each Box

1. I/ we have submitted treatment plans for asthma / or allergies, where required and agree to a staff member with a current First Aid Certificate carrying out treatment as per the supplied medical plan. ☐
2. I/we give permission for staff to supply sunscreen as required. ☐
3. In the event of accident or sudden illness I/we authorise West Pymble Out-of-School-Care to obtain whatever urgent medical, dental or hospital treatment as necessary and appropriate, and I/we accept financial responsibility for expenses incurred. I/we agree that should I/we not be able to be contacted that commencement of treatment will not be delayed. My child may be transported in an ambulance or, if necessary, a private vehicle, when emergency treatment is required. If a child requires transportation for treatment a staff member will always accompany the child to hospital. ☐
4. I/we agree that if my child has a temperature higher than 38^{o}c and is in discomfort and/or pain whilst at the centre and attempts to contact parents have been unsuccessful that a staff member with a current First Aid certificate will administer a single age/weight appropriate dose of a paracetamol medication such as *Panadol* to my child. ☐
5. I/we agree that whilst at the centre should my child have difficulty breathing, whether diagnosed as asthmatic or not, a staff member with a current First Aid certificate will administer a metered dose of inhaler/reliever medication from the centres First Aid Kit in line with current Asthma First Aid practices. ☐
6. I/we agree that if my child with no known allergies appears to be having an anaphylactic reaction whilst in the centre's care that the Coordinator will call an ambulance and a staff member with a current First Aid Certificate will follow the recommend treatment from the ambulance staff. This may involve administration of an adrenaline auto-injector, such as *Epipen® or Epipen® Jnr,* from the centre's Anaphylaxis Emergency Kit. ☐
7. I / we have submitted a copy of my child's immunisation certificate, and declare that all immunisations are up to date. ☐

SECTION 3 – PARTICIPATION IN THE CENTRE
BEFORE & AFTER SCHOOL CARE BOOKING (please tick sessions required)
Priority of Care: Permanent child care places are allocated to families based on the centre's Enrolment & Access Policies and in accordance with Government guidelines – *Priority 1 – child at risk, Priority 2 – single parent who satisfies or two parents who both satisfy the work/training/study test. Priority 3 – any other child.* Requests for additional sessions are assigned in chronological order when available.
Casual Attendance - Please indicate if your child will be attending permanently or casually. Casual attendance is only available if there is a vacancy as we cannot exceed our licensed quota, and cancellation **requires 24 hours' notice** or the full fee will be due.
Permanent attendance – This means children will attend on the same days each week and 2 weeks' notice in writing is required to cancel the place or change attendance days.

Date Permanent Care to commence	dd/mm/yyyy	This is the date you will be invoiced from and that your child's name will appear on the centre roll. **ALL CARE commencing in Term 1 is invoiced from the first day of school.**

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

ABOUT MY CHILD	
The information supplied will allow the staff to learn some current 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.	
Is your child new to the Centre for 2018	
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 .	
Strategies or ways to help your child settle when distressed, anxious or upset	
Is there any additional information about your child you would like to tell us about	

FAMILY INFORMATION & INVOLVEMENT	
Any special interests, hobbies or talents you have that you may wish to share with us e.g. sports, music	
Are there any religious or cultural events or festivals you celebrate as a family that we could also celebrate with the children at after school care	
Are you a member of or part of any community group or organisation that we could build a community relationship with or participate in projects to promote children's learning of their community and environment.	

GENERAL TERMS	Please Sign Each Box

1. I/we give permission for photographs of my child to be taken and incorporated into children's programming related documentation and / or displayed or uploaded to our website by authorised staff. This includes documentation of our day. I/we agree that programming related documentation may be electronically shared with families. This includes use in newsletters. ***PLEASE NOTE. No documentation may be copied, reused or retransmitted without the permission of the service***

2. I agree to have my child signed in and out by a responsible person on the appropriate documentation on arrival and departure each day they attend the service. This is a legislated requirement. Late fees will be charged after the 6 p.m. centre closure at $15 per 15 mins of part thereof. This fee will become due immediately and will be added to your account. Failure to notify staff in writing of an absence will incur a $10 fee.

3. The Centre is an Incorporated Association and as such, by enrolling my child in the Centre I agree to be bound by the rules and policies 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 Centre and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

4. I/we agree to settle all accounts by the date due, and understand that failure to do so may result in the loss of our care-placements within the centre and possible legal action to recover the debt. Payment of accounts are due on receipt of invoice, accounts overdue by more than 30 days will incur a late fee of $15 per week. This will be added to your invoice immediately.

5. I expressly agree that I am liable for any recovery costs including administrative fees, debt recovery fees, solicitor fees and disbursements incurred by West Pymble Out of School Care Centre as a result of my failure to pay the fees and charges for the service provided within the payment terms. 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.

6. I understand by completing this form I am agreeing to West Pymble Out of School Care Centre's policies and procedures, fees and charges. I am aware I need to give 2 weeks' notice in writing to cancel or change my before or after school care permanent bookings. The Centre reserves the right to cancel the placement for children who have outstanding fees from previous terms.

7. I understand that my child's continued enrolment at the service depends on my acceptance of West Pymble Out of School Care Centre's policies and procedures and my care will be withdrawn if I do not abide by these policies. I am aware a policy manual is available in the Centre foyer.

8. WPOOSC liaises with the West Pymble Public School Executive on child management issues in order to present a consistent approach to behaviour management. To facilitate this liaison, the Centre may provide information to the school on specific child behaviour. In registering a child at WPOOSC parents acknowledge and accept that information may be shared between the Centre and WPPS and vice versa.

West Pymble Out of School Care's preference for payment is by Direct Deposit. Please quote your child's name as the reference.			
Bank: St George	Acct Name: West Pymble Out of School Care	BSB: 112 879	Account number: 020 775 111
PARENT 1 SIGNATURE		PARENT 2 SIGNATURE	
NAME		NAME	

If you have indicated no to any of the above terms please use a separate sheet of paper to specify alternative actions to be carried out.

DATE

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.

ACCEPTANCE OF THIS REGISTRATION FORM
DOES NOT GUARANTEE FULL ALLOCATION OF SESSIONS REQUESTED

OFFICE USE ONLY

	.PLEASE TICK
CHILD'S NAME	
HUBWORKS I.D. NUMBER	
FAMILY DETAILS	
Child Details	
Parent Details	
Email Address	
Emergency Contacts	
Family Status	
Cultural Background	
HEALTH DETAILS	
Child Health	
Anaphylaxis / Allergy Action Plan	Yes / no
Asthma Action Plan	Yes / no
Medical Conditions Management Plan	Yes / no
Immunisation Statement	
Health Permissions	
PARTICIPATION	
Sessions Required	
About My Child	
Family Involvement	
GENERAL TERMS	
All Boxes Initialled and Form Signed	
ADDITIONAL TO ENROLMENT FORM	
Group Allocation BSC & ASC	
Schedule Entered BSC & ASC	
Multiple Child Count Entered	
Excel Sheet Updated	
Folder Created	
Photograph Taken	
Permission for Extra-Curricular Activities	
Early Sign Out to School	
Family Registration Fee Charged	
Family Handbook Emailed	
Welcome Letter emailed	
Processed by – STAFF MEMBER'S SIGNATURE & DATE	

PLEASE RETAIN FOR YOUR RECORDS

GENERAL FINANCIAL INFORMATION

Fee	Amount	Description	Due Date
Registration Charge	$36.75 per family	Membership of Incorporated Association Annual Administration Processing Fee.	NEW FAMILIES - At time of enrolment. EXISTING FAMILIES - on Term 1 account.
Daily Fee Permanent	BSC $11.00 ASC $22.00	This fee covers the normal daily attendance of your child. An enrolled child results in a fee commitment to the end of that year. If you wish to cancel your child's attendance during the year, you must give 2 week's written notice or pay the equivalent amount in fees.	Invoiced for each term (or part thereof) that your child is enrolled **Term fees are invoiced in week 2 of each term and are payable immediately in full but no later than week 4 of that term.** Payment can be by Direct Bank Deposit or by cheque/ cash.
Daily Fee Casual (pre-booked)	BSC $13.00 ASC $26.00	Must be pre-booked in advance and paid for at the time of use. Places are limited due to licensed quota. Casual places booked required 24 hrs notice for cancellation or fee will be charged.	On booking or collection of child. Payment can be by Direct Bank Deposit or by cheque/ cash.
Late Pick Up Charge	$15 per 15 mins or part thereof then $15 each subsequent 15 mins	This fee will be charged after 6.00 p.m. as the Centre is closed and 2 staff members need to be paid overtime to wait with your child until you arrive.	This will be added to your invoice to be paid immediately
Unauthorised Absence	$10 on each occasion	To avoid being charged an extra $10 fee please let us know by email (or in emergency by phone) prior to; • 7 am on the day (BSC) • 2pm on the day (ASC).	This will be added to your invoice to be paid immediately
Late Payment of Fees	$15 per week	This fee will be charged when accounts are overdue by one month. Additional charges may be applied. This decision will be made by the Parent Committee	This will be added to your invoice to be paid immediately
Loss of Placement		Any families with outstanding fees at the end of the term risk losing their place and not being accepted for future care. This decision will be made by the Parent Committee.	