



WEST PYMBLE OUT OF SCHOOL CARE

2019 REGISTRATION FORM

Office Use Only – DATE & TIME RECEIVED

| | |
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| | |
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SECTION 1 – FAMILY DETAILS

CHILD DETAILS

| | | | |
|---|---------------------------------------|---|----------------------|
| FIRST NAME | SURNAME | | |
| MIDDLE NAME/S | | GENDER: M / F | |
| DATE OF BIRTH | CHILD CRN(required for rebate) | | |
| ADDRESS | | | |
| SCHOOL YEAR for 2019 (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 | | |
| | CWA Have applied for CCS rebate | RA Not entitled to CCS rebate or do not intend to claim | REQUESTED START DATE |

PARENT DETAILS

PARENT 1 (Registered for Child Care Subsidy 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

| |
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| |
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PLEASE PRINT CLEARLY

INCOMPLETE REGISTRATION FORMS WILL NOT BE ACCEPTED FOR PROCESSING.

The form will be returned and a new date & time stamp logged when the completed form is received

PLEASE LIST TWO PEOPLE (NOT 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. YES / NO

(If YES, please attach supporting documentation and update when changes occur)

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 |
| 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?

Does your child have any health problems or require additional assistance?

Does your child have any disabilities including intellectual, sensory, social or physical impairment?

Does either parent have any disabilities?

Does your child take any regular medication?

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.

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

| |
|----------------------------------|
| YES / NO |
| YES / NO |
| YES / NO |
| YES / NO |
| YES / NO |
| Action Plan Supplied YES / NO |

ALLERGIES & ASTHMA

I hereby GIVE / DO NOT GIVE permission for a photograph of my child and an Action Plan 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

- 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. ☐
- I/we give permission for staff to supply sunscreen as required. ☐
- 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. ☐
- I/we agree that if my child has a temperature higher than 38°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. ☐
- 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. ☐
- 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. ☐
- 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 – <i>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.</i> 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 |
|---|---|
| <p>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</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>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.</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>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.</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>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.</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>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.</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>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.</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>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.</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>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.</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

| | | | |
|---|---|--------------------|-----------------------------|
| 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**

| | | 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 | | |
| | | |