

WEST PYMBLE OUT OF SCHOOL CARE - 2024 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 -	Date:	Time:
office use only		

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.

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Please use a scanner	or scanner app,	, photos are r	not suitable.

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Is there any additional information about your child you would like to tell us about?	Please provide details about your child's	interests for exam	iple hobbies, bo	ooks, games, art ar	nd craft, musi	c, sportin	ng groups o	r extracurric	ular activi	ties.			
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	Is there any additional information abou	t your child you wo	ould like to tell i	us about?									

CHILD HEALTH & MEDICAL	INFORMATION								
DOES YOUR CHILD HAVE ASTHMA? MILD / MODERATE / SEVERE (please circle severity)						YES / NO	YES / NO		
					YES / NO	YES / NO			
						YES / NO			
HAS YOUR CHILD BEEN DIAGNOSED WITH ALLERGIES? ALLERGIES 1. 2. 3.									
ALLERGIES 1. 2. 3. Does your child have any dietary restrictions? YES									
Does your child have any health problems or require additional assistance?								NO	
Does your child have any health problems of require additional assistance: Does your child have any disabilities including intellectual, sensory, social or physical impairment?								NO	
Does either parent have			, , ,				YES	NO	
Does your child take any		n? If ves. plea	se provide d	etails			YES	NO	
If YES to any of the ab					isation &				
Communication Plan						ve require			
you to supply a CURRI	ENT MEDICATION	& ACTION F	PLAN , updat	ed annually	by a medica	al	Action Pla	an Supplied	
practitioner. Failure to	o provide current	in-date plan	ıs will result	in your child	d being unal	ole to			
attend the centre.									
IF AN EPIPEN® or ANA DOCTOR AND 2 X I.D.				ELEVANT UP	TO DATE <u>A</u>	<u>SCIA</u> ACTIOI	N PLAN FRC	M YOUR	
	•	· F							
EXPIRY DATE OF EPIPE	EN® or ANAPEN®	SUPPLIED [XPIRY DATE	OF ACTION	PLAN SUPF	PLIED		
BEFORE & AFTER SCHOOL	OL CARE BOOKING	REQUESTS - P	lease indicate	e if your child	l will be atten	ding perman	ently or casu	ually	
Priority of Care: Childcar		ted to familie	s based on th	ne centre's Er	rolment & A	ccess Policies	and in acco	rdance	
with Government guide			1 .1					-11.1	
P - Permanent attendan required to cancel the p				ame days eac	h week and 2	' weeks' notic	ce in writing	will be	
C - Casual Attendance				a vacancy, w	e cannot exc	eed our licen	ised guota. C	ancellation	
requires 24 hours' notic				u (uouo,,			ood quotar c		
This is the date you will be invoiced from, and that your child's name will appear on the									
Date Permanent Care		centre roll.	_						
to commence		Please note, ir	n Term 1 of e	ach year ALL	CARE is invoi	ced from the	first eligible	day of the	
_	_// \$	school term.							
MONDAY	тиі	UESDAY WEDNESDAY THURSDAY				FRIDAY			
A.M. P	.M. A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
A.M. P 7.30-9.00 3.10	0-6.00 7.30-9.00	3.10-6.00	7.30-9.00	3.10-6.00	7.30-9.00	3.10-6.00	7.30-9.00	3.10-6.00	
ď									
	I have r	ead and unde	erstand the in	formation in	this applicati	on			
Informa				<i>4</i>			norisation.		
Information provided about my child/children or other people, has been given with their authorisation.									

Privacy Disclaimer

NAME

PARENT 2 SIGNATURE

DATE

PARENT 1 SIGNATURE

NAME

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.