



**WEST PYBBLE OUT OF SCHOOL CARE  
2023 REGISTRATION FORM**

Received – office use only	Date:	Time:
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**INCOMPLETE FORMS WILL NOT BE ACCEPTED FOR PROCESSING.** This form will be rejected, and a new date & time stamp logged when the completed form is submitted. Once we have your application form a link for full registration with Dept of Human Services CRM will be emailed to you.

**APPLICATIONS FORMS MUST BE SUBMITTED TO OUR OFFICE OR SCANNED AND EMAILED.** Please use a scanner or scanner app, photos are not suitable and will be returned.

**SECTION 1 – FAMILY DETAILS**

<b>CHILD</b>													
FIRST NAME							LAST NAME						
MIDDLE NAME/S							GENDER:	M	F				
NAME KNOWN AS - any other name you use regularly for your child													
DATE OF BIRTH DD/MM/YYYY	--/--/----		CHILD CRN (required for registration with Dept of Human Services)										
ADDRESS													
SCHOOL YEAR for 2023	K	1	2	3	4	5	6	CLASS (if known)		REQUESTED START DATE	--/--/----		
REBATE ARRANGEMENT <small>PLEASE TICK</small>	CWA - Have applied for CCS rebate						RA - Not entitled to CCS rebate or do not intend to claim						
IS YOUR CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT							YES	NO	CHILD'S POSITION IN FAMILY				___ OF ___
SIBLINGS NAMES													

<b>PARENT 1 - this is the parent registered for Child Care Subsidy rebate and the official name registered with Department of Human Services</b>													
FIRST NAME							LAST NAME						
MIDDLE NAMES							Date of Birth DD/MM/YYYY	--/--/----					
KNOWN AS - any other name you prefer to use daily													
PARENT CRN (required for registration with Dept of Human Services)													
ADDRESS													
SUBURB				STATE				POST CODE					
HOME PH			WORK PH			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													

<b>PARENT 2</b>													
<small>Reg 160 requires that we have details for each known parent</small>													
FIRST NAME							LAST NAME						
MIDDLE NAMES							Date of Birth DD/MM/YYYY	--/--/----					
KNOWN AS - any other name you prefer to use daily													
ADDRESS – complete or leave blank for same as parent 1							Same as parent 1						
SUBURB				STATE				POST CODE					
HOME PH			WORK PH			MOBILE							
OCCUPATION						COMPANY & LOCATION							
EMAIL ADDRESS – complete if you would like a duplicate of all correspondence													

<b>FAMILY STATUS - please tick</b>												
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	
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 and update when changes occur											YES / NO	

<b>PERSONS NOT AUTHORISED TO COLLECT</b> (if applicable)						Please attach names & photographs of unauthorised people to this form						
The centre <b>may not</b> refuse access to a non-custodial parent if we do not have a copy of court orders.												

PLEASE LIST A MINIMUM OF 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 OR OTHER VEHICLE		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 OR OTHER VEHICLE		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 OR OTHER VEHICLE		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 OR OTHER VEHICLE		REQUEST MEDICATION BE GIVEN			

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	
Special cultural or religious considerations for the child			
Family customs / religious / cultural practices to be respected by the service			

ABOUT MY CHILD
<i>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.</i>
Is your child new to the Centre for 2023
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?

CHILD HEALTH & MEDICAL INFORMATION																
MEDICARE NUMBER											EXPIRY DATE			CHILDS INDIVIDUAL REFERENCE NUMBER		
HEALTH FUND & MEMBERSHIP NUMBER						DOCTOR'S NAME										
HEALTH CENTRE & ADDRESS								PHONE								
IMMUNISATIONS UP TO DATE?	YES			NO			IMMUNISATION CERTIFICATE SIGHTED	DATE & INITIALS -staff member								

<b>DOES YOUR CHILD HAVE ASTHMA? MILD / MODERATE / SEVERE (please circle severity)</b>		YES / NO	
<b>HAS YOUR CHILD BEEN DIAGNOSED AT RISK OF ANAPHYLAXIS?</b>		YES / NO	
<b>HAS YOUR CHILD BEEN DIAGNOSED WITH ALLERGIES?</b>		YES / NO	
<b>ALLERGIES</b>	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 <b>YES</b> to any 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	
		YES	NO

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

ALLERGIES & ASTHMA ONLY			
I/ we 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.			
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.			
SIGNATURE		DATE	

HEALTH PERMISSIONS	Please Sign Each Box
1. I/we give permission for staff to supply sunscreen as required, but that staff will not apply sunscreen to my/our child.	
2. I/we acknowledge that the centre has a policy of not allowing play in the sun unless a child has a hat	
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°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 <i>Panadol</i> to my child. A Medication Administration Chart will be completed, signed, and witnessed. Educators will notify the child's parents as soon as possible	
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. A Medication Administration Chart will be completed, signed and witnessed. Educators will notify the child's parents and/or emergency services as soon as possible.	
6. I/we agree that a letter outlining a doctor's advice will be supplied before a child is allowed to self-administer medication such as inhaler /reliever medication whilst attending the centre.	
7. I/we agree that if my child with <b>no known allergies</b> appears to be having an anaphylactic reaction whilst in the centre's care that the Director 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 <i>Epipen®</i> or <i>Epipen® Jnr</i> , from the centre's Anaphylaxis Emergency Kit. A Medication Administration Chart will be completed, signed, and witnessed. Educators will notify the child's parents and/or emergency services as soon as possible	
8. I / we have submitted a copy of my child's immunisation certificate and declare that all immunisations are up to date.	
9. Where necessary, I/we, have supplied additional documentation outlining additional health needs and management strategies such as dietary restrictions and additional assistance if required.	

**SECTION 3 – PARTICIPATION IN THE CENTRE**

<b>BEFORE &amp; AFTER SCHOOL CARE BOOKING REQUESTS</b> - Please indicate if your child will be attending permanently or casually										
<b>Priority of Care:</b> Childcare places are allocated to families based on the centre's Enrolment & Access Policies and in accordance with Government guidelines.										
<b>P - Permanent attendance</b> – 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.										
<b>C - Casual Attendance</b> - 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	___/___/_____	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>								
Permanent / Casual	<b>MONDAY</b>		<b>TUESDAY</b>		<b>WEDNESDAY</b>		<b>THURSDAY</b>		<b>FRIDAY</b>	
	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

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. <b>PLEASE NOTE. No documentation may be copied, reused, or retransmitted without the permission of the service</b>	
2. I agree to have my child signed in and out by a responsible person on the appropriate documentation and/or by electronic signing 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 at any session will incur a fee of 100% of the session cost for each occurrence.	
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/we 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/we 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/we expressly agree that I/we 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/we accept that I/we may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I/we 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/we understand by completing this form I/we am agreeing to West Pymble Out of School Care Centre's policies and procedures, fees, and charges. I/we am aware I/we 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/we 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/we do not abide by these policies. I/we am aware a policy manual is available in the Centre foyer and on the Centre's website.	
8. WPOOSC consults with the West Pymble Public School Executive on child behaviour management issues 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/carers acknowledge and accept that information may be shared between the Centre and WPPS and vice versa.	
9. I/we agree that West Pymble Out of school Care has a responsibility to assess and manage any risk of harm to its staff and children and acknowledge that I/we will provide any relevant information in my child's history or circumstance which might pose a risk of any type to my child, other children, and staff of this centre. I/we are aware that behaviour management within the centre is guided by WPOOSC Policies and Procedures, available in the centre foyer and on the website. Non-compliance with policies may result in termination of care.	
10. I have read the Family Handbook and am familiar with the Service's Policy Manual located in the foyer area and in the office. I agree to follow, support, and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box.	
11. 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	
12. Changes have been made to Regulation 168(2) (ga) Transportation of Children by the service. Education and care services must have policies and procedures in place for transportation of children. Our Policies are available to view in the centre foyer and on our website. This is not applicable to our service however you are required to acknowledge changes to policy.	
13. I agree to inform the Service in writing immediately of any changes to the above information.	

***I have read and understood the information in this application.  
Information provided about my child/ren 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.*