



**WEST PYBBLE OUT OF SCHOOL CARE  
2021 APPLICATION FOR REGISTRATION**

Received – office use only	Date:		Time:	
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**INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED FOR PROCESSING.** This form will be rejected and a new date & time stamp logged when the completed form is returned to our office **Once your application is accepted a link for full electronic ENROLMENT will be emailed directly to you.**

**ALL APPLICATIONS REQUIRE SIGNED ORIGINAL FORMS TO BE SUBMITTED TO OUR OFFICE. Scanned copies are only acceptable to secure a time/date of submission.**

**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 2021		K		1	2	3	4	5	6	CLASS (if known)		REQUESTED START DATE		--/--/----	
REBATE ARRANGEMENT PLEASE TICK				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				GENDER		M		F		
MIDDLE NAMES				KNOWN AS - any other name you prefer to use on a daily basis											
Date of Birth DD/MM/YYYY			--/--/----		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>															
FIRST NAME					LAST NAME										
MIDDLE NAMES				Date of Birth DD/MM/YYYY				--/--/----							
KNOWN AS - any other name you prefer to use on a daily basis								GENDER		M		F			
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											
EMERGENCY CONTACT name				relationship				mobile							
<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 (if applicable)</b>						The centre may not refuse access to a non-custodial parent if we do not have a copy of court orders									
<b>CULTURAL BACKGROUND</b>															
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 / religious / cultural practices to be respected by the service							

**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. \_\_\_\_\_

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 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? 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?

**SECTION 2 – HEALTH DETAILS**

**CHILD HEALTH & MEDICAL INFORMATION**

IMMUNISATIONS UP TO DATE?	YES	NO	IMMUNISATION CERTIFICATE SIGHTED	DATE & INITIALS -staff member
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<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 YES to any of the above a <b>separate consultation</b> 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® IS PRESCRIBED PLEASE SUPPLY AN UP TO DATE ASCIA ACTION PLAN FROM YOUR DOCTOR AND 2 X I.D. PHOTOS (email copies accepted)

**SECTION 3 – PARTICIPATION IN THE CENTRE**

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

**Priority of Care:** Child care 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 is required to cancel the place or change attendance days.

**C - Casual Attendance** -. Casual attendance is only available if there is a vacancy. Cancellation requires 24 hours' notice or the full fee will be charged.

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.  
**In Term 1 of each year ALL CARE is invoiced from the first eligible day of the school term.**

Permanence /	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
	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	7.30-9.00	3.10-6.00

**GENERAL TERMS AND HEALTH PERMSSSIONS ARE DETAILED IN FULL ON YOUR ELECTRONIC ENROLMENT FORM**

Please sign abridged T&C's below

1. 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 <b>Medication Administration</b> Chart will be completed, signed and witnessed.	Please Sign Each Box
2. 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. A Medication Administration Chart will be completed, signed and witnessed.	
3. Where necessary, I/we, have supplied additional documentation outlining additional health needs and management strategies such as dietary restrictions and additional assistance if required.	
4. 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.	

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.

PARENT 1 SIGNATURE	PARENT 2 SIGNATURE
NAME	NAME
	DATE