



# WEST PYMBLE OUT OF SCHOOL CARE 2020 REGISTRATION FORM

Received – office use only

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**INCOMPLETE REGISTRATION FORMS WILL NOT BE ACCEPTED FOR PROCESSING.**

The form will be rejected and a new date & time stamp logged when the completed form is either returned to our office or emailed to [coordinator@wpoosc.com.au](mailto:coordinator@wpoosc.com.au)

**ALL APPLICATIONS REQUIRE ORIGINAL FORMS TO BE SUBMITTED TO OUR OFFICE.**

**Scanned copies are acceptable to secure a time/date of submission only**

**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 2020		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									
MIDDLE NAMES				Date of Birth DD/MM/YYYY				_ _ / _ _ / _ _ _ _					
KNOWN AS - any other name you prefer to use on a daily basis								GENDER		M		F	
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									
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											<b>YES / NO</b>	

**PERSONS NOT AUTHORISED TO COLLECT** (if applicable)

The centre **may not** refuse access to a non-custodial parent if we do not have a copy of court orders.

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	

**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 / 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.

Is your child new to the Centre for 2020
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				HEALTH FUND & MEMBERSHIP NUMBER								
HEALTH CENTRE							PHONE					
IMMUNISATIONS UP TO DATE?	YES	NO	IMMUNISATION CERTIFICATE SIGHTED		DATE & INITIALS -staff member							

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. Failure to provide current in-date plans will result in your child being unable to attend the centre. IF AN EPIPEN® IS PRESCRIBED PLEASE SUPPLY AN UP TO DATE <u>ASCIA</u> ACTION PLAN FROM YOUR DOCTOR AND 2 X I.D. PHOTOS (email copies accepted)		Action Plan Supplied	
		YES	NO

ALLERGIES & ASTHMA	
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.	
<b>SIGNATURE</b>	<b>DATE</b>

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.	<input type="checkbox"/>
2. I/we acknowledge that the centre has a policy of not allowing play in the sun unless a child has a hat	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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 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 <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.	<input type="checkbox"/>
8. I/ we have submitted a copy of my child's immunisation certificate, and declare that all immunisations are up to date.	<input type="checkbox"/>
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.	<input type="checkbox"/>

**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> Child care 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 is required to cancel the place or change attendance days.										
<b>C - Casual Attendance</b> - 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.										
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.					
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

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 \$10 fee 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 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 and on the Centre's website.										
8. WPOOSC liaises with the West Pymble Public School Executive on child behaviour 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/carers acknowledge and accept that information may be shared between the Centre and WPPS and vice versa.										

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

*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.*