KENTHURST BEFORE AND AFTER SCHOOL CARE ENROLMENT FORM

THE FOLLOWING INFORMATION IS CONFIDENTIAL

CHILD 1

First Name:			Surname:	
Address:				
Child resides with:	Both Parents	Mother	Father	Guardian
Age:	D.O.B:	Male	Female	
School:		Grade:		
Primary Language:		Secondary Language:		
Cultural Background:				
Is your child of Aboriginal / Torres Strait Islander descent?				
Country of birth:				
Child's Customer Reference Number (CRN):				
Does your child celebrate:		Easter	Christmas	
Mother's Day	ANZAC Day	Shrove Tuesday	Other	
Father's Day	Chinese New Year			
Relevant cultural details (Food, Activities, Celebrations etc.):				
Allergies: YES ☐ NO ☐	Medication for Allergies: YES ☐ NO ☐	Action plan: YES ☐ NO ☐		
Please upload action plan				
ADHD: YES ☐ NO ☐	Medicated: YES ☐ NO ☐	Inattentive/ Hyperactive/ Both (Please indicate)		
Asthma: YES ☐ NO ☐	Please attach asthma plan and supply KBASC with medication (ventilation)			
Please upload action plan				
Developmental delay or disability including intellectual, sensory or physical impairment? YES ☐ NO ☐				
Please upload action plan or any support documents.				
Does your child have any dietary restrictions / food preferences / likes / dislikes? YES ☐ NO ☐				
Please provide details:				
Does your child take any regular medication? YES ☐ NO ☐ If Yes please give details below				
Are you interested in Inclusion Support for your child to help your child more while at our service, this is no extra cost to you. YES ☐ NO ☐				
Medicare No:	Do you subscribe to an Ambulance Service? YES ☐ NO ☐			

If yes, please provide Health Care Fund:		
Child's Doctor's Name:		
Address:		
Has your child been immunised? YES ☐ NO ☐		
Please attach Immunisation record.		
I _____, consent to medical treatment of, or authorise administration of medication to my child (Reg. 160(IV)).		
If applicable, please circle benefit received, write the expiry date and provide a photocopy.		
Health Care Card:	Pension:	Other:
Exp:	Exp:	Exp:

CHILD 2

First Name:			Surname:	
Child resides with:	Both Parents	Mother	Father	Guardian
Age:	D.O.B:	Male	Female	
School:		Grade:		
Primary Language:		Secondary Language:		
Cultural Background:				
Is your child of Aboriginal / Torres Strait Islander descent?				
Country of birth:				
Child's Customer Reference Number (CRN):				
Does your child celebrate:	Easter	Christmas		
Mother's Day	ANZAC Day	Shrove Tuesday	Other	
Father's Day	Chinese New Year			
Relevant cultural details (Food, Activities, Celebrations etc.):				
Allergies: YES ☐ NO ☐ Medication for Allergies: YES ☐ NO ☐ Action plan: YES ☐ NO ☐				
Please upload action plan				
ADHD: YES ☐ NO ☐ Medicated: YES ☐ NO ☐ Inattentive/ Hyperactive/Both (Please indicate)				
Asthma: YES ☐ NO ☐ Please attach asthma plan and supply KBASC with medication (ventilation)				
Please upload action plan				
Developmental delay or disability including intellectual, sensory or physical impairment? YES ☐ NO ☐				

Please upload action plan or any support documents.				
Does your child have any dietary restrictions / food preferences / likes / dislikes? YES ☐ NO ☐				
Please provide details:				
Does your child take any regular medication? YES ☐ NO ☐ If Yes please give details below				
Are you interested in Inclusion Support for your child to help your child more while at our service, this is no extra cost to you. YES ☐ NO ☐				
Medicare No:		Do you subscribe to an Ambulance Service? YES ☐ NO ☐		
If yes, please provide Health Care Fund:				
Child's Doctor's Name:				
Address:				
Has your child been immunised? YES ☐ NO ☐				
Please attach Immunisation record.				
I _____, consent to medical treatment of, or authorise administration of medication to my child (Reg. 160(IV)).				
If applicable, please circle benefit received, write the expiry date and provide a photocopy.				
Health Care Card:	Pension:	Other:		
Exp:	Exp:	Exp:		

CHILD 3

First Name:		Surname:		
Child resides with:	Both Parents	Mother	Father	Guardian
Age:	D.O.B:	Male	Female	
School:		Grade:		
Primary Language:		Secondary Language:		
Cultural Background:				
Is your child of Aboriginal / Torres Strait Islander descent?				
Country of birth:				
Child's Customer Reference Number (CRN):				
Does your child celebrate:		Easter	Christmas	
Mother's Day	ANZAC Day	Shrove Tuesday	Other	
Father's Day	Chinese New Year			
Relevant cultural details (Food,				

Activities, Celebrations etc.):	

Allergies: YES ☐ NO ☐ Medication for Allergies: YES ☐ NO ☐ Action plan: YES ☐ NO ☐
Please upload action plan
ADHD: YES ☐ NO ☐ Medicated: YES ☐ NO ☐ Inattentive/ Hyperactive/Both (Please indicate)
Asthma: YES ☐ NO ☐ Please attach asthma plan and supply KBASC with medication (ventilation)
Please upload action plan
Developmental delay or disability including intellectual, sensory or physical impairment? YES ☐ NO ☐
Please upload action plan or any support documents.
Does your child have any dietary restrictions / food preferences / likes / dislikes? YES ☐ NO ☐
Please provide details:
Does your child take any regular medication? YES ☐ NO ☐ If Yes please give details below
Are you interested in Inclusion Support for your child to help your child more while at our service, this is no extra cost to you. YES ☐ NO ☐

Medicare No:	Do you subscribe to an Ambulance Service? YES ☐ NO ☐
If yes, please provide Health Care Fund:	
Child's Doctor's Name:	
Address:	
Has your child been immunised? YES ☐ NO ☐	
Please attach Immunisation record.	
I _____, consent to medical treatment of, or authorise administration of medication to my child (Reg. 160(IV)).	
If applicable, please circle benefit received, write the expiry date and provide a photocopy.	

Health Care Card:	Pension:	Other:
Exp:	Exp:	Exp:

PLEASE TICK THE DAY/S YOUR CHILD(REN) WILL BE ATTENDING THE PROGRAM

BEFORE SCHOOL CARE – PERMANENT (please tick)				
Monday	Tuesday	Wednesday	Thursday	Friday
AFTER SCHOOL CARE – PERMANENT / CASUAL (please tick)				
Monday	Tuesday	Wednesday	Thursday	Friday

PLEASE TICK THE DAY/S YOUR CHILD(REN) WILL BE ATTENDING THE PROGRAM

BEFORE SCHOOL CARE – CASUAL (please tick)				
Monday	Tuesday	Wednesday	Thursday	Friday
AFTER SCHOOL CARE – CASUAL (please tick)				
Monday	Tuesday	Wednesday	Thursday	Friday

VACATION CARE		
Yes	No	

PARENT /GUARDIAN DETAILS (1)	**PARENT / GUARDIAN DETAILS (2)**
First Name:	First Name:
Surname:	Surname:
D.O.B:	D.O.B:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Home ph.	Home ph.
Work ph.	Work ph.
Mobile:	Mobile:
Email:	Email:
Relation To child:	Relation To child:
Family Customer Reference Number (CRN):	Family Customer Reference Number (CRN):
Authorisation: Collection ☐ Emergency ☐	Authorisation: Collection ☐ Emergency ☐
Excursion ☐ Medical ☐ Transport ☐	Excursion ☐ Medical ☐ Transport ☐

EMERGENCY CONTACT AND PEOPLE AUTHORISED TO COLLECT YOUR CHILDREN

(In the event of an accident, injury, trauma, or illness where parents/guardian cannot be contacted). Please list contacts that are a maximum of 30 minutes travelling time from Kenthurst Before and After School Care.

ADDITIONAL CONTACTS	**ADDITIONAL CONTACTS**
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Home ph.	Home ph.
Work ph.	Work ph.
Mobile:	Mobile:
Relation To child:	Relation To child:
Authorisation: Collection ☐ Emergency ☐	Authorisation: Collection ☐ Emergency ☐
Excursion ☐ Medical ☐ Transport ☐	Excursion ☐ Medical ☐ Transport ☐

I agree to abide by all policies and philosophy guidelines of the service.	Yes
I will pay accounts for childcare in full by the due date.	Yes
I understand that if my account goes over 28 days from the last date of attendance at the centre, I will be charged an overdue fee is $20.00 per child.	Yes
I understand it is my reasonability to let the centre know if I'm not receiving emails regular. I will keep the centre informed if my details change e.g., email address, contact details and home address.	Yes
I understand that I will be charged for booked (permanent OR casual) sessions, whether used or not.	Yes
I understand that I may incur additional expenses due to incursions, excursions and increase of fees.	Yes
Parent/Guardian 1:_____ Signature:_____ Date:	
Parent/Guardian 2:_____ Signature:_____ Date:	

CUSTODY DETAILS

LAWFUL AUTHORITY

Parents

All parents have powers and responsibilities in relation to their children, which can only be challenged by a court order. The Children's Services Regulations 1998 refer to these powers, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of 'guardian' under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day to day care and control of the child.

COURT ORDERS RELATING TO THE CHILD

Are there any orders regarding the powers and responsibilities of the parents in relation to the child or access to the child?

No (Please go to next section)	Yes (please complete the following)

Please bring the original court order/s for staff to see and attach a copy of these orders to the enrolment form:

a) Change the powers of a parent / guardian to:

- Authorise the taking of the child outside the service by a staff member of the service
- Consent to the medical treatment of the child
- Request or permit the administration of medication to the child
- Collect the child and / or

b) Gives these powers to someone else.

Please describe these changes and provide the contact detail of any person given powers.

DECLARATION AND PERMISSION

I / we _____ (print full names) / person/s with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and to immediately inform Kenthurst Before and After School Care in the event of any change to this information.
- Agree to collect or make arrangement for the collection of the child referred to in this enrolment form (within the hour) if he/she becomes unwell at the service.
- Consent to the staff of Kenthurst Before and After School Care seeking medical treatment by a medical practitioner, hospital, or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by Kenthurst Before and After School Care.
- I agree to give one weeks' notice in writing when reducing or cancelling my child's enrolment.
- I understand that my invoices are emailed out weekly and fees are to be paid weekly and failure to do so may result in the cancellation of my child's place within the service.
- I understand that a late fee of $15 for each 15 minutes after close of business my child is at the service will be incurred.
- I understand if my child/ren are booked on the centre bus and I don't notify the centre if my child/ren are not attending before 2pm, I will be charged and extra $15.00 per child on top of the session fee.
- I understand if I don't notify the centre if of my child/ren attending or not attending in the morning or afternoon sessions I will be charged and extra $10.00 on top of the booked session.
- I agree to inform Kenthurst Before and After School Care of any infectious diseases my child has contracted and agree to comply with the exclusion period stated in the Department of Health Schedule.
- I confirm all information on this form is correct and true.

Parent/Guardian 1: _____ Signature: _____

DECLARATION AND CONSENT

I / we give permission for the staff at Kenthurst Before and After School Care to:		
Video or photograph my child for use within the service for programming and documenting (no images leave the service or will be added to Facebook)	Yes	No
Apply 50+ sunscreen as per the service Sun Smart Policy	Yes	No
To apply mosquito repellent to help prevent mosquito bites	Yes	No
To evacuate your child, in the event of emergency, to a safe location situated outside the service grounds as per the emergency evacuation plan	Yes	No
Display a picture of your child and / or name and relevant emergency or medical details in area for staff to see only.	Yes	No

CLAIMING CHILD CARE SUBSIDY (CCS)

CLAIMING CHILD CARE SUBSIDY (CCS)

Kenthurst Before and After School Care is now on the CCSS (Child Care Subsidy System) for CCS. This means that you are the only person who can contact Centrelink about your CCS.

CCS is only provided by Centrelink if we have the correct name, date of birth (DOB) and Customer Reference Number (CRN) for the person claiming CCS. Before you use our service, please phone Centrelink on 136 150 and register to receive CCS when you use our service at Kenthurst Before and After School Care.

When your details are entered into our database, we will ask Centrelink to 'formalise' your child's enrolment for CCS. If the enrolment is formalised you will receive CCS. Centrelink will also tell us how many eligible hours you have and will determine whether a child is of school age.

If the enrolment is not successful (due to mismatching of DOB and CRN for either child or parent, or

non-immunisation) CCS will not be received until any problems are resolved by you directly with Centrelink.

If your child/ren roll out of enrolment at the service it is the parent's reasonability to let the service know this, the service can reactivate the enrolment once you have notified us. Once we re-enrol the child/ren the centre will notify the parent. Parents will then be required to login to their My Gov account and accept the service as their care provider.

PRIVACY NOTIFICATION

Kenthurst Before and After School Care use this enrolment form to collect personal information for the purpose of program enrolment and statistical recording. This information may be shared with funding agencies and administrators for operational purposes only. This information will not be disclosed to any party except as required by law. You can amend or correct information on request by contacting the Approved Provider.

APPROVED PROVIDER / SUPERVISOR

Reviewed by: _____

(Supervisor and Date)

CENTRE ONLY

HubHello Centre Mobile CWA

Birthday list Current Parent Handbook

Notes: