



## Enrolment Form

### UWA Out of School Hours Care (OSHC)

#### *Family Details*

Family Name \_\_\_\_\_

Registered Parent CRN Name \_\_\_\_\_

CRN (Customer Reference Number issued by Centrelink): \_\_\_\_-\_\_\_\_-\_\_\_\_. **Two separate numbers**, one for the parent claiming and one for the child. This is required in order to receive any CCB (Child Care Benefit) or CCR (Child Care Rebate) you are entitled to.

Total number of children in care across **ALL** services: \_\_\_\_\_

UWA Staff       Full time       Part time      Department \_\_\_\_\_      Mailbag \_\_\_\_\_

UWA Student       Full time       Part time      Language spoken at home \_\_\_\_\_

General Community/Other

#### *Child/Children Details*

Surname	First Name	Date of Birth	Gender	Swimming Ability
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Child 1 \_\_\_\_\_

Address \_\_\_\_\_ P/C \_\_\_\_\_

Child CRN \_\_\_\_-\_\_\_\_-\_\_\_\_      Language spoken at home \_\_\_\_\_

Surname	First Name	Date of Birth	Gender	Swimming Ability
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Child 2 \_\_\_\_\_

Address \_\_\_\_\_ P/C \_\_\_\_\_

Child CRN \_\_\_\_-\_\_\_\_-\_\_\_\_      Language spoken at home \_\_\_\_\_

Surname	First Name	Date of Birth	Gender	Swimming Ability
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Child 3 \_\_\_\_\_

Address \_\_\_\_\_ P/C \_\_\_\_\_

Child CRN \_\_\_\_-\_\_\_\_-\_\_\_\_      Language spoken at home \_\_\_\_\_

#### *Parent/Guardian Details*

Parent 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ P/C \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Home email \_\_\_\_\_

Work Address \_\_\_\_\_ P/C \_\_\_\_\_

Work Phone \_\_\_\_\_ Work email \_\_\_\_\_

Authorised to pick up child from centre:  Yes       No

Parent 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ P/C \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Home email \_\_\_\_\_

Work Address \_\_\_\_\_ P/C \_\_\_\_\_

Work Phone \_\_\_\_\_ Work email \_\_\_\_\_

Authorised to pick up child from centre:  Yes       No

**Custody of Child/ren:** Have any court orders been made by a court regarding your child?  Yes  No

If yes please provide a photocopy of these orders for the Centre.

**Emergency Contact Details 1**

Name \_\_\_\_\_ Address \_\_\_\_\_

P/C \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Emergency Contact Details 2**

Name \_\_\_\_\_ Address \_\_\_\_\_

P/C \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Authorised Persons to Collect Child/ren from the Centre**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Permission to seek Medical Advice**

Doctor name \_\_\_\_\_ Doctor phone \_\_\_\_\_

Doctor address \_\_\_\_\_

Medicare Number \_\_\_\_\_ Private health Fund \_\_\_\_\_

**Child health details**

Has your child received all the recommended immunisations according to the NHMRC (National Health & Medical Research Council)  Yes  No

Please provide a copy of your child's Immunisation Record (in accordance with reg. 162; Chapter 4, Part 4.7 of the Education and Care Services National Regulations)

If No, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child/ren require regular **medication**?  Yes  No

If yes, please give details and complete a medication form \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child/ren have known **allergies**?  Yes  No

If yes, please provide current action plan to be taken in the event of an allergic reaction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child/ren have any **special dietary requirements**?  Yes  No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child/ren suffer from **asthma**?  Yes  No

If yes, please provide details of medication required and fill out an asthma plan for the Centre \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statistical Data for CCMS (Child Care Management System) / Department for Human Services**

**Indigenous status:** Is your child of Aboriginal or Torres Strait Islander origin? (Tick all that apply)

- No                       Yes, Aboriginal                       Yes, Torres Strait Islander

**Disability status:** Does your child have a need for additional assistance in any of the following areas, compared to children of a similar age, that is related to an underlying long-term (lasting for more than 6 months) health condition or disability? The categories include:

- Communication       Learning and applying knowledge, education  
 Mobility                       Interpersonal interactions & relationships  
 Self-care                       Other – incl. general tasks, domestic life, community & social life

**Special Needs Status:** Children with special needs are those from the priority groups listed below:

- Children from culturally and linguistically diverse backgrounds  
 Children with a refugee background who have been subjected to trauma  
 Indigenous children  
 The child's place has been sought by a state or territory child protection worker  
 The child is in the care of the state, or other forms of out of home care

Is there any other information about your child or family that we need to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enrolment Details for UWA After School Care** For Vacation Care bookings, please complete a separate permission form

Do you require                       Casual care                      or                       Regular care

Child 1                      Days required                       Mon                       Tue                       Wed                       Thurs                       Fri  
Is collection required?                       No                       Yes ⇨⇨⇨ Which school? \_\_\_\_\_  
From which date is the collection to commence? \_\_\_\_\_

Child 2                      Days required                       Mon                       Tue                       Wed                       Thurs                       Fri  
Is collection required?                       No                       Yes ⇨⇨⇨ Which school? \_\_\_\_\_  
From which date is the collection to commence? \_\_\_\_\_

Child 3                      Days required                       Mon                       Tue                       Wed                       Thurs                       Fri  
Is collection required?                       No                       Yes ⇨⇨⇨ Which school? \_\_\_\_\_  
From which date is the collection to commence? \_\_\_\_\_

**Payment Type**

- Cash                       Cheque                       Salary Packaging (UWA Staff only)                       Direct Transfer

\*If you will be salary packaging your fee you must contact the Salary Packaging Department at Human Resources on 6488 7186, to arrange payments. As of June 2009 any family that salary packages their fees will not be entitled to Child Care Benefit (CCB) or the Child Care Rebate (CCR).

## *Authorisation*

### 1. PERMISSION FOR STAFF TO ACT IN CASE OF AN EMERGENCY OR ACCIDENT

Although every care will be taken of your child while at the Centre, the staff can in no way be held responsible for any accident which may occur. In the event of an accident, or illness requiring emergency medical treatment, every effort will be made to contact the parents before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for the treatment to be under taken. All medical and transport expenses will be the responsibility of the parent/guardian should they be necessary. Parents are asked to complete and sign the following:

I \_\_\_\_\_ authorise the staff of the UWA OSHC to seek emergency medical treatment for my child/ren \_\_\_\_\_ should this be considered necessary.

Sign \_\_\_\_\_ Date \_\_\_\_\_

### 2. PERMISSION FOR STAFF TO TAKE CHILDREN ON LOCAL EXCURSIONS

I give permission for my child to participate in excursions to the UWA Human Movement Oval, Matilda Bay foreshore, Jo Jo's jetty or the Nedlands skate park from the Centre, by foot.

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

*(Parents will receive a separate form for excursions not in the local area)*

### 3. PERMISSION FOR TRANSPORTING CHILDREN ON OUR UWA BUS

I give permission for my child/ren to be transported to and from school and on any local excursions.

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

### 4. PERMISSION FOR CHILD TO LEAVE THE CENTRE ON THEIR OWN (e.g. Human Movement Swimming Pool)

I give permission for my child to leave the Centre on their own to attend swimming lessons at the UWA Human Movement Pool (if applicable).

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**Conditions of Enrolment**

1. A staff member must be notified of the arrival and departure of children at the Centre. ALL children are to be signed in and out by an authorised person. I understand that my child will only be allowed to leave the centre with an authorised person over the age of 16.
  
2. All children must be collected from the centre by the centre's closing time. A late fee will apply if children are collected after 6pm - \$5 for every 5 minutes (or part thereof). I understand the necessity to notify the centre if I am going to be late and if my child is unable to attend on that day.
  
3. All After School Care and Vacation Care fees are managed by the Child Care Management System (CCMS) and Child Care Management. **Fees are due TWO weeks in advance upon enrolment. Two weeks written notice is required if you wish to cancel any after school care booking and no cancellations are accepted once the Vacation Care program has commenced.** If your child does not attend the centre during their last two weeks of after school care, CCB will not be applied and full fees will be charged. Please refer to Fee policy agreement.
  
4. Any child suffering from an illness which may in any way be transferred to other children or staff shall not be accepted into our Centre. Once such illness is diagnosed the parent/guardian shall be contacted and requested to resume responsibility for that child. Exclusion periods are determined by The Department of Health booklet Communicable Disease-Guidelines for Teachers, Local Authorities and Child Care Centre's. The child/ren will be accepted back into the centre upon provision of a clearance certificate from a medical practitioner. Parents/Guardians are expected to inform staff if their child/ren has been diagnosed with a communicable disease.
  
5. Child Care Benefit (CCB) & Child Care Rebate (CCR) are available but until UWA OSHC receives confirmation from the Child Care Management System (CCMS), managed by The Department of Human Services, the parent/guardian will be responsible for the full fee. **CCB & CCR is the Parent/Guardians responsibility to maintain and the Centre will only apply the assistance from the advice provided by CCMS.**
  
6. Any changes of my child's details or any details that appear on the enrolment form must be made known and recorded with the Director immediately on a change of address form.
  
7. I hereby give permission for UWA OSHC to administer liquid Panadol for the temporary relief of pain or fever, only in an emergency situation. I understand that the centre will contact me by phone before administering the medication and I will sign the necessary authority medication form on arrival. No prescribed medication will be given to children unless it is in the original packaging and with the written authority of the parent. No medication is to be left in your child's bag or to be self-administered. **NON-PRESCRIPTION MEDICATION WILL NOT BE ADMINISTERED.**
  
8. The UWA OSHC commits to the following in regards to your privacy. We commit to: retaining your information in a secure environment and will only provide essential information to our agents or service providers for the purpose of conducting our business or services with you; binding all staff, agents and service providers to our confidentiality agreements and our privacy policies; not sharing or selling your information to any third party for marketing purposes and not releasing information unless required by law to do so.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO ABIDE BY THEM:**

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_