

# Country Kids Club - Michelago



## Child and Family Enrolment Form Out of School Hours Care

### **Confidential**

All personal and health information is used for the purpose of administration and providing care for children and families. It may be used to complete Commonwealth census data in accordance with Commonwealth guidelines. The information will be disclosed to Primary Contact Staff but to no other party unless required by law.

Program Address: Michelago Public School 20 Ryrie Street, Michelago NSW 2620

Office Address: 84 Lute Street Gundaroo NSW 2620

Phone: (02) 6236 8305

Email: [admin@ccl.com.au](mailto:admin@ccl.com.au)

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

Child Name: \_\_\_\_\_

Please attach a copy of your child's:

- Immunisation History Statement from the Australian Childhood Immunisation Register
- Birth Certificate

### Parent / Guardian Details

Details	Parent / Guardian 1	Parent / Guardian 2
First Name		
Surname		
Other / Previous Names		
Date of Birth		
CRN (Customer Reference Number)		
Home Address		
Home Phone		
Mobile Phone		
Email Address		
Work / Study Place		
Work / Study Address		
Work / Study Phone No.		
Type of Work / Study	<p>Full Time    Part Time    Casual</p> <p>Seeking Work    Student    Home Duties</p>	<p>Full Time    Part Time    Casual</p> <p>Seeking Work    Student    Home Duties</p>
Occupation		
Country of Birth		
Language/s Spoken		
Cultural Background		
Aboriginal / Torres Strait Islander	<p>Yes    No</p>	<p>Yes    No</p>

### Children's Details

Details	Child 1	Child 2
Child's Full Name		
Other / Previous Names		
Date of Birth	____/____/____	____/____/____
Male / Female		
Child's CRN (Customer Reference Number)		
Home Address		
Country of Birth		
Language/s Spoken		
Cultural Background		
Religious/Cultural Requirements		
Aboriginal / Torres Strait Islander	Yes No	Yes No

**Booking Arrangement (Please Circle)**

**Before School Care:**

Monday Tuesday Wednesday Thursday Friday OR Casual Only

**After School Care:**

Monday Tuesday Wednesday Thursday Friday OR Casual Only

**A separate form will be provided to families prior to each School Holiday Care Period**

Child's expected start date at the service: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 4: CUSTODY INFORMATION**

Are there any Court Orders, Parenting Orders or Parenting Plans in relation to your child, or access to your child?

YES  NO  If **YES** please provide details:

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**NOTE:** The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.

**SECTION 5: EMERGENCY CONTACTS**

I hereby authorise the Staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency. Please supply at least 2 names, other than the Child's Parents/Guardians.

Name	Address	Mobile	Work Phone	Relationship to Child

**NOTE:** It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the service, and asked to collect your child when you can not be contacted

**Medical Treatment/Authorisation for Medication**

I hereby authorise the Staff of the service to contact the following people, if I cannot be contacted, in the case of the need to consent to medical treatment of my child or to authorise administration of medication to my child. Please supply at least 2 names, other than the Child's Parents/Guardians.

Name	Address	Mobile	Work Phone	Relationship to Child

**NOTE:** It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the service, and asked to consent to medical treatment for your child or an authorization for medication when you can not be contacted

**Care and Wellbeing of my Child**

I hereby authorise the following people, to authorise an Educator to make decisions regarding the care and well being of my child. Eg. Permission to attend a venue for an excursion that has had a last minute change. *Please supply at least 2 names, other than the Child's Parents/Guardians.*

Name	Address	Mobile	Work Phone	Relationship to Child

**NOTE:** It is important that you inform the above people that you have included them that they may be contacted to give this authorisation.

**Authority to Collect your Child from the Service**

I hereby authorise the service staff to allow the following people to collect my child:

Name	Address	Mobile	Work Phone	Relationship to Child

**NOTE:** It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service.

**SECTION 6: MEDICAL INFORMATION**

Family Doctor's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Does your child have any medical condition Eg? Asthma, Anaphylaxis, Diabetes, Allergies, Additional needs diagnosis, etc

YES  NO

If **YES**, please provide details, including a copy of a Medical Action Management Plan prepared by the child's doctor.

You also need to complete and attach the Centre's Medical Risk Minimisation and Communication Plan

Medical Action Management Plan \_\_ (Attached – please tick)

Risk Minimisation Plan \_\_ (Attached – please tick)

Does your child require regular medication? YES  NO  If **YES**, please provide details:

\_\_\_\_\_

\_\_\_\_\_

Is your family a member of a Private Health Fund? YES  NO

Name of Private Health Fund: \_\_\_\_\_

Private Health Fund Number: \_\_\_\_\_

Family Medicare Number: \_\_\_\_\_

**NOTE:** Medication will only be administered in accordance with the services Medication Policy that you be will be provided with

**Immunisation**

Has your child received the necessary immunisation for their age? YES  NO

If **NO**, please complete & attach an Immunisation Exemption Conscientious Objection form available from Medicare

**Medical Conditions/Additional Needs**

Does your child have a Medical Condition/Diagnosis, or require additional assistance to meet their needs? YES  NO

If **YES**, please provide details of the condition/diagnosis/needs they require assistance with, and complete the Centre's Medical Risk Minimisation and Communication Plan

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Risk Minimisation Plan** \_\_ (Attached – please tick)

**SECTION 7: INDIVIDUAL INFORMATION**

*This information assists staff in the daily care and education of your child.*

Does your child have any dietary requirements other than allergies? YES  NO  If **YES**, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else our staff needs to know about your child? (E.g. Cultural or religious requests, interests, dislikes, fears etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.

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## SECTION 8: AUTHORISATION AND APPROVAL

**NOTE:** Please read this section carefully, if you do not give your permission for any of the following, please cross it out and initial

### 1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments and will take full responsibility for the cost of these services:

- Medical
- Dental
- Hospital
- Ambulance Service and transportation of the child by Ambulance

### 2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments

### 3. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY

Consent to the administration of Paracetamol/Nurofen in the case of my child having a temperature of 38.5 degrees or higher (verbal permission will be sought on such occasions), medication administered will have the expiry date checked, be measured by dosage according to your child's date of birth in a metric syringe or cup .

### 4. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities

### 5. PERMISSION FOR DIGITAL PHOTOGRAPHS TO BE TAKEN

I hereby consent to digital photos being taken of my child by Country Kids Club staff whilst attending Before School Care, After School Care and Holiday Care or on an excursion, and agree that these photos can be displayed within the Venue where my child is being cared for, used for programming (including all children's Portfolios), training purposes and included in newsletters distributed to all Educators and Families

### 6. PERMISSION FOR DIGITAL PHOTOS TO BE EMAILED

I hereby consent to digital photos of my child being emailed to my nominated email address

### 7. PERMISSION FOR SCREEN TIME

I hereby consent to my child viewing 'G' and 'PG' rated movies and educational television programmed for children, and playing 'G' and 'PG' rated games designed for children (Please Circle)

"G" Rating    YES    NO                      "PG" Rating    YES    NO

### 8. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to have my child signed in and out on the appropriate documentation on arrival and departure each day they attend the service

### 9. CHILD ABSENCE

I agree to notify the service if my child is absent on a day that they are booked in

**NOTE:** If your child is absent from the service a medical certificate must be provided to explain absences. The service needs to record the amount of allowable and approved absences your child is entitled under Child Care Benefit legislation.

### 10. UNWELL CHILD

I agree to collect or make arrangements for the collection of my child if he/she becomes unwell whilst in care

I agree to keep my child at home while they are suffering from an infectious or contagious condition, as outlined in the Services Exclusion Policy

### 11. ANOTHER PERSON TO COLLECT CHILD

I will advise Country Kids Club staff if any other person is to pick up my child from care

## **SECTION 9: PAYMENT OF FEES**

### **1. BOND**

Upon being offered a place at the service, parent(s) or guardian are required to pay 2 full weeks fees as a security bond. The bond secures your child's placement at the service, and is refundable at the termination of your child's place, provided that two weeks notice in writing is given. The bond may be used to cover and/or settle your final account. Bond payments are payable to the service by Direct Deposit, Cheque, Money Order or Cash

### **2. NOTICE OF DISCONTINUATION OF ATTENDANCE**

When you wish to discontinue and terminate your child care place at the service you are required to provide two (2) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of two weeks child care fees to the service

### **3. ABSENCES FROM THE SERVICE**

Fees are payable for Public Holidays, Family Holidays and Sick Days if those days fall on a day that your child is booked into the service

### **4. SERVICE CLOSURE**

No fee is charged while the service is closed over the Christmas period

### **5. LATE FEE**

Should children be present after the 6.00pm closing time, a late fee of \$20.00 per 5 minutes and \$2 per minute onwards will apply

### **6. PAYMENT OF FEES**

As per the services Parent Handbook, weekly fees are payable to the service by Direct Deposit. I understand that fees must be paid once invoiced within the stated due date, that my child's place at the service may be terminated if fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees

### **7. COSTS OF DEBT RECOVERY**

I expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Country Kids Club as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment specified in this agreement. 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

### **8. ALLOWABLE ABSENCES**

I understand that my child is entitled to 42 Allowable Absences (per financial year), whereby I am entitled to Child Care Subsidy. If I exceed 42 days, I understand that the Child Care Subsidy will no longer apply and I will be required to pay full fees

### **9. ABSENT FROM FIRST OR LAST DAY OF CARE**

I understand that if my child is absent from care on their first or last day/s of care with the service that full fees may be charged. Under Family Assistance Law a service is unable to apply Child Care Subsidy for a child who does not attend care on their first or last day/s with that service

### **10. CLAIMING CHILD CARE SUBSIDY**

Understand that if I have claimed Child Care Subsidy at this or any other service without being eligible to do so, I will be liable for any such shortfall claimed by this service



**SECTION 10: DISCLAIMER/INFORMED CONSENT**

I hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion) (Policies & Procedures)
- I have read and sited the Drop Off and Collection Procedures in the 'CKC Delivery and Collection of Children Policy' and Risk Assessment for the School drop off and collection, and provide authority for my child to be dropped off and collected from School by CKC Educators.
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children
- I must strictly comply with the Policies and Procedures at all times
- The information provided in this enrolment record is to the best of my knowledge correct
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record
- When caring for my child/children the service will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service
- I am totally responsible for the accuracy of the information and my compliance with the Policies & Procedures
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the service or any other place
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's

**SECTION 11: DECLARATION**

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

**Parent and/or Guardian's Full Name (please print):** \_\_\_\_\_

Signature: \_\_\_\_\_

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