

# Rozelle Out Of School Hours Care & Vacation Care Registration Form 2017

CHILD/REN'S SURNAME:.....COMMENCEMENT DATE.....

	FIRST NAME/S:	M/F	DATE OF BIRTH	AGE	CLASS/YEAR
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Guardian 1**

Full Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Place of work (suburb): \_\_\_\_\_

Home phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Guardian 2**

Full Name: \_\_\_\_\_

Mobile : \_\_\_\_\_

Place of work: \_\_\_\_\_

Home phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Email address:** (Fee statements, newsletters, notes, reenrolment & vacation care forms will be emailed)

**Guardian 1 email:** \_\_\_\_\_

**Guardian 2 email:** \_\_\_\_\_

	<b><u>DAYS REQUIRED</u></b> (please circle)				
<b>BEFORE SCHOOL CARE</b>	Mon	Tues	Wed	Thurs	Fri
<b>AFTER SCHOOL CARE</b>	Mon	Tues	Wed	Thurs	Fri

- A separate form will be provided prior to each Vacation Care period. A before and after school care booking does not ensure a vacation care position. Please be aware that days **must be paid for**, whether the child attends or not.

**Form received:** \_\_\_\_\_

# **Emergency & Additional Collector Contact Details**

*Please notify us of any changes to these detail. It is important for us to maintain up to date contact details at all times so we can provide the best care for your child.*

## **Contact 1 (other than parent or guardian)**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please tick all statements that apply to this contact:**       Authorised to collect       Authorised to consent to medical treatment  
 Authorised to sign permission notes

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## **Contact 2 (other than parent or guardian)**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please tick all statements that apply to this contact:**       Authorised to collect       Authorised to consent to medical treatment  
 Authorised to sign permission notes

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## **Contact 3 (other than parent or guardian)**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please tick all statements that apply to this contact:**       Authorised to collect       Authorised to consent to medical treatment  
 Authorised to sign permission notes

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## **Contact 4 (other than parent or guardian)**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please tick all statements that apply to this contact:**       Authorised to collect       Authorised to consent to medical treatment  
 Authorised to sign permission notes

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## **Medical Information**

Medicare Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Is your child fully immunised? Yes / No

It is a requirement under the Educational and Care Services National Regulations that a copy of your child's immunisation history statement is provided to the service at enrolment. We only need a complete history provided ONCE ONLY.

Medical Practitioners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## CHILD/REN'S INFORMATION

Are there any **COURT ORDERS** or parenting plans in relation to your child, or access to your child?  
YES / NO

Comment: \_\_\_\_\_

**Note: The centre cannot enforce custody issues without a copy of the relevant court order at the centre. Please discuss any custody issues with the centre coordinator before enrolment. It is also advisable to inform staff if your marital status changes during your child's enrolment at the service.**

Does your child have any **DISABILITIES/LEARNING DIFFICULTIES?** YES / NO

If YES, please detail:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any **MEDICAL REQUIREMENTS/CONDITIONS?** YES / NO

If YES,

Type of medication/condition? \_\_\_\_\_

When is medication given? \_\_\_\_\_

Does your child have any **ALLERGIES ?** YES / NO

If YES, please give details:

Does your child require **MEDICATION** for their **ALLERGY?** YES / NO

Are there any **FOODS** Your child/ren should **NOT EAT?** YES / NO

If YES, please give child's name and details: \_\_\_\_\_

Does your child suffer from any **EMOTIONAL** or **BEHAVIOURAL** problems, which should be brought to the attention of the staff in the interest of the child and the program? YES/NO

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

**If you answered yes to any of the above please complete the risk minimisation plan on the back page and ask staff for a copy of our Medical Conditions Policy.**

**PLEASE INDICATE WITH A CIRCLE WHICH OF THE FOLLOWING APPLIES TO YOUR FAMILY (This information helps us complete the annual census on the service and is private and confidential)**

Two parent family                      Yes / No                      Both parents receiving pension                      Yes / No

Single parent family                      Yes / No                      Single parent receiving pension                      Yes / No

Both parents working                      Yes / No                      Child's country of birth: \_\_\_\_\_

One of two parents working                      Yes / No                      Mother's country of birth: \_\_\_\_\_

Both parents studying                      Yes / No                      Father's country of birth: \_\_\_\_\_

Single parent studying                      Yes / No

Single parent working                      Yes / No

Are you of Aboriginal or Torres Strait Islander decent    Yes / No

Language/s spoken at home: \_\_\_\_\_

**For families re-enrolling only provide this information again if you are adding a new child**

## **Childcare Benefit & Childcare Tax Rebate**

Please note families MUST register for CCB or CCTR to be entitled to claim the 50% family rebate.

You can call the FAO on 136150 to confirm your entitlements.

Our centre is an approved service and we are on CCMS therefore we DO NOT have a Centre Reference Number (CRN) if the FAO operator asks!

**Child Care Benefit** reduces the cost of your total child care fees. It is available to you if you are a parent, foster parent or grandparent with a child in your care who is attending a child care service approved by, or registered with, the Government. There are certain eligibility requirements you must meet to get Child Care Benefit.

All families with Australian residency using approved child care with up-to-date immunisation records are eligible for CCB dependant of their income status. The percentage discount obtainable is determined by a means test administered by the FAO.

**The Child Care Tax Rebate** is additional assistance to you if you are using an approved child care for work, study or training related reasons. The Child Tax Rebate covers 50% of your out-of-pocket costs for approved child care up to \$7500 (indexed) per child per calendar year.

**Have you registered with The Family Assistance office for CHILD CARE BENEFIT or the 50% tax rebate? YES / NO**

**Are you choosing the option of paying the 50% CCTR directly to our service YES / NO**

Parents Name as registered for Childcare Benefit:

\_\_\_\_\_

Parents Date of Birth:\_\_\_\_\_

Family Reference Number:\_\_\_\_\_

Child 1 Name:\_\_\_\_\_

Child 1 Reference Number:\_\_\_\_\_

Child 2 Name:\_\_\_\_\_

Child 2 Reference Number:\_\_\_\_\_

Child 3 Name:\_\_\_\_\_

Child 3 Reference Number:\_\_\_\_\_

**It is the responsibility of the registered parent to provide the above information prior to commencing care.**

**Rozelle OOSH will not be held accountable if no information or incorrect information is provided and rebates cannot be claimed.**

# Child's Interest

**We use this as an aid in helping staff understand and relate to your child to encourage a feeling of security and wellbeing! We use it as a guide to assist in developing our program with activities that have individual interest to your child.**  
**Please help your child answer the following questions.**

Child's Name: \_\_\_\_\_

What are your favourite foods?

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What are your favourite activities?

Inside:

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Outside:

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When you want time alone what do you like to do?

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What is the best time/part of the day? Why?

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If you went home after school what would you do?

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Are there some special things you'd like to learn or know about?

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Tell us at least three things you are good at doing?

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Is there a special place you would like to visit?

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What is your favourite toy/game?

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What is your favourite music/song?

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What is your favourite animal?

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Do you have a pet? If yes, what is it?

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Do you play sport or have a weekend activity? If yes, what is it?

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Things that make me sad are

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When I'm sad I like to

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# Parent's Information

**These questions are being asked so that we can provide a consistency of care to your child and have a better understanding of their needs. Please feel free to answer as many or as few of these questions as you want. All information is kept confidential and is only used as a programming tool.**

My families cultural background is \_\_\_\_\_

Is there any area of the program (art, sport, craft, cooking) that you would like us to encourage your child to participate in?

\_\_\_\_\_

When my child is sad or upset they like to

\_\_\_\_\_

What does your child like to do when they are at home

\_\_\_\_\_

Would you like us to encourage your child to do their homework? \_\_\_\_\_

Please note that although we can remind and encourage we will not enforce homework in the after care setting. We pride ourselves on creating a recreation based learning environment.

Are there any foods your child does not like?

\_\_\_\_\_

Has your child any phobias or fears that you think we should know about? If yes, would you like help in addressing this phobia?

\_\_\_\_\_

How would you describe your child's personality...

Extrovert    Confident    Shy    Anxious    Quiet    talkative    Trusting

As part of our program we are aiming to involve parents and families of our local community to embrace and celebrate their cultural diversity. If you are able to donate your time to share your culture or interests with the children through cooking experiences, crafts or information sessions, please give detail below

\_\_\_\_\_

**PARENT / GUARDIAN CONSENT SECTION**

I consent to my child/ren(name) \_\_\_\_\_ attending:

- \* Before School Care conducted at Rozelle OOSH between the hours of 7.15am and 9.00am daily, Monday to Friday, or as per nominated days;
- \* After School Care conducted at Rozelle OOSH between the hours of 3.00pm and 6.00pm daily, Monday to Friday, or as per nominated days.
- \* Vacation Care conducted at Rozelle OOSH between the hours of 7.30pm and 6.00pm daily, Monday to Friday, or as per nominated days.

I understand that all due care will be taken, and that the centre or the Supervisors will not be held responsible for any loss of or damage to property or injury occurring during the running of the Before and After School Care, and Vacation Care Activities. I also agree to notify the centre if my child is absent from the centre on a day that they are booked in.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)

*Note: There are a number of reasons the centre takes photographs/videos of the children, including:  
-Providing visual documentation for families to see what their child does throughout the day  
-to assist with evaluations of the program  
-to use as part of promotion and publicity for the centre*

**I give permission for my child/ren to be observed or photographed/videoed by staff or Tafe students for study or publicity purposes. Yes  No**

**I give permission for my child/ren to be photographed by staff to be included in our daily photo journal. (This photographic evidence is kept as a hardcopy on the premises only.)**

Yes  No

**Evacuation Permission**

The service periodically practices planned evacuation procedures in which we escort the children off the premises. Prior notification will be provided to families.

I give permission for my child to participate in planned evacuations where my child is escorted by staff off site. Yes  No

**Sunscreen**

Can we supply sunscreen/hat in the event that your child/ren has forgotten/misplaced their own?

Yes  No

**Medical Attention**

Can we apply antiseptic and band aids for the treatment of minor injuries? Yes  No

I consent to my child/ren receiving medical attention if necessary. Doctor's and ambulance expenses to be borne by parent. Yes  No

**I have read the above information and agree to give my permission**

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)

Information provided is private and confidential

**NOTE: ROZELLE OOSH PTY LTD CANNOT BE HELD RESPONSIBLE FOR WITHHELD OR INCORRECT INFORMATION**

I ACKNOWLEDGE RECEIPT OF THE BEFORE, AFTER SCHOOL CARE & VACATION CARE INFORMATION BOOKLET AND HAVE READ AND AGREE TO BE BOUND BY THE INFORMATION AND POLICIES CONTAINED THEREIN.  
\_\_\_\_\_  
(Parent/ Guardian Signature) (Date)

# RISK MINIMISATION PLAN

In consultation with Parents, Staff & Children

Child's Name:

Date of Birth:

What type of additional need/medical condition/ cultural requirement/dietary intolerance does the child have:

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## IDENTIFY THE RISKS

A risk is anything that can cause harm. Some useful questions to ask when identifying risk include: What can happen? When, where, why and how might this occur? Who and what might be involved? Who will be affected if this happens?

List the potential risks!

List potential effect or consequences

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## STRATEGIES TO REDUCE OR ELIMINATE RISKS

A risk is anything that can cause harm. Is it possible to ELIMINATE the risk? Or practically only possible to manage the risk so as to reduce the possibility of harm to the child? Consider environment changes, product changes, team training, medication, educator practices and communication plans.

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## HOW THE CHILD CAN HELP REDUCE THE RISKS

Please discuss with the child ideas of how they can help take responsibility for their well-being and risk management.

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Prepared By:

Accepted By:

Date Completed:



# ENROLMENT CHECKLIST

**Enrolment will not be accepted unless ALL documentation is completed in FULL**

2014 Enrolment Form (Completed in FULL)

Immunisation Letter (dated no earlier than July 1<sup>st</sup> 2013)

Letter from Employer or Student Enrolment

Parent one

Parent two

Risk Minimization  OR N/A

Allergy Action Plan  OR N/A

Asthma Action Plan  OR N/A

Court Orders or Custody Agreements  OR N/A