

2017 Enrolment Form

New Enrolment
 Sibling in SCC Yes No

Re- Enrolment



A parent or guardian or person with parental responsibility who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.

Child Family Name: _____ Child Given Names: _____ Usually Called: _____

Child Date of Birth: ____/____/____ Sex: M F

Home Address: _____ Suburb: _____ State: _____ Postcode: _____

Postal Address: _____ Suburb: _____ State: _____ Postcode: _____
 (If different from home address)

Languages(s) spoken in the home: _____ Primary language spoken: _____

Child's Cultural Background: _____

Information about the child's known Parent/Guardian/Person with Parental Responsibility

Mother/Guardian/Person with Parental Responsibility (if the mother is not involved in the family, but known, you must still provide the mother's name or tick unknown) Unknown <input type="checkbox"/>		Father/Guardian/Person with Parental Responsibility (if the father is not involved in the family, but known, you must still provide the father's name or tick unknown) Unknown <input type="checkbox"/>	
Full Name:	D.O.B ____/____/____	Full Name:	D.O.B ____/____/____
Telephone/s (H) (M)	(W)	Telephone/s (H) (M)	(W)
Address (if different from child):		Address (if different from child):	
Email address: (must provide)		Email address: (must provide)	
Occupation:		Occupation:	
Cultural Background:		Cultural Background:	

Does the child live with - Mother ONLY Father ONLY Both other: _____

Child's Child Care Benefit Details

Have you applied for Child Care Benefit? No Yes (please tick) (If yes, please provide relevant information)

Parent/Guardian/Person with Parental Responsibility CRN: _____ D.O.B: ____/____/____

Child CRN: _____ D.O.B: ____/____/____

The CRN belongs to? Mother Father Other _____

Have you elected the CCR (50% rebate) to be paid to the service with Centerlink? No Yes

How many children in total receive CCB in your family? _____ (This includes children attending long day care)

Do you receive JET funding? No Yes

Note: If you do not complete the Child Care Benefit details and provide dates of births and/or provide the Centerlink JET letter. You will be charged full fee until information is provided. It is not SCC responsibility to chase up CCB/CCR and JET information. Call the Family Assistance Office on 13 61 50 to register for CCB, CCR rebate and to check your eligible hours.

Booking details – All care requirements can be made by emailing subicc@inet.net.au or by calling 0413 170 223

Vacation Care: YES (Vacation Care bookings and permission form to be submitted separately)

Casual Care: YES

Permanent Care: YES - (Please only tick ongoing permanent days required)

Care days required	Before School Care	After School Care
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

Booking Commence Date: _____

Priority of Access

The centre must comply with enrolment priority guidelines set down by the Department of Education Employment & Workplace Relations (DEEWR), Australian Government. Please indicate your category by ticking the box next to the priority number, below.

- Priority 1. Children at risk of serious abuse or neglect.
- Priority 2. A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test of section 14 of the Family Assistance Act.
- Priority 3. Any other child.

The guidelines also require priority within these categories to be given to children in the following families. Please indicate if your child is in any of these by ticking the box:

- Aboriginal/Torres Strait Islander family.
- Family with disabled person.
- Lower income family.
- Non-English speaking background family.
- Socially isolated family.
- Single parent family.

Emergency Contacts

Details of person/s (authorised nominee/s) who have consent to authorise collection, administration of medication, medical treatment, notify and care for your child and who can authorise an educator to take the child outside the education and care service premises and seek ambulance service. There may be times when your child may need to be collected, delivered or may have an accident, injury, trauma, requires medication administered, medical treatment or falls ill and the parents or guardians or persons with parental responsibilities cannot be contacted. To deal with these situations the children’s service should notify one of the following people who are authorised and who can provide consent.

(Must provide two persons other than the Parent/Guardian/Person with Parental Responsibility,

Full Name:	Full Name:
Telephone/s (H) (M)	Telephone/s (H) (M)
Address:	Address:
Relationship to child:	Relationship to child:

If you are unable to provided details of two persons (authorised nominees) you need to sign the following authorisation

I (full name): _____ do not have additional contact details of persons (authorised nominees) in an event where Subiaco Children’s Centre (SCC) cannot contact the Parent/Guardian/Person with Parental Responsibility. SCC will adhere to Company policies and procedures if a situation is to arise if the Parent/Guardian/Person with Parental Responsibility cannot be contactable/reached.

Signature: _____ Dated: ____/____/____

Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or who have access to the child?

No go to the next section. Yes please complete the following: End date of court order/s: _____

1. Bring the original court order/s for staff to sight and a copy to attach to this enrolment form;

2. If these orders:

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 from the outside school hours care service

b) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

Child's Immunisation Record

Has the child been immunised? No Yes

Please photocopy and attach your child's immunisation record to this Enrolment Form.

Note: Your child cannot attend any OSHC program until immunisation details are attached to the Enrolment Form. If your child is not immunised you must still attach a letter from your GP and/or Centerlink stating that your child has missed immunisation requirements or is not immunised at all. If your child was immunised outside of Australia you must provide an immunisation assessment report that confirms your child's immunisations status passes Australian standards.

Child's Health Information

Name Doctor/Medical Service: _____ Telephone: _____

Address Doctor/Medical Service: _____

Medicare Number: _____ Ambulance Cover Number: _____

Child's Medical Information

Has your child been diagnosed with any of the following medical conditions (please tick):

Anaphylaxis	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES you must attach a coloured action plan with a current photo of your child. The action plan must be signed by a medical practitioner. An Auto adrenaline device must be provided to the OSHC Program prior to attendance.
Epilepsy	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES you must attach a coloured action plan with a current photo of your child.
Diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES you must attach a coloured action plan with a current photo of your child. The action plan must be signed by a medical practitioner
Allergy	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES you must attach coloured action plan with a current photo of your child. The action plan must be signed by a medical practitioner
Asthma	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES you must attach a coloured action plan with a current photo of your child. The action plan must be signed by a medical practitioner. An Asthma device must be provided to the OSHC Program prior to attendance.

Other Care Requirements

Dietary Needs & Sensitivities	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES, Please provide detail:
Additional Needs, such as a disability, intellectual, sensory or physical impairment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If YES, Please provide detail:

Other Information

If there is anything else that SCC should know about your child? (e.g. excessive fears, favourite activities, etc).

Consents

	No	Yes
I give permission for my child to be photographed by SCC staff for the purpose of their child's individual portfolio		
I give permission for my child being observed by educators and students for programming and evaluation purposes		
I give permission for my child to be photographed by SCC staff for the purpose of the programs portfolio		
I give permission for my child to be photographed by SCC staff for the purpose of the SCC newsletter & website		
I give permission for my child to have the service sunscreen brand 30+ sunscreen applied as per the service's Sun Smart Policy		
I give permission for my child to have the service Band-aides applied for minor wound or abrasion		
I give permission for my child to have the service antiseptic cream applied for minor wound or abrasion		
I give permission for my child to have the service Insect sting cream applied for insect stings or bites		
I give permission for SCC staff members to inspect my child's head for head lice		
I give permission for my child to have their face painted when advertised on the SCC program		
I give permission for coloured hairspray to be applied to my child's hair		
I give permission for my child to participate in swimming activities at the Subiaco Primary School pool. Please provide floating device if required. Swim Level :		
I give permission for my child to participate in activities within the school boundaries.		

Declaration and Consent

I, Parent/Guardian/Person with Parental Responsibility (Print full name) _____

Relationship to Child: _____

A person with lawful authority of the child referred to in this Enrolment Form,

- I/we declare that the information in this enrolment form is true and correct and undertake to immediately inform SCC in the event of any changes to my child's enrolment details as well as booking information, debiting, court order, health management information is updated to SCC. SCC holds no liability in an event with the child, as of a result of incorrect and/or not up to date information provided regarding the child and account information.
- I/we agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- I/we acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or I shall collect the child as soon as practical.
- I/we consent to SCC carers to seek medical treatment for the child from a medical practitioner, emergency services, and hospital or ambulance service and agree to meet any expenses that may result.
- I/we accept, understand and acknowledge all bookings, cancellation, re-enrolling policies procedures for Before, After, Vacation Care and Pupil Free day programme.
- I/we understand that in keeping with the SCC community spirit which emphasizes the importance of cooperation, sharing and appropriate behaviour; I/We acknowledge the necessity to ensure the following are prohibited by my child at any time during SCC sessions:-
 - Aggressive, bullying behaviour
 - Bad language or other inappropriate gestures/actions
 - Not following direct instructions from SCC staff

Failure to observe above condition may result in immediate suspension of enrolment pending management committee enquiry. If my child continuously misbehaves after behaviour guidance procedures have been followed. I will be notified and my child may be removed from the program and may be possibly excluded from the program/s. Supervisor discretion will be invoked.

7. I/we understand that SCC educators do not supervise my child until they are signed into the program. Neither are they supervised after they have been signed out of the program by a Parent/Guardian/Person with Parental Responsibility or authorised nominee.

8. I/we agree, accept and understand to abide by all policy, procedures and philosophy guidelines of the service and what is set out in the Parent/Guardian Handbook, terms and conditions on the company website, Company Policy Manual, statement messages and email information.

9. I/we give permission for my child to participate in program-based activities organised for the days my child will be attending, including watching PG rated videos / movies.

10. SCC will not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the program due to any cause whatsoever unless caused by the proven negligence of SCC, its directors or employees. All persons accessing SCC facilities must comply with the behaviour, safety guidelines and OH&S requirements, if this is not adhered to SCC is not liable (its directors or employees).

11. I/we understand that if my/our child is not collected from the service by closing time that I/we will incur a late fee penalty as specified in the policy and procedure handbook and all costs will form part of SCC billing process and will be debited and/or recovered as per debiting and debt recovery processes.

12. I/we confirm that the above information provided is correct and precisely matches the information submitted to Centerlink. I/we understand that any discrepancies between the two may lead to the service being unable to claim Child Care Benefit. In this instance I/we will be required to pay full fees. I understand that it is my responsibility to provide the correct Family Assistance information and not the responsibility of SCC to chase it up with me.

13. I understand that if an enrolment and re-enrolment is not completed I will adhere to the process of a successful enrolment and understand my child will not be accepted into the program if all required information and uploads are not completed and provided. I understand if I make any changes to my child's enrolment I must provide notification of change in writing and this can only be by the Parent/Guardian/Person with Parental Responsibility

14. I/we acknowledge that my child can be removed from the program as a result of unpaid debt, continued misbehaviour, or not providing relevant documentation required in this Enrolment Form and not following SCC policies and procedures.

15. I/we acknowledge that all the information provided on the Enrolment Form can be used for the purpose of debt recovery to various debt collection agencies and/or the Company's Accounts Financier.

16. I/we accept that fees, operation hours and operational days are subject to change.

17. I/we accept that an annual administration fee of \$30 is charged to my account on an annual basis for Before, After School Care and Vacation Care each year.

18. I/we authorise my child to travel to and from an incursion and excursion via the means arranged by SCC. The mode of transport may be chartered bus or walking. I know as part of an excursion I have read and understood the risk assessment as this forms part of consent for my child to attend an excursion day/s.

19. I acknowledge that the persons I have placed as Authorised Nominees understand their responsibility regarding this authorisation and are aware that you have nominated them.

20. As part of the legislation I/we accept that my child may be taken on a routine outing and excursions within the school premises and/or outside the school premises in either a before, after or vacation care setting. I know as part of a routine outing I have read and understood the risk assessments as this forms part of consent for my child to attend routine outings.

21. I/we have obtained a copy of the Parent/Guardian Handbook from the service electronically from SCC and understand that the policy and procedure manual is available for my viewing on request. I accept that it is my responsibility to ensure I have gained a copy of the current Parent /Guardian Handbook and have read and understood all of the policies and procedures. I/we accept and agree to all the content in both Parent/Guardian Handbook and Policy Manual and I will ensure I am up to date with all changes pertaining to the Parent/Guardian Handbook and Policy Manual.

22. I/we acknowledge that payment of fees and any outstanding Before, After, Pupil free days and Vacation Care amounts will be required to be finalised prior to the use of the following Vacation Care periods. No refunds apply after booking is made, if change of mind or child is sick or misbehaviour in a Vacation Care and Pupil Free day.

23. I/we accept and understand all Vacation Care information, bookings and cancellation policies and procedures stated in the policy manual and all terms and conditions stated.

24. I/we accept all fees and agree to all charges occurred with SCC and understand full payment is required, all debt collection and recovery costs and fees as well as late pick up fees, administration fee, surcharges, dishonour fees, care fees, cancellation and booking charges.

25. I/we agree to all the terms and conditions and charges in the Direct Debit form provided.
26. I understand and consent that any payment information provided to SCC via the company's nominated Direct Debit form can be used at any time that my SCC account has any outstanding funds.
27. I/we acknowledge that my SCC account and payment methods remain active for use and collection of fees until I revoke this authorisation in writing to SCC.
28. I/we understand that if my child has been diagnosed with Anaphylaxis, Epilepsy, Diabetes, Allergy and/or Asthma, I/we must provide a current signed Management Plan to SCC prior to attendance and provide an updated plan every 12 months.
29. I understand and acknowledge that I must complete an enrolment form each new calendar year and adhere to the policies and procedures pertaining to annual re-enrolment and understand and accept charges involved.
31. I/we acknowledge and accept the debt collection fee when the SCC account remains unpaid.
32. I/we agree to ensure I/we have sufficient funds in my nominated bank account, or risk my child's bookings being suspended. SCC will reinstate all bookings once full cleared funds are received.
33. I/we understand my child will not be accepted to SCC program if I/we do not provide a current Enrolment Form, current and active Debit Form, immunisation record, or any required Court Orders, signed management plans and or dietary, special needs, health management form/s and other required documentation.
34. I/we acknowledge that SCC is required to disclose information to the Department of Education and Training and other government agencies, as all OSHC services are governed by both Departments. I understand that SCC adheres to the Privacy Act 1988 and will ensure that information in my child/ren's Enrolment records are not divulged to another person unless necessary for the care or education of my child/ren, to manage medical treatment of my child/ren, where expressly authorised by the parent, prescribed in the Education and Care Services National Regulation and Education and Care Service National Law Act, if required by law or in accordance with the Privacy Act 1988 and Information Act 2010.

Parent/Guardian/Person with Parental Responsibility SIGNATURE: _____ Dated: ____/____/____

Parent/Guardian/Person with Parental Responsibility SIGNATURE: _____ Dated: ____/____/____

Confidentiality of Enrolment Records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 (regulation 35(1) (d-e))

The Education and Care Services National Law Act 2010 (National Law) and the Education and Care Services National Regulations 2011 (National Regulations) use some different terminology from that used in the Children's Services Act 1996 and the Children's Services Regulations 2009.

"Lawful Authority" is not referred to in the National Law or the National Regulations. Instead there is a reference to 'parental responsibility'. The term is referred to in the definition of parent in the National Law (above) and is defined in the Family Law Act 1975 as "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children".

PARENTS: All parents have the powers and responsibilities in relation to the children that can only be changed by court order. These refer to all the duties, powers, responsibilities and authority are referred to as parental responsibility. It is they are not affected by the relationship between the parents, such as whether or not they have lived together or married. A court order may take away the authority of a parent to do something, or give it to another person.

GUARDIANS: A guardian of a child also has parental responsibility. A legal guardian is given parental responsibility by a court order. This includes 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 of the child.

PARENTAL RESPONSIBILITY: A person other than a parent can be allocated parental responsibility, that is, all the duties, powers, responsibilities and authority which, by law, parents have in relation to children, under a decision or order of a court.

AUTHORISED NOMINEE means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

OFFICE USE ONLY

Date Enrolment Form Rec: ____ / ____ / ____

Immunisation Record attached: Yes Health Management Form attached No/Yes/ NA Type: _____

Court Order attached: No /Yes/ NA CCB Formalised No Yes N/A Reason for N/A: _____

Admin Fee Applied: No Yes N/A Date applied: ____/____/____ Enrolment Entered By: _____